

Use this form to change or update your designated beneficiary for your IBEW Local 353 Life & Accident Insurance. Any beneficiary(ies) you name using this form will revoke and replace any previously designated beneficiary(ies). Please complete, sign, and date this form, and return the original to TEIBAS for processing. If you have any questions related to this form you can email us at [members@teibas.com](mailto:members@teibas.com) or call us at 416-637-6789 or toll-free at 1-800-267-0602.

## 1. MEMBER INFORMATION: REQUIRED

Social Insurance No. (SIN): (optional)		PIN – 10-digit number on drug card:	
Last Name:		First Name:	Middle Initial(s):
Apartment No.:	Address:		
City:		Province:	Postal Code:
Home Phone:	Alternate Phone:	Email Address:	
Date of Birth: (DD/MM/YYYY)	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> X	Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Common-Law <input type="radio"/> Separated/Divorced	

## 2. BENEFICIARY FOR GROUP LIFE & ACCIDENT INSURANCE: REQUIRED

You may name anyone you wish as your beneficiary and may name more than one person. If you name more than one person, benefits will be divided according to your instructions (must total 100%). If no instructions are provided, benefits will be distributed equally among your beneficiaries. If no beneficiary is named, or your beneficiary(ies) die(s) before you, benefits will be paid to your estate. If you wish to name a minor as a beneficiary, please appoint a trustee.

Last Name	First Name	Middle Initial(s)	Telephone Number	Relationship to Member	Under 18	% of Benefit Must equal to 100%
					<input type="radio"/>	
					<input type="radio"/>	
					<input type="radio"/>	

### APPOINTMENT OF TRUSTEE (for beneficiary(ies) under age 18)

I appoint \_\_\_\_\_ as trustee to administer any benefits due to be paid to my beneficiary(ies) under age 18.

Full address of trustee:

Trustee Tel.:

Trustee relationship to minor:

I consent to the collection, use and disclosure of all information provided on this form for the purposes outlined in the TEIBAS Privacy Policy. I also certify that all of the information provided on this form, including information about my named beneficiary(ies), is correct and accurate to the best of my knowledge.

Member Signature: \_\_\_\_\_ Date: (DD/MM/YYYY) \_\_\_\_\_

Witness Name (print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Anyone age 18 or over, except your spouse or any beneficiary named above

Witness Signature: \_\_\_\_\_ Date: (DD/MM/YYYY) \_\_\_\_\_