

Use this form to change or update your beneficiary for your IBEW Local 353 pension benefits. Once completed and submitted to TEIBAS, this form will revoke and replace any previous 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 PENSION PLAN: REQUIRED

Under Ontario pension law, your “spouse” is the person with whom you are living who is (a) married to you, or (b) not married to you but has been living with you in a conjugal relationship for at least **three years**, or (c) not married to you but living with you in a relationship of some permanence if you are as defined in the *Family Law Act*. Your spouse at the time of death will automatically be your beneficiary for pension benefits earned since January 1, 1987 unless you file a spouse’s waiver of pension rights. If you made contributions to the IBEW Local 353 Pension Plan before 1987 and want to ensure that your full death benefit is paid only to your spouse, please name your spouse as a beneficiary below.

#### SPOUSE INFORMATION

Last Name:	First Name:	Middle Initial(s):
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**Complete this section if you do not have a spouse, or you have filed a spousal waiver, or you would like to name a contingent beneficiary in the event both you and your spouse die at the same time. Designated Beneficiary:** You may name anyone you wish as your beneficiary and may name more than one person. If you do not have a spouse at the date of death, or you have filed a spouse’s waiver of pension rights, your benefits will be distributed to your beneficiaries. If you do not have an eligible spouse on the date of death and no beneficiary is named (or your beneficiary dies 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	Relationship to Member	Under 18	% of Benefits Must equal 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 signature: \_\_\_\_\_ Date: (DD/MM/YYYY)

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

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

**Privacy Warning:** Please return your completed and signed forms to TEIBAS via mail or fax. If you wish to scan or provide your completed and signed form by email, please contact TEIBAS for assistance so that a secure encryption portal can be provided to you to safely return the form. Please be advised that if you return the form or provide any other sensitive or personal information to us by regular email, the information is not secure and may be vulnerable to unauthorized use. Neither TEIBAS nor the Board of Trustees of the Local 353, IBEW Trust Funds will be responsible for any unauthorized use, disclosure, interception or other privacy breach where personal information or other sensitive information is provided by you to TEIBAS through the use of email.

Please send your completed and signed form to TEIBAS via mail, fax, or scan and email. See contact information below.