teibas
TORONTO ELECTRICAL INDUSTRY BENEFIT ADMINISTRATION SERVICES

IBEW LOCAL 353 PENSION & BENEFIT PLANS

Change/Update of Beneficiary for Life & Accident Insurance

Mail, fax, or scan and email to TEIBAS. See contact information at end of this Form.

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 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: ❍ Male ❍ Female ❍ X	Marital Status: ❍ Single ❍ Married ❍ Common-Law ❍ 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%
					❍	
					❍	
					❍	

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.

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