



IBEW LOCAL 353 Pension & Benefit Plans

Change/Update of Beneficiary
for Pension Plan

Use this form to change or update your beneficiary for your IBEW Local 353 pension benefits. Any beneficiary(ies) you name using this form will revoke and replace any previous beneficiary(ies). Please complete, sign and date this form, and return the original to TEIBAS for processing. If you have any questions, or need any assistance in completing this form, please contact TEIBAS at 416-637-6789.

1. Member Information (please print clearly in ink) – Required

Social Insurance Number (SIN)	PIN – 10-digit number found on drug card	
Last Name	First Name	Middle Initial(s)

2. Beneficiary for Pension Plan

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 and 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 the parents of your own or an adopted child 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 (name your spouse below)		
Last Name	First Name	Middle Initial(s)

Designated Beneficiary: You may name anyone you wish as your beneficiary and may name more than one person below. 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 (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)	PHONE NUMBER	RELATIONSHIP TO MEMBER	UNDER 18	% OF BENEFIT
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
APPOINTMENT OF TRUSTEE (for beneficiaries under age 18)		I appoint _____ as trustee to administer any benefits due to be paid to my beneficiaries under age 18.				
FULL ADDRESS OF TRUSTEE						
TRUSTEE PHONE NUMBER		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.

Your Signature: _____

Date: _____ (DD/MM/YYYY)

Witness Name (print): _____
Anyone age 18 or over, except your spouse or any beneficiary named above

Phone Number: _____

Witness Signature: _____

Date: _____ (DD/MM/YYYY)



Please return the original form by mail or in person to:

TEIBAS | 110 Sheppard Avenue East | Suite 705 | Toronto ON, M2N 6Y8
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