TEAMSTERS LOCAL 853

7750 Pardee Lane
Oakland, CA 94621
(510) 895-8853 ❖ Fax (510) 895-6853

Request For Change Of Name, Address and/or Beneficiary

NAME: _____ SS# _____

Please Print Name of Individual Insured (MEMBER)

ADDRESS: _____

STREET   CITY   STATE   ZIP

PHONE NUMBER: _____

CHANGE OF ADDRESS:

OLD

ADDRESS: _____

STREET   CITY   STATE   ZIP

NEW

ADDRESS: _____

STREET   CITY   STATE   ZIP

NEW PHONE NUMBER: _____

CHANGE OF BENEFICIARY:

*(Please give **FULL NAME** and relationship to person insured)*

NAME(S): _____

RELATIONSHIP: _____

_____   _____

Signature of individual insured (MEMBER)   **Effective Date**

PLEASE READ THE REVERSE SIDE OF THIS FORM➔

Name, Address and/or Beneficiary Change

Dear Member:

Please be advised that as a result of filling out and returning the "Change of Beneficiary" portion of this Name/Address/Beneficiary Change form, our office will be making the change to your $10,000 "Burial Benefit" policy provided by this Local Union for active dues paying members whose dues are current.

In order to make a name, address or beneficiary change to your other benefits, use the list below of offices you may, or may not, need to contact also:

Western Conference of Teamsters Pension Trust Fund
1000 Marina Blvd., Suite 400
Brisbane, CA 94005-1841
(650) 570-7300 or (800) 845-4162

Supplemental Income Plan
1000 Marina Blvd., Suite 400
Brisbane, CA 94005-1841
(650) 570-7300 or (800) 845-4162

Supplemental Income 401(k) Plan
(800) 477-3829

Teamsters Benefit Trust
P.O. Box 5820
Fremont, California 94537
(510) 796-4676 or (800) 533-0119

Teamsters Managed Health Care Trust Fund
P.O. Box 757
Pleasanton, California 94566
(925) 426-3555

Teamsters Security Fund
1640 South Loop Road
Alameda, California 94502
(510) 433-4464 or (800) 523-7547

If you are not sure which of the above benefits you are covered under, please contact our office for this information.

NOTE: *Unless these changes are made to each of the appropriate offices, your name/address/beneficiary will remain as originally designated at that particular Trust.*

PLEASE FILL OUT THE REVERSE SIDE OF THIS FORM ➔