

# TEAMSTERS LOCAL 853

2100 Merced Street, Suite B  
San Leandro, CA 94577  
(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 \$4,000 “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**

355 Gellert Boulevard, Suite 100  
Daly City, California 94015  
(650) 570-7300 or (800) 845-4162

**Supplemental Income Plan**

355 Gellert Boulevard, Suite 100  
Daly City, California 94015  
(650) 570-7300 or (800) 845-4162

**Supplemental Income 401(k) Plan**

(800) 560-3243

**Teamsters Benefit Trust**

P.O. Box 820  
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 →**