

## **Beneficiary Designation Form**

Plan Name: Employees' Pension and Investment Plan of Diocese of Covington and Other Adopting Employers

Please print or type the information below.

Participant Informa	ation								
Participant Name									
Address:									
City			State	Zi	р Со	de _			
Date Of Birth			Social Security Number						
☐ Married	□ Single	□ Divor	ced	Gender:		Male		Fema	le
Is there a Qualified I	Domestics Relat	ion Order (QD	RO) in place?	? If yes, ple	ase a	attach.	□ <b>\</b>	⁄es	□ No
		•	, ,	7 /1					
Primary Beneficiary	(ies) Information	n:							
Beneficiary Name:			Percentage of	Benefit:					
Date of Birth:			Relationship to Participant:						
Gender:   Male				-					
Beneficiary Name: Date of Birth:									
Gender:  Male			Relationship to	Participant	:				
Beneficiary Name:	Temale		Percentage of	Benefit:					
Date of Birth:			Relationship to	Participant	:				
Gender: ☐ Male☐	Female								
Sacandam, Banafiai	om/ioo) Inform	ation: /payabla	only in the eye	ant thoro are		un ii in a	nrima		
Secondary Benefici beneficiaries at date of			only in the eve	ent there are	110 5	urvivirig	prima	al y	
Beneficiary Name:			Relationship t	to Participa	ant:				
Beneficiary Name:			Relationship t	to Participa	ant:				
Beneficiary Name:			Relationship t	to Participa	ant:				
Participant's Signatur	<u> </u>		_	Date					
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For questions, please	contact Nyhart.			Please M	ail Co	omplete	d for	ms to	
Plan Administration				Nyhart					
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Plan Administration Phone: 888-901-2090 Email: covlex@nyhart.com Nyhart P.O. Box 219240 Kansas City, MO 64121