



## 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 Information

Participant Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date Of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

☐ Married ☐ Single ☐ Divorced Gender: ☐ Male ☐ Female

Is there a Qualified Domestic Relations Order (QDRO) in place? If yes, please attach. ☐ Yes ☐ No

### Primary Beneficiary(ies) Information:

Beneficiary Name: \_\_\_\_\_ Percentage of Benefit: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Gender: ☐ Male ☐ Female

Beneficiary Name: \_\_\_\_\_ Percentage of Benefit: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Gender: ☐ Male ☐ Female

Beneficiary Name: \_\_\_\_\_ Percentage of Benefit: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Gender: ☐ Male ☐ Female

### Secondary Beneficiary(ies) Information: (payable only in the event there are no surviving primary beneficiaries at date of participant's death)

Beneficiary Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

For questions, please contact Nyhart.

Please Mail Completed forms to:

Plan Administration  
Phone: 888-901-2090  
Email: covlex@nyhart.com

Nyhart  
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Kansas City, MO 64121