



## 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.

<b>Participant Information</b>			
<b>Participant Name</b>	_____		
<b>Address:</b>	_____ _____		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	_____
<b>Date Of Birth</b>	<b>Social Security Number</b>	_____	
<input type="checkbox"/> <b>Single</b>	<input type="checkbox"/> <b>Married</b>	<input type="checkbox"/> <b>Divorced</b>	
Is there a Qualified Domestic Relations Order (QDRO) in place? If yes, please attach. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>			

<b>Primary Beneficiary(ies) Information:</b>			
Beneficiary Name:	_____	Percentage of Benefit:	_____
Date of Birth:	_____	Relationship to Participant:	_____
Beneficiary Name:	_____	Percentage of Benefit:	_____
Date of Birth:	_____	Relationship to Participant:	_____
Beneficiary Name:	_____	Percentage of Benefit:	_____
Date of Birth:	_____	Relationship to Participant:	_____

<b>Secondary Beneficiary(ies) Information:</b> (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:

Noreen Brown  
Phone: 317-845-3575  
Email: noreen.brown@nyhart.com

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