

If you have had a change in beneficiary
please complete and return this form to
Nyhart, 8415 Allison Pointe Blvd, Suite 300,
Indianapolis, IN 46250

DIOCESE OF COVINGTON/LEXINGTON
LAY EMPLOYEES' PENSION PLAN
CHANGE OF BENEFICIARY FORM

Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Single Married Date of marriage: _____

Divorce QDRO Y or N Date of divorce: _____

Change my primary beneficiary to:

Name: _____

Address: _____

Relationship: _____

Change my secondary beneficiary to:

Name: _____

Address: _____

Relationship: _____

I reserve the right to change my beneficiary designation shown above. (Any questions, call
Nyhart at 1-800-428-7106 ext. 3575)

Employee's Signature

Date

Witness, other than beneficiary