

Beneficiary Designation Form – Pearson Inc. Pension Plan

Complete only if you are married and wish to designate someone other than your spouse as sole beneficiary for the Pearson Inc. Pension Plan (also known as the "Pearson Equity Plan" or "PEP"). Otherwise please enter your beneficiary designation(s) into the Oracle R12 HR System.

Employee Name: _____ **Date of Birth:** _____

Address: _____

Primary Beneficiary(ies)	Must total 100%	
1.		
_____ Name/Name of Trust	_____ Social Security No./ Trust Tax Identification Number	_____ % Share
_____ Address	_____ Date of Birth	_____ Relationship
2.		
_____ Name/Name of Trust	_____ Social Security No./ Trust Tax Identification Number	_____ % Share
_____ Address	_____ Date of Birth	_____ Relationship

Contingent Beneficiary(ies)	Must total 100%	
1.		
_____ Name/Name of Trust	_____ Social Security No./ Trust Tax Identification Number	_____ % Share
_____ Address	_____ Date of Birth	_____ Relationship
2.		
_____ Name/Name of Trust	_____ Social Security No./ Trust Tax Identification Number	_____ % Share
_____ Address	_____ Date of Birth	_____ Relationship

I, the spouse of _____, certify that I have read this designation of beneficiaries. I hereby consent to the above designations and acknowledge their effect; namely, that they may modify, reduce or eliminate any benefits I may otherwise have received under the PEP in the event of my spouse's death. I further acknowledge that my consent to such designations is irrevocable unless my spouse files a new Beneficiary Designation Form with the plan administrator.

Spouse's name (please print) Spouse's signature Date

ACKNOWLEDGMENT (Spouse's signature must be acknowledged by a notary public.)

State of _____ County of _____

On this _____ day of _____, _____ there appeared before me in person, the person whose signature appears above, the spouse of the participant, to me personally known to be the person who executed the foregoing consent and acknowledged to me that (s)he executed the same as his or her own free act and deed and for the purpose therein stated.

Signature of notary public (_____) Commission expiration date
(Seal)

I designate the beneficiary(ies) shown on this summary for the plan listed. I reserve the right to change the beneficiary(ies) designated at any time. I understand that if none of the beneficiary(ies) listed survive me, distribution will be made in accordance with the provisions of each plan.

Signature Date

This form must be returned to: Pearson Retirement Plans Department
Attn: Gerard Murray
200 Old Tappan Road
Old Tappan, NJ 07675