

Houchens Industries, Inc. Employee Stock Ownership Plan

Beneficiary Designation Form

Name of Participant: _____ **Date:** _____

Social Security Number: _____

Date of Birth: _____

I hereby revoke any Beneficiary Designation I may previously have made under the above Plan and designate the following as my Beneficiary (ies) under the plan:

Primary Beneficiary (ies):

<u>Name:</u>	<u>Share (or%) (if applicable)</u>	<u>Relationship</u>	<u>Current Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(1) If more than one person is designated above and all but one die, state whether survivor shall received 100%. _____

In the event said Primary Beneficiary (ies) does not survive me, or dies before receiving full payment, the undistributed benefits shall be paid to the following-named:

Secondary Beneficiary (ies):

<u>Name:</u>	<u>Share (or%) (if applicable)</u>	<u>Relationship</u>	<u>Current Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(1) Again, if more than one person is designated as a Secondary Beneficiary, state whether survivor shall received 100%. _____

Current Marital Status (check one):

[] **I AM NOT MARRIED.** I understand that if I become married in the future, this form automatically ceases to apply and I should file a new Designation of Beneficiary.

[] **I AM MARRIED.** If my spouse is not the only Primary Beneficiary, my spouse has to sign the consent at the bottom of this form and have it notarized by a Notary Public.

I reserve the right to change my Beneficiary at any time by signing a new Designation of Beneficiary and filing it with the Committee.

Neither this Designation nor any future change of Designation will be effective for any purpose unless filed with the Company prior to the death of the participant.

This Designation is subject to the terms of the Plan, which the Company has the right to amend at any time.

Signature of the Participant

FOR COMPANY USE ONLY:

Received for filing on _____

By: _____

Title: _____

INSTRUCTIONS TO THE PARTICIPANT: Please sign and make a copy of this Designation of Beneficiary form and return both copies to the Plan Administrator. The Company will sign and return the copy to you for your records.

CONSENT BY SPOUSE: (Signature must be witnessed by a notary public.)

I certify that I am the spouse of the Participant named on page 1 of this form. I have read the form as completed and signed by my spouse. I hereby consent to the Designation of Beneficiary. I acknowledge that, to the extent anyone other than me is designated as a Primary Beneficiary, I am waiving any rights that I may otherwise have to receive benefits under the Plan after my spouse's death.

Date: _____

Signature of Spouse

Notary Public Signature

Commission Expires: _____

Notary Seal, if applicable