SIMPKINS & ASSOCIATES
HARDSHIP REQUEST NOTIFICATION

Please print or type.
Plan Name 457 Plan

Participant Name [redacted]

Address 32[redacted] Time Phone No. [redacted]

Social Security No. [redacted]

SECTION I – Hardship Withdrawal

I understand that this w[redacted] financial hardship [redacted] the withdrawal is nece[redacted]wy financial need. distributions, other than [redacted]lip, and all other nor[redacted] me under the Plan, as [redacted]he Company. I un[redacted] taxable as ordinary income in the calendar year in which I receive it. In addi[redacted] unless I am at least 59-1/2 years of age or I use the funds withdrawn [redacted] expenses as provided by law.

IRS rules require that you stop making contributions to the 401(k) Plan for at least 6 months upon taking this hardship withdrawal.

The IRS only allows the following reasons for taking a hardship withdrawal. Check the one that applies to you.

(–) Medical expenses incurred by me, my spouse, or any of my dependents (or any expense necessary to obtain medical care).
( ) Purchase (excluding mortgage payments) of my principal residence.
( ) Payment of tuition, related educational fees, and room and board expenses for the next 12 months of post-secondary education for me, my spouse, my children, or my dependents.
(✓) The need to prevent eviction from or mortgage foreclosure on my primary residence.
( ) Funeral or burial expenses for my parent, spouse, child or dependent.
( ) Repair of casualty damage to my primary residence that would be deductible under IRC Section 165.

Hardship Requested $ All Year-to-date deferrals _____

Total amount deferred since you initially joined the plan $ _____

Have you ever taken a hardship before? Yes If so what was the amount taken $ _____

I hereby request a hardship withdrawal from my account. I read and agree to the requirements above and understand the tax implications of this withdrawal. If I am directing my investment accounts, make the withdrawal based on my current investment direction election. I understand that there may be a fee charged to my account by Simpkin[redacted]equest.

PARTICIPANT SIGNATURE X [redacted] Date 7/1/08

SECTION II – Authorized Plan [redacted]

As the Authorized Plan Represe[redacted]n the ministerial acts relating to the hardship distribution. This reques[redacted]ment.

AUTHORIZED PLAN REPRESEN[redacted] Date _____

SECTION III – Distribution Proc[redacted]

- Determine if distribution request complies with all provisions of your plan documents and policies.
- S&A will help facilitate the check as requested above.

Fax request to:
Simpkins & Associates
(972) 980-7133