

SIMPKINS & ASSOCIATES  
HARDSHIP REQUEST NOTIFICATION

Please print or type,  
Plan Name 457 Plan

Envelope # 034223

Participant Address Edinburg

Social Security Number [Redacted] Home Phone No. (956) 318-2833

I understand the withdrawal is taxable unless expenses

Financial hardship only to the extent that the amount of financial need. I represent that I have obtained all and all other non-taxable loans currently available to Company. I understand that this withdrawal will be taxable. In addition, a 10% penalty tax will apply to the amount withdrawn to pay certain deductible medical

You must have been 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 \$ 100% Year-to-date deferrals

Total amount deferred since you initially joined the plan \$ 100%

Have you ever taken a hardship before? NO If so what was the amount taken \$ \_\_\_\_\_

I hereby request a hardship withdrawal from my account. I meet 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 Simpkins & Associates for processing this request.

PARTICIPANT SIGNATURE [Signature] Date 09-25-09

**SECTION II - Authorized Plan Representative**

As the Authorized Plan Representative, I authorize you to perform the ministerial acts relating to the hardship distribution. This request is in compliance with our Plan document.

AUTHORIZED PLAN REPRESENTATIVE [Signature] Date \_\_\_\_\_

**SECTION III - Distribution Procedures**

- 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