

**SIMPKINS & ASSOCIATES  
HARDSHIP REQUEST NOTIFICATION**

Please print or type  
Plan Name 457 Deferral Plan

Participant Name \_\_\_\_\_

Address 622 \_\_\_\_\_  
burg TX

Social Security No. \_\_\_\_\_  
Time Phone No. 9 \_\_\_\_\_

I understand that this withdrawal is necessary for my financial need. I represent that I have obtained all distributions, other than the withdrawal, under the Plan, and all other non-taxable loans currently available to me under the Plan, and I understand that this withdrawal is necessary for my financial need. I represent that I have obtained all taxable as ordinary income in the calendar year in which I receive it. In addition, a 10% penalty tax will apply unless I am at least 59-1/2 years of age or I use the funds withdrawn to pay certain deductible medical expenses as provided by law.

IRB 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).
- ( ) Purchases (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 child, or my dependent.
- ( ) 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 \$ 22872 Year-to-date deferrals 100%  
Total amount deferred since you initially joined the plan, \$ 10000  
Have you ever taken a hardship before? NO If so what was the amount taken \$ 10000

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. I understand that there may be a fee charged to my account by Simpkins & Associates for processing this request.

PARTICIPANT SIGNATURE [Signature] Date 11-18-2009

SECTION II - 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 \_\_\_\_\_ Date \_\_\_\_\_

- 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