

SIMPKINS & ASSOCIATES HARDSHIP RECOVERY PLAN

Please print or type.

Plan Name

457 Plan

Participant Name

Employee # 088099

Address

mo

Social Security No.

lo. 98

SECTION I - Hardship

I understand that this withdrawal is not a distribution, other than a distribution to me under the Plan, taxable as ordinary income unless I am at least 59 1/2 years of age. Expenses as provided for in the Plan document.

Hardship only to the extent that the amount of withdrawal does not exceed the amount of the withdrawal. I represent that I have obtained all non-taxable loans currently available to me. I understand that this withdrawal will be taxable as ordinary income. In addition, a 10% penalty tax will apply to the withdrawal unless I am at least 59 1/2 years of age. I understand that I will be responsible for paying certain deductible medical expenses as provided for in the Plan document.

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 \$ 100% 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 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 X

Jose Angel Ramirez

Date

12/21/09

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 X

Date

SECTION III - Distribution Procedure

- 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

cc 12/29/09

mail ck to home when rec'd.