

SIMPKINS & ASSOCIATES HARDSHIP REQUEST NOTIFICATION

Please print or type.

Plan Name 457 Savings Plan

Employee # 089761
DOB 7/17/72

Participant Name

Address

Social Security No

SECTION I - Hardship

I understand that this withdrawal is necessary for the distributions, other than those made under the Plan, as to the extent that I have obtained all available loans currently available to me and that this withdrawal will be subject to a 10% penalty tax will apply to the funds withdrawn to pay certain deductible medical expenses as provided in the Plan document.

to the extent that the amount of present that I have obtained all available loans currently available to me and that this withdrawal will be subject to a 10% penalty tax will apply to the funds withdrawn to pay certain deductible medical expenses as provided in the Plan document.

The 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 \$ 1,900.00 Year-to-date deferrals \$2,000.00
Total amount deferred since you initially joined the plan \$ _____

Have you ever taken a hardship before? yes If so what was the amount taken \$ 1,900.00

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

Date 7-23-10

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

- 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
(872) 980-7133

AUTHORIZED PLAN REPRESENTATIVE X

- 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
(872) 980-7133

**SIMPKINS & ASSOCIATES
HARDSHIP REQUEST NOTIFICATION**

Please print or type.
Plan Name 457 Savings Plan

Employee # 010102

Participant Name

Address 10

Social Security

SECTION II
I understand that the withdrawal distributions, other than those made to me under the Plan, are taxable as ordinary income unless I am at least 59 1/2 years of age and the withdrawal is for certain purposes.

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 \$ 600.00 Year-to-date deferrals 712.93

Total amount deferred since you initially joined the plan \$ UNK

Have you ever taken a hardship before? yes If so what was the amount taken \$ 700.00

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 Nadia Ramiz Date 7/23/10

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.

SECTION III - Distribution Procedure
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
(872) 880-7133