

D.O.B: 07-25-78
Employee #103950

SIMPKINS & ASSOCIATES HARDSHIP REQUEST NOTIFICATION

Please print or type.

Plan Name 457

Participant Name

Address 28

mission State TX Zip 78574

Social Security

Phone No. (956) 318-2831

SECTION I -

I understand that the withdrawal of distributions, other than those made to me under the hardship provisions, is taxable as ordinary income. I am at least 59 1/2 years of age.

hardship only to the extent that the amount of the withdrawal is necessary for my, my spouse, my child, or my dependent's educational expenses, medical care, or other expenses. I represent that I have obtained all other 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 unless I am eligible for a deduction for deductible medical expenses as provided by Section 213.

IRS

to the 401(k) Plan for at least 6 months before a hardship withdrawal.

The IRS only applies to you

hardship withdrawal. Check the one that applies to you.

- Medical expenses (including medical care) for you, your spouse, your child, or your dependent (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 \$ 10000 Year-to-date deferrals ---

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

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 X Carlos Cardenas Date 8/6/10

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 _____ Date _____

SECTION III - Distribution Procedure

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

Fax request to:
(972) 960-7133