

### SIMPKINS & ASSOCIATES HARDSHIP REQUEST NOTIFICATION

Please print or type  
Plan Name

Hidalgo County 457 Plan

Employee #108868

Participant Name

Address

Social Security

**SECTION I**

I understand that the withdrawal distributions, other than those made to me under the Plan, are taxable as ordinary income unless I am using the funds for expenses as provided in Section 72(t).

IRS

The IRS only applies to you.

Medical expenses for medical care

Purchase of a 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 \$ 700.00 Year-to-date deferrals \_\_\_\_\_

(Seven hundred)

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

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

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 1-31-2011

**SECTION II - Authorized Plan Representative**

As the Authorized Plan Representative, I authorize the distribution of a hardship distribution. This request is in compliance with the terms of the Plan.

AUTHORIZED PLAN REPRESENTATIVE X

**SECTION III - Distribution Procedure**

- Determine if distribution request complies with the terms of the Plan.
- S&A will help facilitate the check as requested.

Fax to  
Simpkins  
(972)