

cc 3/1/11

Employee # 032603

### SIMPKINS & ASSOCIATES HARDSHIP REQUEST NOTIFICATION

Please print or type.  
Plan Name 457 Plan

Participant Name \_\_\_\_\_  
Address P.O. \_\_\_\_\_

Social Security No \_\_\_\_\_

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

IRS rules require that you repay the amount withdrawn within 12 months upon taking this hardship withdrawal.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 \$ \_\_\_\_\_ as deferrals \_\_\_\_\_

Total amount deferred as of \_\_\_\_\_

Have you ever taken a hardship withdrawal? \_\_\_\_\_ was the amount taken \$ \_\_\_\_\_

I hereby request a hardship withdrawal based on the reason above and agree to the requirements above and understand the tax implications of this withdrawal. I understand that there may be a fee charged to my account for processing this request.

**PARTICIPANT SIGNATURE** \_\_\_\_\_ Date 2-22-11

**SECTION II - Authorized Representative**  
As the Authorized Representative of the Participant, I agree to perform the ministerial acts relating to the hardship distribution. \_\_\_\_\_

**AUTHORIZED PLAN REPRESENTATIVE**  
**SECTION III - Distribution**  
I agree to perform the ministerial acts relating to the hardship distribution. \_\_\_\_\_ Date \_\_\_\_\_  
I will provide you with copies of your plan documents and policies.

- Determine if distribution is eligible
- S&A will help facilitate the distribution

For Request to:  
Simpkins & Associates  
(972) 880-7133