

SIMPKINS & ASSOCIATES HARDSHIP REQUEST NOTIFICATION

Please print or type.
Plan Name 457 PLAN

Employee #122 335

Participant Name

Address 410

Social Security N

SECTION I - Hardship

I understand that this withdrawal is not a distribution, other than to me under the Plan, taxable as ordinary income unless I am at least 59 1/2 years of age and the withdrawal is for expenses as provided in Section 72(t)(1).

IRS rule

The IRS only applies to you.

- Medical expenses for the participant or the participant's dependent (including 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 a residence for the participant or the participant's dependent.
- Funeral or burial expenses for the participant or the participant's dependent.
- Repair of casualty damage to the participant's principal residence.

Hardship Requested \$ _____

Total amount deferred since _____

Have you ever taken a hardship withdrawal? Yes No

I hereby request a hardship withdrawal based on my account by _____

Amount taken \$ 200000

the requirements above and investment accounts, make the withdrawal and that there may be a fee

PARTICIPANT SIGNATURE _____

Date July 23 2011

SECTION II - Authorization

As the Authorized Plan Administrator, I authorize the withdrawal of the amount requested above for the hardship distribution. This authorization is subject to the terms and conditions of the plan documents and policies.

_____ Date _____

AUTHORIZED PLAN REPRESENTATIVE

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) 960-7133