

SIMPKINS & ASSOCIATES HARDSHIP REQUEST NOTIFICATION

Please print or type
Plan Name 457 Plan

Participant [Redacted]
Address 39 [Redacted] [Redacted] State Tx Zip 78539

Social Security No. [Redacted]

SECTION I -

I understand that the withdrawal, distributions, or other payments made under the plan are taxable as ordinary income at least 59-1/2 years of age.

hardship withdrawal for a financial need. If you are withdrawing for any other reason, this withdrawal will be taxable as ordinary income. In addition, a 10% penalty tax will apply unless it is for deductible medical expenses as provided by law.

IR [Redacted] as 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 (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 \$ 3417.21 Year-to-date deferrals 3/31/11

Total amount deferred since you initially joined the plan \$ 0.00

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 [Signature] Date 5-12-11

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 _____ 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

RECEIVED
OFFICE OF EXECUTIVE OFFICER
ON: 5/24/11 BY: [Signature]

cc 5/24/11