

**SIMPKINS & ASSOCIATES
HARDSHIP REQUEST NOTIFICATION**

Please print or type.
Plan Name 457 Plan

Employee # 077062

Participant

Address

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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 166.

Hardship Requested \$ 1,800.00 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 [Signature] Date 8/24/11

SECTION 1 - A 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 [Signature] Date _____

SECTION 1 - D 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