

08/01/2007 15:57 FAX 8562827088

* fax back to 292-7034 002/004

Atty. Villanueva

SIMPKINS & ASSOCIATES HARDSHIP REQUEST NOTIFICATION

Please print or type.
Plan Name 457 Plan Employee # 094404

Participant Name [Redacted] SSN [Redacted]
Address 682 [Redacted] Edin [Redacted]

Social Security Number [Redacted] Home Phone [Redacted]
SECTION I
I understand that the withdrawal is taxable as ordinary income unless I am at the time of withdrawal. I understand that the withdrawal is taxable as ordinary income unless I am at the time of withdrawal. I understand that the withdrawal is taxable as ordinary income unless I am at the time of withdrawal.

IRS rules require that you stop making contributions to the 401(k) Plan for at least 6 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 \$ 100% Year-to-date deferrals

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

Have you ever taken a hardship before? _____ 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 X *Joel Villanueva* Date 1-23-12

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 X _____ Date _____
SECTION III - Distribution Processor

- 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) 880-7139

cc 1/31/12