

Withdrawal of full balance as requested

**SIMPKINS & ASSOCIATES  
HARDSHIP REQUEST NOTIFICATION**

Employee # 120391

Please print or type

157 California Plan

Plan Name

Participant Name

Address

Social Security N

SECTION I - H

I understand that the

withdrawal is not

taxable as ordinary

expenses as provided by law.

unless I am at least 69-1/2 years of age or I use the funds withdrawn to pay certain deductible medical

expenses as provided by law.

IR9 rules require that you stop making contributions to the 401(k) Plan for at least 6

months upon taking this hardship withdrawal.

The IR9 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 child, 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** [Signature] Date Jan 27, 2012

**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 and policies.

• S&A will help facilitate the check as requested above.

Fax request to: Simpkins & Associates (972) 860-7133