

08/01/2007 15:57 FAX 8562827088

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SIMPKINS & ASSOCIATES HARDSHIP REQUEST NOTIFICATION

Please print or type
Plan Name

459 Plan

Employee # 011062

Participant

Address

Social Security

I understand the withdrawal distribution may be taxable to me unless I incur expenses

The IRS applies to

- Medical expenses
- Purchase of a new home
- Payment of a secondary mortgage on my, 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 \$ 6,000 Year-to-date deferrals _____

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

Have you ever taken a hardship before? yes 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

Date 11/29/12

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 Procedures

- 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
(872) 880-7133

cc 12/4/12