

*www - melinda*  
002/004

05/03/2007 15:57 FAX 956-292-7034 8602927034

### SIMPKINS & ASSOCIATES HARDSHIP REQUEST NOTIFICATION

Please print or type  
Plan Name 457 Plan Employee # 161438

Participant Name \_\_\_\_\_  
Address \_\_\_\_\_

Social Security Number \_\_\_\_\_  
Daytime Phone Number \_\_\_\_\_  
**SECTION II - Hardship**  
I understand the withdrawal is for financial hardship, heavy financial need, or other financial emergency, and all other requirements of the Company. I understand that I will receive it in a lump sum and that the funds withdrawn are taxable as ordinary income unless I am an eligible rollover beneficiary.

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 163.

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 Virginia Granados Date July 1, 2013

**SECTION III - 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 IV - 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  
(972) 966-7133

