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Melinda

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**SIMPINS & ASSOCIATES
HARDSHIP REQUEST NOTIFICATION**

Please print or type
Plan Name 457 Plan

Employee #125016

Participant Name [Redacted]
Address [Redacted] 539 [Redacted]

Social Security Number [Redacted]
SECTION 504
I understand the
that withdrawal
distributions, all
me under the P
taxable as ordin
unless I am a
employee to p

IRS rules require that you stop making contributions to the 401(k) Plan for at least 3 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 expenses necessary to obtain medical care).
- Purchase (including 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 \$ Full Amount Remaining to-date deferrals

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

Have you ever taken a hardship before? Yes If so what was the amount taken \$ 40,500

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 Simpins & Associates for processing this request.

PARTICIPANT SIGNATURE X *Angelica M. Garcia* Date 7/01/2013

SECTION 504 - AUTHORIZED PLAN REPRESENTATIVE
As the Authorized Plan Representative, I authorize you to perform the ministerial acts resulting in the hardship distribution. This request is in compliance with our Plan document.

AUTHORIZED PLAN REPRESENTATIVE X _____ Date _____

o Determine if distribution request complies with all provisions of your plan documents and policies.
o S&A will help facilitate the check as requested above.
For request to:
Simpins & Associates
(972) 950-7133