

SIMPKINS & ASSOCIATES HARDSHIP REQUEST NOTIFICATION

Please print or type
Plan Name 457 Plan

Employee # 114723

P [Redacted]
A [Redacted]
S [Redacted]
T [Redacted]
 The [Redacted] financial [Redacted] of [Redacted] obtained all [Redacted] currently available to [Redacted] that this withdrawal will be [Redacted] a 10% penalty tax will apply [Redacted] withdrawn to pay certain deductible medical [Redacted]

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 \$ 1,000 Year-to-date deferral rate _____

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

Have you ever taken a hardship before? yes If so what was the amount taken \$ 9,000

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 12/16/13

SECTION I - 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 [Signature] Date 12/16/13

SECTION II - 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) 960-7133

SIMPKINS & ASSOCIATES HARDSHIP REQUEST NOTIFICATION

Please print or type
Plan Name 457 Plan

Employee # 017062

Participant 

Address 

Daytime Phone No. 

SECTION I
I understand the withdrawal distributions, me under the taxable as unless I am at least 59-1/2 years of age or I use the funds withdrawn to pay certain deductible medical expenses as provided by law.

be due to financial hardship and heavy financial need, al hardship, and all other n ined by the Company. I which I receive it. In ad

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 expenses 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 \$ 1,500.00 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 \$ 11,000

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 12/16/13

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 [Signature] 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
(972) 980-7133