

### SIMPKINS & ASSOCIATES HARDSHIP REQUEST NOTIFICATION

Please print or type.

Plan Name 457 Plan

Employee # 115509

Participant Name

Address 140

(Const. 3)

Social Security #

Daytime Phone No.

**SECTION 1-416**

I understand that the withdrawal is not tax-free. It is taxable as ordinary income unless I am at least 59-1/2 years of age or I use the funds withdrawn to pay certain deductible medical expenses as provided by law.

Due to financial hardship or heavy financial need, and all other non-hardship, and all other non- by the Company. I understand I receive it. In addition I use the funds withdrawn to pay certain deductible medical

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 165.

Hardship Requested \$ 2000.00 Year-to-date deferrate 2400.00

Total amount deferred since you initially joined the plan \$ 10,000.00

Have you ever taken a hardship before? YES If so what was the amount taken \$ 5000.00

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 Rapel Ochoa Date 2-11-14

**SECTION 2 - 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.

**SECTION 3 - Distribution Processing**  
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.

\* Determine if distribution request complies with all provisions of your plan documents and policies.  
\* S&A will help facilitate the check as requested above.  
Form Required by:  
Simpkins & Associates  
(813) 888-7138

Employee # 177199 002/004

SIMP  
HARDSHIP REC

Please print or type.

Plan Name Hidalgo County 457 Savi

Participant Name [Redacted]

Address 91 [Redacted] [Redacted]

Social Security No. [Redacted]

Daytime Phone [Redacted]

**SECTION I - Hardship**

I understand that this withdrawal is not a loan and that the withdrawal is not a distribution, other than a distribution under the Plan, and is taxable as ordinary income in the calendar year in which I receive it. In addition, a 10% penalty will be applied 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.

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 165.

Hardship Requested \$ 2,400.00 Year-to-date deferrals \$ 450.00

Total amount deferred since you initially joined the plan \$ 2,436.07

Have you ever taken a hardship before? No 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 2/12/14

**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 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) 960-7133