SIMPKINS & ASSOCIATES
HARDSHIP REQUEST NOTIFICATION

Please print or type.
Plan Name 457 DEFERRED COMPENSATION PLAN

Participant Name [redacted] #034339 [redacted]

Address [redacted]

Social Security N [redacted] 5

SECTION I – [redacted]

I understand that [redacted] at the amount of the withdrawal i[redacted]d. I represent that I have obtained all distributions, other than this withdrawal due t[redacted] non-taxable loans currently available to me under the Plan, as well as other plans maintained by the Company. I understand that this withdrawal will be taxable as ordinary income in the calendar year in which I receive it. In addition, a 10% penalty tax will apply unless I am at least 59 – ½ years of age or I use the funds withdrawn to pay certain deductable medical expenses as provided by law.

IRS rules require that you stop making contributions to the 401(k) Plan for at lease 6 months upon 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).
(X) 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 postsecondary 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 or casualty damage to my primary residence that would be deductable under IRC Section 165.

Hardship Requested $ 800.00 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 $ 500.00

I hear 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 [redacted] Date 4/7/2014

SECTION II – Authorized Plan R[redacted]

As the Authorized Plan Representa[redacted] the ministerial acts relating to the hardship distribution. This request is in com[redacted]t.

AUTHORIZED PLAN REPRESENTATIVE X _____ Date _____

SECTION III – Distribution Procedure

- Determine if distribution request complies with all provisions of you plan documents and policies
- S&A will help facilitate the check as requested above.

Fax request to:
Simpkins & Associates
(972) 960-7133

cc 4/15/14