

### SIMPKINS & ASSOCIATES HARDSHIP REQUEST NOTIFICATION

Please print or type.  
Plan Name

457 Plan

Employee # 127159

Participant Name

Address

Social Security N

**SECTION I - Har**

I understand that this the withdrawal is no distributions, other th me under the Plan, t taxable as ordinary unless I am at least 69-1/2 years of age or I use the funds withdrawn to pay certain deductible medical expenses as provided by law.

Home Phone

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ceive it. In

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 \$ 3,247.49 Year-to-date deferrals \_\_\_\_\_

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

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 6/24/14

**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) 980-7133

cc 6/30/14

Faint header text at the top of the page, possibly including a date or reference number.

Faint text in the upper section of the page, possibly a title or introductory paragraph.

Faint text in the middle section of the page, possibly a list or detailed notes.

Faint text in the lower-middle section of the page, possibly a continuation of notes or a list.

Faint text in the lower section of the page, possibly a concluding paragraph or signature area.

Faint text at the bottom of the page, possibly a footer or additional notes.

*Mona Badillo  
Budget officer*

### SIMPKINS & ASSOCIATES HARDSHIP REQUEST NOTIFICATION

Please print or type.  
Plan Name 457 Plan

Employee # 010456

Participant Name [Redacted]

Address PO Box [Redacted] TX 78[Redacted]

Social Security No. [Redacted] Home Phone No. [Redacted]

**SECTION I - Hardship**

I understand that this withdrawal is necessary for the following reasons: financial hardship, financial need, and all other reasons, and I understand that this withdrawal is taxable as ordinary income in the year in which I receive it. In addition, a 10% penalty tax will apply 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 \$ 1,300 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 X *Cesar Brito* Date 6/26/14

**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 X 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) 980-7133

*cc 6/30/14*

### SIMPKINS & ASSOCIATES HARDSHIP REQUEST NOTIFICATION

Please print or type.

Plan Name 457 Plan

Employee #037028

Participant Name [Redacted] Gutierrez

Address PO [Redacted] Box 7854

Social Security [Redacted] Daytime Phone No [Redacted]

**SECTION I - Hardship**  
I understand that the withdrawal is due to financial hardship, heavy financial need, hardship, and all other reasons permitted by the Company. I understand that the withdrawal is taxable as ordinary income in the calendar year in which I receive it. In addition, a portion of the withdrawal may be taxable 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 \$ 1,300 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 X [Signature] Date 6/26/14

**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 X 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

*cc 6/30/14*