

SIMPKINS & ASSOCIATES HARDSHIP REQUEST NOTIFICATION

Please print or type.

Plan Name

457 Plan

Employee # 050229

Participant Name

Z

Address

506

BURG TX

Social Security No.

Daytime Phone No.

SECTION I - Hardship

I understand that this withdrawal is necessary for the following reasons: medical expenses, heavy financial need, and all other non-recurring expenses. I understand that the withdrawal is 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 In addition, a 10% penalty tax will apply unless I am at least 59-1/2 years of age or I use the funds withdrawn to pay certain deductible medical expenses as provided by law.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

∞

Total amount deferred

Have you ever taken a hardship withdrawal from this plan?

N/A

I hereby request a hardship withdrawal based on the reasons stated above and understand the tax consequences. The withdrawal based on the reasons stated above and understand the tax consequences. The withdrawal based on the reasons stated above and understand the tax consequences.

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PARTICIPANT SIGNATURE **X**

Date 7/22/14

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