

08/01/2007 15:57 FAX 9562927089

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SIMPKINS & ASSOCIATES
HARDSHIP REQUEST NOTIFICATION

Please print or type.
Plan Name

457 Plan

Employee #044946

Participant Name

Anderson

Address

57 216 T

Ex
3159

Social Security /
SECTION I -

anytime Plans

I understand that the withdrawal is for distributions other than under the Plan as provided by law.

to financial hardship, and all other by the Company. I receive R. In the funds withdraw

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 \$ 100% Year-to-date deferrate -

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 X Patricia Henry Date 10-15-14

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 X 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) 860-7133
Fax
292-7034