SIMPKINS & ASSOCIATES
HARDSHIP REQUEST NOTIFICATION

Please print or type.
Plan Name 457 Plan Employee #059358

Participant Na

Address 102

Social Security

SECTION I – H

I understand that ial
the withdrawal is ci
distributions, othe all
me under the Pl np
taxable as ordin In
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IRS on
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The IRS only ar
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-
spouse, my children, or my dependents.
(n or mortgage foreclosure on my primary residence.
(parent, spouse, child or dependent.
(primary residence that would be deductible under IRC Section 165.

4 0.00 Year-to-date deferrals_____

T nitially joined the plan $_____

H efore? Yes If so what was the amount taken $ Don't Remember

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 1-30-2015

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.
- S&A will help facilitate the check as requested above.

Fax request to:
(972) 960-7133