

SIMPKINS & ASSOCIATES  
HARDSHIP REQUEST NOTIFICATION

Please print or type.

Plan Name 457 Deferred Compensation Plan

Employee # 034339

Participant Name

Address

1770 TX 78516

Social Security N

Daytime Phone No. (954

SECTION I –

I understand that the withdrawal of distributions, other than those made to me under the Plan, will be taxable as ordinary income. If I am under 59 ½ years of a

financial hardship only for financial need. I represent that I have obtained all other non-taxable loans currently available to me. I understand that this withdrawal will be taxable as ordinary income. In addition, a 10% penalty tax will apply unless I am at least 59 ½ years of age or have incurred deductible medical expenses as provided by law.

Withdrawals from the 401(k) Plan for at least 6 months before a 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 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 deductible under IRC Section 165.

Hardship Requested \$ 192.28 Year-to-date deferrals -0-

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 Uplanda Cisneros Date 2/20/2015

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

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

cc 3/3/15