

SIMPKINS & ASSOCIATES HARDSHIP REQUEST NOTIFICATION

Employee # 115487

Please print or type.
Plan Name 457 Plan

Participant Name

Address 1105



Social Security

SECTION I -

I understand that the withdrawal of distributions, other than under the Plan, is taxable as ordinary income unless I am at risk for expenses as provided in the Plan documents.

IRS

The IRS only applies to you.

- Medical expenses (including 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 my principal residence.
- Funeral or burial expenses.
- Repair of casualty damage to my principal residence.

Hardship Requested

Total amount deferred

Have you ever taken

I hereby request a hardship withdrawal based on the requirements above and understand the tax it will be charged to my account.

PARTICIPANT SIGNATURE

SECTION II - Authorized

As the Authorized Participant, I request a hardship distribution.

AUTHORIZED PLAN ADMINISTRATOR SIGNATURE

SECTION III - Distribution

- 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

Amount taken \$ 429.25
I understand the tax it will be charged to my account.
I understand that there may be a fee for any expenses incurred under IRC Section 165.

Date June 11, 2015

I understand the tax it will be charged to my account.
I understand that there may be a fee for any expenses incurred under IRC Section 165.

Date _____

cc 6/23/15