Employee # 128406

SIMPKINS & ASSOCIATES
HARDSHIP REQUEST NOTIFICATION

Delgado

091

SECTION I – Hardship W

I understand that this withdra
the withdrawal is necessary
distributions, other than this v
me under the Plan, as well a
taxable as ordinary income
the amount of
ve obtained all
tly available to
drawal will be
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unless I am at least 59-1/2 years of age or I use the funds withdrawn to pay certain deductible medical expenses as provided by law.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.

(X) 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 cas that would be deductible under IRC Section 165.

Hardship Reques Year-to-date deferrals_____

Total amount def plan $_____

Have you ever ta If so what was the amount taken $_____

I hereby request ccount. I meet and agree to the requirements above and understand the l. 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 Marisa Delgado **Date** 10/2/15

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

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