

**SIMPKINS & ASSOCIATES  
HARDSHIP REQUEST NOTIFICATION**

Please print or type.

Plan Name 457 Savings Plan

Employee # 089761

Participant Name

Address 1014

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~~SECTION I - HAR~~

I understand that this withdrawal is not a distribution, other than as provided under the Plan, and is taxable as ordinary income in the calendar year in which I receive it. In addition, a 10% penalty tax will apply unless I am at least 59-1/2 years of age or I use the funds withdrawn to pay certain deductible medical expenses as provided by law.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 casualty damage to my primary residence that would be deductible under IRC Section 165.

Hardship Requested \$ 300.00 Year-to-date deferrals \_\_\_\_\_

Total amount deferred since you initially joined the plan \$ \_\_\_\_\_

Have you ever taken a hardship before? \_\_\_\_\_ If so what was the amount taken \$ 300.00

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  \_\_\_\_\_ D 3-4-16

~~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 3/2/16