

GC 4/19/16

**SIMPKINS & ASSOCIATES  
HARDSHIP REQUEST NOTIFICATION**

Please print or type  
Plan Name

457 Plan

Employee # 05066

Participant Name

Allen

Address

Social Security No

Home Phone No

I understand that this withdrawal is not a distribution, other than under the Plan, and I am not receiving any other benefits from the Plan. I am not receiving any other benefits from the Plan. I am not receiving any other benefits from the Plan.

IRB rules require that you stop making contributions to the 401(k) Plan for at least 6 months upon taking this hardship withdrawal.

The IRB 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).

Purchases (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 child, or my dependent.

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 163.

Hardship Requested \$ 8,000 Year-to-date deferrals: \_\_\_\_\_

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

Have you ever taken a hardship before? NO If so what was the amount taken \$ N/A

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 account, 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.

**SECTION I - 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.

**SECTION II - DISTRIBUTION INFORMATION**  
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) 880-7133