

SIMPKINS & ASSOCIATES HARDSHIP REQUEST NOTIFICATION

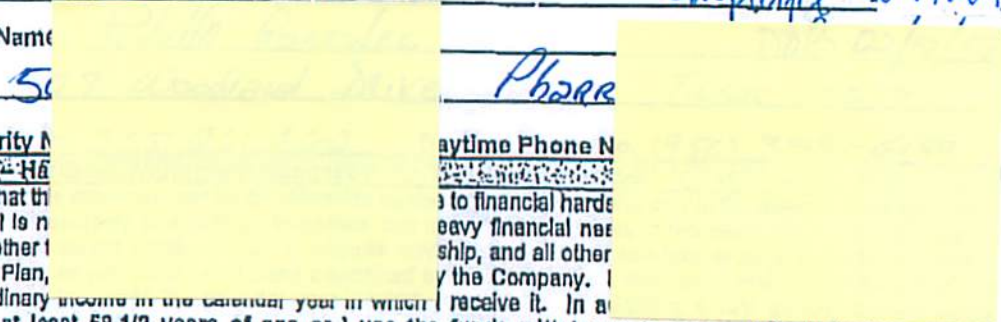
Please print or type.
Plan Name

457 Plan

Employee # 099287

Participant Name

Address



Social Security Number

Daytime Phone Number

SECTION I - Hardship

I understand that the withdrawal is not for distributions, other than for me under the Plan, taxable as ordinary income in the calendar year in which I receive it. In all other cases, the withdrawal is taxable as ordinary income unless I am at least 59-1/2 years of age or I use the funds withdrawn to pay certain deductible medical expenses as provided by law.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.

- 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 principal residence deductible under IRC Section 165.

Hardship Requested \$

Total amount deferred since

Have you ever taken a hardship withdrawal?

I hereby request a hardship withdrawal based on my circumstances and I understand the tax implications of this withdrawal based on my circumstances. A fee will be charged to my account by SIMPKINS & ASSOCIATES.

and the fee

PARTICIPANT SIGNATURE **X**

[Handwritten Signature]

Date August 23rd 2017

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) 980-7133