



Montefiore



MP3B 94042 300000233093071

RANA JEHL  
18 CRESCENT ROAD  
POUGHKEEPSIE NY 12601

**Confirmation** 232701242&759  
**Request ID** 300000233093071  
**Transaction** PARTIAL WITHDRAWAL - SPONSOR  
DIRECTED  
**Plan Number** 94042  
**Plan Name** MONTEFIORE 403B PLAN

Don't let your request expire! Complete, **SIGN** and return **ALL** pages of this application in time to arrive by 10/27/2023.

Questions? Go to [www.netbenefits.com/atwork](http://www.netbenefits.com/atwork) or call 800-343-0860

## Partial Distribution - Withdrawal

### Helpful To Know

- If the market value of your account changes before your request is processed, your distribution could be different than the amount shown on this form.
- Workplace retirement plan distributions may have tax consequences. You may want to consult a tax or financial professional.
- You **MUST** certify your marital status on this form.
- Federal tax regulations and your plan require your spouse's consent for your request. Fidelity cannot process your request without your spouse's consent being witnessed by either a notary public or the plan administrator's representative.

### Distribution Details

#### Terms of Request

<b>Request Date</b>	09/27/2023
<b>Amount Requested</b>	\$38,750.00
<b>Cash Amount</b>	\$38,750.00 <i>Pre-tax assets (taxable).</i>
<b>Federal Withholding</b>	Yes
<b>State Withholding</b>	No

#### Values *Could be different if your account value changes.*

<b>Withdrawal as Cash</b>	<b>\$38,750.00</b>
<i>Includes any tax withholding.</i>	
<b>Federal tax withholding</b>	-\$7,750.00
<i>Includes any amount withheld at your request.</i>	
<b>NY state tax withholding</b>	-\$0.00
<i>Includes any amount withheld at your request.</i>	

#### Delivery and Fees

<b>Delivery Method</b>	<i>Timings are estimates, not guarantees, and start when Fidelity receives all your required materials.</i>
<b>Cash Amount</b>	EFT <i>Sent electronically to your account. Allow 3 business days.</i>
<b>Estimated Fees</b>	<i>Deducted from your account.</i>
<b>Transaction</b>	\$25.00

<b>Estimated Cash Amount you will Receive</b>	<b>\$31,000.00</b>
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<b>Estimated Total Transaction Amount</b>	<b>\$38,750.00</b>
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Return this page  
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4.DC-CS-PWK



## Marital Status Verification Indicate Marital Status

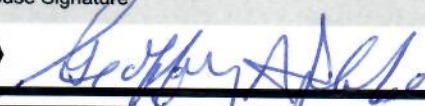



☐ Not married ☒ Married Your spouse must sign this form.

## Spouse's Consent Spouse to complete. Required by federal tax regulations and by the terms of your plan.

By signing below, you, the participant's spouse:

- Voluntarily consent to the transactions(s) indicated on this form, knowing that the participant's request is not valid without your consent.
- Acknowledge that you may be giving up your right to receive assets from this transaction that would otherwise go to you upon the participant's death.
- Acknowledge that you cannot take back your consent once this transaction has been processed.
- Notary services must be from a United States notary, military officer, or consulate.

## Spouse Notarized Signature or in the presence of Plan Administrator.

Spouse Signature	
SIGN	
<b>Certificate of Acknowledgement of Notary Public or Plan Representative Witness</b>	
On this <u>28</u> day of <u>September</u> , 20 <u>23</u> before me, the undersigned notary public,	
the above named individual proved to me through satisfactory evidence of identification, which were	
<u>GEOFFREY A. JEHLE</u> , to be the person whose name is signed	
on the preceding or attached document and acknowledged to me that (he)(she) signed for its stated purpose.	
Print Notary Name	
<u>Michelle Ransom</u>	
Notary Signature	
SIGN	
Date MM DD YYYY	
<u>9/28/2023</u>	
My commission expires <u>1/10/24</u>	
Plan Representative Signature	
SIGN	
Date MM DD YYYY	
	

Seal impression must be photo-reproducible

NOTARY SEAL/STAMP

MICHELLE M. RANSOM  
NOTARY PUBLIC, State of New York  
No. 01RA5022351  
Qualified in Dutchess County  
Commission Expires January 10, 2024

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Form continues on next page ►►






## Signature and Date You must sign and date.

By signing below, you:

- Acknowledge that this distribution waives the remainder of your 30 day period to review the notice explaining the plan's rollover rules.
- Certify that all information you have provided is authentic and correct to the best of your knowledge.
- Authorize Fidelity to act on all instructions given on this form.
- Acknowledge that you have received the *Forms of Benefit Notice* and the *Notice of the Waiver of the Qualified Joint and Survivor Annuity*, if applicable.
- Certify that you have received and read the *Participant Distribution and Tax Notice*, which explains various options for taking a distribution, as well as the potential tax consequences of each option.

Your Name RANA JEHLE

Your Signature Required	Date MM DD YYYY	Daytime Phone Number NNN-NNN-NNNN
	9/29/2023	9144745040

### AVOID PROBLEMS WITH YOUR REQUEST!

Use this checklist to be sure your request is complete:

- ☐ SIGN the form.
- ☐ You must certify your marital status on this form.
- ☐ Have your spouse sign the form in the presence of a notary.
- ☐ Remember to return the ENTIRE application including the first page.

### Still have questions?

Call 800-343-0860 (TTY, 1-800-610-4015), business days (except NYSE holidays) from 8:00 a.m. - midnight ET or go to [www.netbenefits.com/atwork](http://www.netbenefits.com/atwork).

### Ways to Return This Form to Fidelity:

#### Electronically

Use the Send a Document Action found in the NetBenefits Mobile apps. under Actions Menu.

#### Regular mail

Fidelity Investments  
PO Box 770003  
Cincinnati, OH 45277-0065

#### Overnight mail

Fidelity Investments  
100 Crosby Parkway KC1F  
Covington, KY 41015

#### FAX 1-800-347-2805

Make sure the notary seal for your spouse's signature is either inked or shaded. Allow 2 hours for our system to validate receipt of your document (if sending electronically or faxing after 4:00PM Eastern Time, allow until the next business day). An automatic confirmation will be sent to the email address we have on file for you.

On this form "Fidelity" shall mean Fidelity Investments Institutional Operations Company, LLC, 245 Summer Street, Boston, MA 02210 644062.2.0 (09/2013)

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