

APPLICATION FOR VESTED RIGHTS PENSION

Eryn Berg, being a person leaving employment with the City of Clearwater, Florida, and having completed five (5) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) 2/6/2016 to (date of resignation or change of status) 5/25/2023 hereby makes application to receive the vested rights pension provided for by the City Code of Ordinances. As such former employee, I understand the pension requested will be computed pursuant to the provisions of the City Code of Ordinance in effect on the date of resignation.

I hereby further certify that my date of birth is 08/28/1989.

The date I will begin to receive my pension will be 09/01/2024.

Further, I additionally certify that I have made no application seeking to obtain a return of the contributions that I paid into the Pension Fund during the period of my employment set forth above, I have not been convicted of a felony during my period of employment, and I have not received any other type of pension from the City.

Eryn Berg
Signature

Finance
Department/Division

Procurement
Job Classification

Social Security Number

Street Address

City, State, Zip Code

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 15th day of May, 2023 by Eryn Berg who is personally known to me or has produced _____ as identification.

Alyssa Gagliardi
Notary Public (Signature)

Alyssa Gagliardi
(Name of Notary Printed)

Commission No. _____



ALYSSA GAGLIARDI
Commission # GG 952165
Expires January 28, 2024
Bonded Thru Budget Notary Services

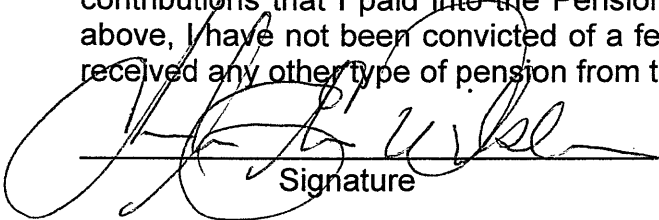
APPLICATION FOR VESTED RIGHTS PENSION

Charles Eric Wilson, Sr, being a person leaving employment with the City of Clearwater, Florida, and having completed five (5) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) 4/15/1996 to (date of resignation or change of status) 05/24/2023 hereby makes application to receive the vested rights pension provided for by the City Code of Ordinances. As such former employee, I understand the pension requested will be computed pursuant to the provisions of the City Code of Ordinance in effect on the date of resignation.

I hereby further certify that my date of birth is 2/24/1972.

The date I will begin to receive my pension will be 5/1/2026.

Further, I additionally certify that I have made no application seeking to obtain a return of the contributions that I paid into the Pension Fund during the period of my employment set forth above, I have not been convicted of a felony during my period of employment, and I have not received any other type of pension from the City.


Signature

Social Security Number

Radio Communications Division
Department/Division

Street Address

Radio Communications Manager
Job Classification

City, State, Zip Code

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 23rd day of May, 2023 by Charles Wilson, who is personally known to me or has produced De as identification.

Notary Public (Signature)

Alyssa Gagliardi
(Name of Notary Printed)

Commission No.



ALYSSA GAGLIARDI
Commission # GG 952165
Expires January 28, 2024
Bonded Thru Budget Notary Services