

CITY OF CLEARWATER

EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, Edward Bryant, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

Run Out _____ vacation _____ sick _____ floaters _____ bonus hours
Lump Sum _____ vacation _____ sick _____ floaters _____ bonus hours

As of
PPE
2/12/25

306,7100

35,1620

17,5810

0

0

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: Edward Bryant
SOCIAL SECURITY #: _____

WITNESSES: _____
ADDRESS: _____

PHONE: _____ DATE: 12/23/25

City of Clearwater Employees' Retirement System Benefit Estimate

Member Data

Name : EDWARD BRYANT Social Security No.
 Date of Birth : 08/07/1960
 Age at Retirement : 65 Years 5 Months 25 Days

Beneficiary Data

Name : GUYNETTE BRYANT Social Security No. :
 Date of Birth : 02/17/1969
 Age at Retirement : 56 Years 11 Months 12 Days Relationship : Spouse
 # of children under 18 : 0

Retirement Data

Pension Start Date : 03/18/2011 Calculation Type : Estimate
 Termination Date : 01/30/2026 Benefit Group : Non-Hazardous - Tier II
 Effective Date : 02/01/2026 Retirement Type : Normal Retirement
 FAC : \$ 55,788.36 Option Elected :
 Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$0.00 (0 %)
 Post-Tax Contributions : \$ 0.00 Total Member Service : 14 Years 10 Months 13 Days

Formula for Benefit A : 2.75% * 1.7861 years * \$55,788.36

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$228.35	N/A
Single Life Annuity 1,901.03	1.00000	\$228.35	N/A
10 Year Certain and Life Annuity 1,816.64	0.95530	\$218.14	N/A
50% Joint and Survivor 1,679.21	0.88223	\$201.46	\$100.73
66 2/3% Joint and Survivor 1,616.33	0.84890	\$193.85	\$129.23
75% Joint and Survivor 1,586.65	0.83317	\$190.26	\$142.69
100% Joint and Survivor 1,503.74	0.78927	\$180.23	\$180.23

Formula for Benefit B : 2.75% * 13.0833 years * \$55,788.36

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,672.68	N/A
Single Life Annuity	1.00000	\$1,672.68	N/A
10 Year Certain and Life Annuity	0.95565	\$1,598.50	N/A
50% Joint and Survivor	0.88346	\$1,477.75	\$738.87
66 2/3% Joint and Survivor	0.85043	\$1,422.50	\$948.33
75% Joint and Survivor	0.83482	\$1,396.39	\$1,047.29
100% Joint and Survivor	0.79125	\$1,323.51	\$1,323.51

***** This is Only an Estimate *****

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

The GRS document retention policy requires destruction of all copies of this document no later than 7 years from the participant's date of retirement. You may want to retain a copy of this document in case this information is needed in the future.

CITY OF CLEARWATER
PENSION ENTITLEMENT OPTION REQUEST FORM
NON-HAZARDOUS DUTY EMPLOYEE

I, Edward Bryant do hereby apply to receive benefits under the
(Please print name)
City of Clearwater General Employees' Pension Plan in accordance with the following:

Employee ID # 107726
Date of Birth: 8/7/1960 Gender (circle one): M F
Job Classification: Solid Waste Equipment Oper
Department: Solid Waste & Recycling Division: SR Res. Jaws.
Date of Hire: 12/20/2010 Date of Separation: January 30, 2026
Benefits Effective Date: 3/18/2011

Spouse's Name: Gwynette Bryant
Spouse's Date of Birth: 2/17/1969 Spouse's Gender (circle one): M F

The type of pension for which I am applying is (check only one):

Regular Pension based on years of service
 Job-connected Disability Pension
 Non-job-connected Disability Pension

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit for Participants eligible to retire prior to January 1, 2013. Option 2 below represents the standard or normal form of retirement benefit for Participants eligible to retire after December 31, 2012. The other optional forms (#3- #7) shall be computed to be the Actuarial Equivalent of the respective normal benefit.

Option 1 - Joint and Survivor Annuity (ONLY if eligible to retire prior to January 1, 2013)
An annuity paid monthly for the life of the Participant, with a 100% survivor annuity paid monthly for a period of five years following the death of the Participant to the beneficiary, provided that following such five year period the survivor annuity shall be reduced to 50% of the original survivor annuity amount. [See section 2.397 (a) (3) (A)] The Participant's surviving spouse receives the designated amount for the rest of his/her life or until he/she remarries. If no surviving spouse, dependent children under the age of 18 shall be deemed to be the beneficiary and receive the designated amount until the age of 18. [Section 2.397 (a) (3) and Section 2.398 (b) (1)]

Option 2 - Life Annuity
The Participant receives his/her pension as long as he/she lives. Upon the death of the Participant, benefits cease. [Section 2.416 (c) and Section 2.424 (b) (2) a. 1.]

Option 3 - 10 Year Certain & Life Annuity - (must designate a beneficiary)
The Participant receives his/her pension as long as he/she lives. If the Participant dies before 120 monthly payments have been made, the remaining payments up to the 120 payments are made to his/her beneficiary, or the estate if his/her beneficiary is not alive. [Section 2.424 (b) (2) a. 2.]

Option 4 - 50% Joint & Survivor Annuity - (must designate a beneficiary)
The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 50 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 5 - 75% Joint & Survivor Annuity - (must designate a beneficiary)
The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 75 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 100 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 7 - 66 2/3% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 2/3 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Partial Lump Sum Payment Option

A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump sum distribution, then the monthly retirement benefit for the option selected shall be reduced accordingly thereafter. [Section 2.424 (b) (2) a. 4.]

I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: <u>1</u>		Description: <u>Joint and Survivor Annuity</u>	
Employee's Signature: _____		Date: _____	
Dependent children under the age of 18 and residing in my household are:			
Child's Name	Gender (M-F)	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If taking Option 2 sign below:

Option #: <u>2</u>	Description: <u>Life Annuity</u>
Employee's Signature: <u>Edward Bryant</u>	Date: <u>12/23/25</u>

If taking Option 3, fill in beneficiary information and sign below:

Option #: <u>3</u>	Description: <u>10 Year Certain and Life Annuity</u>
My designated beneficiary is:	
Name: _____	Social Security Number: _____
Date of Birth: _____	Gender (Circle One) M F
Address: _____	
Phone Number: _____	Relationship _____
Employee's Signature: _____	Date: _____

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:

Option #: _____ Description: % Joint and Survivor Annuity

My designated beneficiary is:

Name: _____ Social Security Number: _____

Date of Birth: _____ Gender (Circle One) M F

Address: _____

Phone Number: _____ Relationship _____

Employee's Signature: _____ Date: _____

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA Description: Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

10% of the actuarially determined value of the normal retirement benefit

20% of the actuarially determined value of the normal retirement benefit

30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: _____ Date: _____

If naming a beneficiary ONLY, fill in beneficiary information and sign below:

My designated beneficiary is:

Beneficiary Name: _____ Beneficiary Social Security #: _____

Beneficiary Date of Birth: _____ Beneficiary Gender (Circle One) M F

Beneficiary Address: _____

Beneficiary Phone Number: _____ Relationship _____

Employee's Signature: _____ Date: _____

STATE OF FLORIDA
COUNTY OF
PINELLAS

The foregoing instrument was acknowledged before me this

23 day of December, 2025

by Edward Bryant

who is personally known to me or who has provided FIDU
as identification and who ~~did~~ did not take an oath.

(Signature) Notary Public

Alyssa Gasliardi Name of Notary Printed

My Commission expires: _____



ALYSSA GASLIARDI
Commission # HH 476578
Expires January 28, 2028

CITY OF CLEARWATER

EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, Timothy Chaplinsky, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

Run Out	_____	vacation	_____	sick	_____	floaters	_____	bonus hours
Lump Sum	<u>14.3184</u>	vacation	<u>163.6295</u>	sick	<u>24</u>	floaters	<u>8</u>	bonus hours
			<u>81.8148</u>					

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: [Signature]

SOCIAL SECURITY #: _____

WITNESSES:

ADDRESS: _____

PHONE: _____ DATE: 02-11-2026

City of Clearwater Employees' Retirement System

Benefit Estimate

Member Data

Name : **TIMOTHY CHAPLINSKY** Social Security No.
 Date of Birth : **05/26/1975**
 Age at Retirement : **50 Years 9 Months 6 Days**

Beneficiary Data

Name : **AMANDA CHAPLINSKY** Social Security No. :
 Date of Birth : **10/30/1974**
 Age at Retirement : **51 Years 4 Months 2 Days** Relationship : **Spouse**
 # of children under 18 : **0**

Retirement Data

Pension Start Date : **02/20/1996** Calculation Type : **Estimate**
 Termination Date : **02/27/2026** Benefit Group : **Non-Hazardous - Tier II**
 Effective Date : **03/01/2026** Retirement Type : **Normal Retirement**
 FAC : \$ **58,427.04** Option Elected :
 Pre-Tax Contributions : \$ **0.00** Partial Lump Sum : **\$0.00 (0 %)**
 Post-Tax Contributions : \$ **0.00** Total Member Service : **30 Years 0 Months 8 Days**

Formula for Benefit A : **2.75% * 16.8639 years * \$58,427.04**

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,258.00	N/A
Single Life Annuity 4,619.84	1.00000	\$2,258.00	N/A
10 Year Certain and Life Annuity 3,992.77	0.99325	\$2,242.75	N/A
50% Joint and Survivor 3,853.04	0.95834	\$2,163.93	\$1,081.96
66 2/3% Joint and Survivor 3,800.49	0.94522	\$2,134.30	\$1,422.87
75% Joint and Survivor 3,774.75	0.93879	\$2,119.78	\$1,589.84
100% Joint and Survivor 3,699.56	0.92002	\$2,077.40	\$2,077.40

Formula for Benefit B : **2.75% * 13.1583 years * \$58,427.04**

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,761.84	N/A
Single Life Annuity	1.00000	\$1,761.84	N/A
10 Year Certain and Life Annuity	0.99329	\$1,750.02	N/A
50% Joint and Survivor	0.95872	\$1,689.11	\$844.56
66 2/3% Joint and Survivor	0.94571	\$1,666.19	\$1,110.79
75% Joint and Survivor	0.93934	\$1,654.97	\$1,241.22
100% Joint and Survivor	0.92072	\$1,622.16	\$1,622.16

***** This is Only an Estimate *****

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

The GRS document retention policy requires destruction of all copies of this document no later than 7 years from the participant's date of retirement. You may want to retain a copy of this document in case this information is needed in the future.

**CITY OF CLEARWATER
PENSION ENTITLEMENT OPTION REQUEST FORM
NON-HAZARDOUS DUTY EMPLOYEE**

I, <u>Timothy Chaplinsky</u> do hereby apply to receive benefits under the (Please print name)	
City of Clearwater General Employees' Pension Plan in accordance with the following:	
Employee ID # <u>103130</u>	
Date of Birth: <u>5/26/1975</u>	Gender (circle one): <input checked="" type="radio"/> M <input type="radio"/> F
Job Classification: <u>Parks Service Tech III</u>	
Department: <u>Parks & Recreation</u>	Division: <u>P2 South Landscape Team</u>
Date of Hire: <u>2/20/1996</u>	Date of Separation: <u>February 27, 2026</u>
Benefits Effective Date: <u>2/20/1996</u>	
Spouse's Name: <u>Amanda Chaplinsky</u>	
Spouse's Date of Birth: <u>10/30/1974</u>	Spouse's Gender (circle one): <input type="radio"/> M <input checked="" type="radio"/> F

The type of pension for which I am applying is (check only one):	
<input checked="" type="checkbox"/>	Regular Pension based on years of service
<input type="checkbox"/>	Job-connected Disability Pension
<input type="checkbox"/>	Non-job-connected Disability Pension

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit for Participants eligible to retire prior to January 1, 2013. Option 2 below represents the standard or normal form of retirement benefit for Participants eligible to retire after December 31, 2012. The other optional forms (#3- #7) shall be computed to be the Actuarial Equivalent of the respective normal benefit.

Option 1 - Joint and Survivor Annuity (ONLY if eligible to retire prior to January 1, 2013)

An annuity paid monthly for the life of the Participant, with a 100% survivor annuity paid monthly for a period of five years following the death of the Participant to the beneficiary, provided that following such five year period the survivor annuity shall be reduced to 50% of the original survivor annuity amount. [See section 2.397 (a) (3) (A)] The Participant's surviving spouse receives the designated amount for the rest of his/her life or until he/she remarries. If no surviving spouse, dependent children under the age of 18 shall be deemed to be the beneficiary and receive the designated amount until the age of 18. [Section 2.397 (a) (3) and Section 2.398 (b) (1)]

Option 2 - Life Annuity

The Participant receives his/her pension as long as he/she lives. Upon the death of the Participant, benefits cease. [Section 2.416 (c) and Section 2.424 (b) (2) a. 1.]

Option 3 - 10 Year Certain & Life Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies before 120 monthly payments have been made, the remaining payments up to the 120 payments are made to his/her beneficiary, or the estate if his/her beneficiary is not alive. [Section 2.424 (b) (2) a. 2.]

Option 4 - 50% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 50 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 5 - 75% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 75 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 100 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 7 - 66 2/3% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 2/3 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Partial Lump Sum Payment Option

A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump sum distribution, then the monthly retirement benefit for the option selected shall be reduced accordingly thereafter. [Section 2.424 (b) (2) a. 4.]

I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: <u> 1 </u>	Description: <u> Joint and Survivor Annuity </u>		
Employee's Signature: _____		Date: _____	
Dependent children under the age of 18 and residing in my household are:			
Child's Name	Gender (M-F)	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If taking Option 2 sign below:

Option #: <u> 2 </u>	Description: <u> Life Annuity </u>		
Employee's Signature: _____		Date: _____	

If taking Option 3, fill in beneficiary information and sign below:

Option #: <u> 3 </u>	Description: <u> 10 Year Certain and Life Annuity </u>		
My designated beneficiary is:			
Name: _____		Social Security Number: _____	
Date of Birth: _____		Gender (Circle One) M F	
Address: _____			
Phone Number: _____		Relationship _____	
Employee's Signature: _____		Date: _____	

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:

Option #: 5 Description: 75% Joint and Survivor Annuity

My designated beneficiary is:

Name: Amanda Chaplinsky Social Security Number: _____
 Date of Birth: 10-30-74 Gender (Circle One) M F
 Address: _____
 Phone Number: _____ Relationship Wife
 Employee's Signature: [Signature] Date: 02-11-2026

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA Description: Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

10% of the actuarially determined value of the normal retirement benefit
 20% of the actuarially determined value of the normal retirement benefit
 30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: _____ Date: _____

If naming a beneficiary ONLY, fill in beneficiary information and sign below:

My designated beneficiary is:

Beneficiary Name: _____ Beneficiary Social Security #: _____
 Beneficiary Date of Birth: _____ Beneficiary Gender (Circle One) M F
 Beneficiary Address: _____
 Beneficiary Phone Number: _____ Relationship _____
 Employee's Signature: _____ Date: _____

STATE OF FLORIDA
COUNTY OF
PINELLAS

The foregoing instrument was acknowledged before me this
11th day of February, 2026
by Timothy Chaplinsky
who is personally known to me or who has provided _____
as identification and who did/did not take an oath.



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

(Signature) Notary Public
Alyssa Gagliardi Name of Notary Printed
My Commission expires: _____

CITY OF CLEARWATER

EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, Kris Familiari, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

Run Out	_____	vacation	_____	sick	_____	floaters	_____	bonus hours
Lump Sum	<u>264</u>	vacation	<u>227,248</u>	sick	<u>96</u>	floaters	<u>240</u>	bonus hours <u>Bank</u>

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: [Signature]

SOCIAL SECURITY #. _____

WITNESSES:

ADDRESS: _____

PHONE: _____ DATE: 1-9-26

City of Clearwater Employees' Retirement System

Benefit Estimate

Member Data

Name : KRIS FAMILIARI Social Security No. :
 Date of Birth :
 Age at Retirement :

Beneficiary Data

Name : TAMMY FAMILIARI Social Security No. :
 Date of Birth :
 Age at Retirement : Relationship : Spouse
 # of children under 18 : 0

Retirement Data

Pension Start Date : 12/03/2001 Calculation Type : Estimate
 Termination Date : 02/25/2026 Benefit Group : Hazardous - Tier II
 Effective Date : 03/01/2026 Retirement Type : Normal Retirement
 FAC : \$ 134,106.73 Option Elected :
 Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$382,011.35 (30 %)
 Post-Tax Contributions : \$ 0.00 Total Member Service : 24 Years 2 Months 23 Days

Formula for Benefit A : 2.75% * 11.0778 years * \$134,106.73

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form <i>5,212.71</i>	1.00000	\$2,383.16	N/A
Single Life Annuity <i>5,579.91</i>	1.07021	\$2,550.47	N/A
10 Year Certain and Life Annuity	1.06204	\$2,531.00	N/A
50% Joint and Survivor	1.02102	\$2,433.25	\$1,216.62
66 2/3% Joint and Survivor	1.00561	\$2,396.52	\$1,597.68
75% Joint and Survivor	0.99807	\$2,378.57	\$1,783.92
100% Joint and Survivor <i>5,091.85</i>	0.97615	\$2,326.31	\$2,326.31

Formula for Benefit B : 2.75% * 13.1528 years * \$134,106.73

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,829.55	N/A
Single Life Annuity	1.07064	\$3,029.44	N/A
10 Year Certain and Life Annuity	1.06251	\$3,006.44	N/A
50% Joint and Survivor	1.02188	\$2,891.47	\$1,445.74
66 2/3% Joint and Survivor	1.00661	\$2,848.24	\$1,898.83
75% Joint and Survivor	0.99913	\$2,827.10	\$2,120.33
100% Joint and Survivor	0.97738	\$2,765.54	\$2,765.54

***** This is Only an Estimate *****

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

The GRS document retention policy requires destruction of all copies of this document no later than 7 years from the participant's date of retirement. You may want to retain a copy of this document in case this information is needed in the future.

**CITY OF CLEARWATER
PENSION ENTITLEMENT OPTION REQUEST FORM
HAZARDOUS DUTY EMPLOYEE**

I, Kris Familiari do hereby apply to receive benefits under the
(Please print name)

City of Clearwater General Employees' Pension Plan in accordance with the following:

Employee ID # 105065

Date of Birth: _____ Gender (circle one): M F

Job Classification: Fire Lieutenant

Department: Fire

Division: FD suppression

Date of Hire: 12/03/2001

Date of Separation: February 25, 2026

Benefits Effective Date: 12/03/2001

Spouse's Name: Tammy Familiari

Spouse's Date of Birth: _____ Spouse's Gender (circle one): M F

The type of pension for which I am applying is (check only one):



Regular Pension based on years of service



Job-connected Disability Pension



Non-job-connected Disability Pension

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit. The other optional forms (#2- #7) shall be computed to be the Actuarial Equivalent of the respective normal benefit.

Option 1 - Joint and Survivor Annuity

An annuity paid monthly for the life of the Participant, with a 100% survivor annuity paid monthly for a period of five years following the death of the Participant to the beneficiary, provided that following such five year period the survivor annuity shall be reduced to 50% of the original survivor annuity amount. [See section 2.397 (a) (3) (A)] The Participant's surviving spouse receives the designated amount for the rest of his/her life or until he/she remarries. If no surviving spouse, dependent children under the age of 18 shall be deemed to be the beneficiary and receive the designated amount until the age of 18. [Section 2.397 (a) (3) and Section 2.398 (b) (1)]

Option 2 - Life Annuity

The Participant receives his/her pension as long as he/she lives. Upon the death of the Participant, benefits cease. [Section 2.416 (c) and Section 2.424 (b) (2) a. 1.]

Option 3 - 10 Year Certain & Life Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies before 120 monthly payments have been made, the remaining payments up to the 120 payments are made to his/her beneficiary, or the estate if his/her beneficiary is not alive. [Section 2.424 (b) (2) a. 2.]

Option 4 - 50% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 50 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 5 - 75% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 75 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 100 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 7 - 66 2/3% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 2/3 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Partial Lump Sum Payment Option

A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump sum distribution, then the monthly retirement benefit for the option selected shall be reduced accordingly thereafter. [Section 2.424 (b) (2) a. 4.]

I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: <u> 1 </u>		Description: <u> Joint and Survivor Annuity </u>	
Employee's Signature: _____		Date: _____	
Dependent children under the age of 18 and residing in my household are:			
Child's Name	Gender (M-F)	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If taking Option 2 sign below:

Option #: <u> 2 </u>	Description: <u> Life Annuity </u>
Employee's Signature: _____	Date: _____

If taking Option 3, fill in beneficiary information and sign below:

Option #: <u> 3 </u>	Description: <u> 10 Year Certain and Life Annuity </u>
My designated beneficiary is:	
Name: _____	Social Security Number: _____
Date of Birth: _____	Gender (Circle One) M F
Address: _____	
Phone Number: _____	Relationship _____
Employee's Signature: _____	Date: _____

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:

Option #: 6 Description: 100 % Joint and Survivor Annuity

My designated beneficiary is:

Name: Tammy Familiari Social Security Number: _____

Date of Birth: _____ Gender (Circle One) M F

Address: _____

Phone Number: _____ Relationship wife

Employee's Signature: [Signature] Date: 1-9-26

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA Description: 30% Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

_____ 10% of the actuarially determined value of the normal retirement benefit

_____ 20% of the actuarially determined value of the normal retirement benefit

30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: [Signature] Date: 1-9-26

If naming a beneficiary ONLY, fill in beneficiary information and sign below:

My designated beneficiary is:

Beneficiary Name: _____ Beneficiary Social Security #: _____

Beneficiary Date of Birth: _____ Beneficiary Gender (Circle One) M F

Beneficiary Address: _____

Beneficiary Phone Number: _____ Relationship _____

Employee's Signature: _____ Date: _____

STATE OF FLORIDA
COUNTY OF
PINELLAS

The foregoing instrument was acknowledged before me this

9th day of January, 2026

by Kris Familiari

who is personally known to me or who has provided _____

as identification and who did/did not take an oath.

(Signature) Notary Public

Alyssa Gagliardi Name of Notary Printed

My Commission expires: _____



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

CITY OF CLEARWATER

EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, Kimberly Handville, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 2 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

Run Out	_____ vacation	_____ sick	_____ floaters	_____ bonus hours
Lump Sum	<u>294.3283</u> vacation	<u>125.8394</u> sick	<u>22.50</u> floaters	_____ bonus hours
		<u>62.9197</u>		

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: [Signature]

SOCIAL SECURITY #: _____

WITNESSES:

ADDRESS: _____

PHONE: _____ DATE: 1/08/2006

City of Clearwater Employees' Retirement System Benefit Estimate

Member Data

Name : **KIMBERLY HANDVILLE** Social Security No. :
 Date of Birth : **06/25/1960**
 Age at Retirement : **65 Years 11 Months 6 Days**

Beneficiary Data

Name : Social Security No. :
 Date of Birth :
 Age at Retirement : Relationship :
 # of children under 18 :

Retirement Data

Pension Start Date : **12/02/2013** Calculation Type : **Estimate**
 Termination Date : **05/15/2026** Benefit Group : **Non-Hazardous - Tier II**
 Effective Date : **06/01/2026** Retirement Type : **Normal Retirement**
 FAC : \$ **45,398.69** Option Elected :
 Pre-Tax Contributions : \$ **0.00** Partial Lump Sum : **\$0.00 (0 %)**
 Post-Tax Contributions : \$ **0.00** Total Member Service : **12 Years 5 Months 14 Days**

Formula for Benefit A : **2% * 8.8306 years * \$45,398.69**

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$668.16	N/A
Single Life Annuity 1,011.01	1.00000	\$668.16	N/A
10 Year Certain and Life Annuity	0.94983	\$634.64	N/A
50% Joint and Survivor			
66 2/3% Joint and Survivor			
75% Joint and Survivor			
100% Joint and Survivor			

Formula for Benefit B : **2.5% * 3.625 years * \$45,398.69**

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$342.85	N/A
Single Life Annuity	1.00000	\$342.85	N/A
10 Year Certain and Life Annuity	0.94983	\$325.65	N/A
50% Joint and Survivor			
66 2/3% Joint and Survivor			
75% Joint and Survivor			
100% Joint and Survivor			

***** **This is Only an Estimate** *****

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

The GRS document retention policy requires destruction of all copies of this document no later than 7 years from the participant's date of retirement. You may want to retain a copy of this document in case this information is needed in the future.

**CITY OF CLEARWATER
PENSION ENTITLEMENT OPTION REQUEST FORM
NON-HAZARDOUS DUTY EMPLOYEE**

I, Kimberly Handville do hereby apply to receive benefits under the
(Please print name)

City of Clearwater General Employees' Pension Plan in accordance with the following:

Employee ID # 108472
Date of Birth: 6/25/1960 Gender (circle one): M F
Job Classification: Payroll Tech I
Department: GAIS Division: CG Admin
Date of Hire: 12/02/2013 Date of Separation: May 14, 2026
Benefits Effective Date: 12/02/2013

Spouse's Name: _____
Spouse's Date of Birth: _____ Spouse's Gender (circle one): M F

The type of pension for which I am applying is (check only one):

- Regular Pension based on years of service
 Job-connected Disability Pension
 Non-job-connected Disability Pension

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit for Participants eligible to retire prior to January 1, 2013. Option 2 below represents the standard or normal form of retirement benefit for Participants eligible to retire after December 31, 2012. The other optional forms (#3- #7) shall be computed to be the Actuarial Equivalent of the respective normal benefit.

Option 1 - Joint and Survivor Annuity (ONLY if eligible to retire prior to January 1, 2013)

An annuity paid monthly for the life of the Participant, with a 100% survivor annuity paid monthly for a period of five years following the death of the Participant to the beneficiary, provided that following such five year period the survivor annuity shall be reduced to 50% of the original survivor annuity amount. [See section 2.397 (a) (3) (A)] The Participant's surviving spouse receives the designated amount for the rest of his/her life or until he/she remarries. If no surviving spouse, dependent children under the age of 18 shall be deemed to be the beneficiary and receive the designated amount until the age of 18. [Section 2.397 (a) (3) and Section 2.398 (b) (1)]

Option 2 - Life Annuity

The Participant receives his/her pension as long as he/she lives. Upon the death of the Participant, benefits cease. [Section 2.416 (c) and Section 2.424 (b) (2) a. 1.]

Option 3 - 10 Year Certain & Life Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies before 120 monthly payments have been made, the remaining payments up to the 120 payments are made to his/her beneficiary, or the estate if his/her beneficiary is not alive. [Section 2.424 (b) (2) a. 2.]

Option 4 - 50% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 50 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 5 - 75% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 75 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 100 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 7 - 66 2/3% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 2/3 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Partial Lump Sum Payment Option

A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump sum distribution, then the monthly retirement benefit for the option selected shall be reduced accordingly thereafter. [Section 2.424 (b) (2) a. 4.]

I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: <u>1</u>		Description: <u>Joint and Survivor Annuity</u>	
Employee's Signature: _____		Date: _____	
Dependent children under the age of 18 and residing in my household are:			
Child's Name	Gender (M-F)	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If taking Option 2 sign below:

Option #: <u>2</u>	Description: <u>Life Annuity</u>
Employee's Signature: <u>[Signature]</u>	Date: <u>1/08/2026</u>

If taking Option 3, fill in beneficiary information and sign below:

Option #: <u>3</u>	Description: <u>10 Year Certain and Life Annuity</u>
My designated beneficiary is:	
Name: _____	Social Security Number: _____
Date of Birth: _____	Gender (Circle One) M F
Address: _____	
Phone Number: _____	Relationship _____
Employee's Signature: _____	Date: _____

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:

Option #: _____ Description: % Joint and Survivor Annuity

My designated beneficiary is:

Name: _____ Social Security Number: _____

Date of Birth: _____ Gender (Circle One) M F

Address: _____

Phone Number: _____ Relationship _____

Employee's Signature: _____ Date: _____

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA Description: Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

_____ 10% of the actuarially determined value of the normal retirement benefit

_____ 20% of the actuarially determined value of the normal retirement benefit

_____ 30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: _____ Date: _____

If naming a beneficiary ONLY, fill in beneficiary information and sign below:

My designated beneficiary is:

Beneficiary Name: _____ Beneficiary Social Security #: _____

Beneficiary Date of Birth: _____ Beneficiary Gender (Circle One) M F

Beneficiary Address: _____

Beneficiary Phone Number: _____ Relationship _____

Employee's Signature: _____ Date: _____

STATE OF FLORIDA
COUNTY OF
PINELLAS

The foregoing instrument was acknowledged before me this

8 day of January, 2026

by Kim Handville

who is personally known to me or who has provided _____
as identification and who did/did not take an oath.

(Signature) Notary Public

Alyssa Gagliardi Name of Notary Printed

My Commission expires: _____



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

CITY OF CLEARWATER

EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, Milisa Harris, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

Run Out	_____	vacation	_____	sick	_____	floaters	_____	bonus hours
Lump Sum	<u>120,440.4</u>	vacation	<u>328.2252</u>	sick	<u>24</u>	floaters	<u>8</u>	bonus hours
			<u>104.126</u>					

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: Milisa Harris

SOCIAL SECURITY #: _____

ADDRESS: _____

PHONE: _____ DATE: 1/5/26

WITNESSES: _____

City of Clearwater Employees' Retirement System

Benefit Estimate

Member Data

Name : MILISA HARRIS Social Security No.
 Date of Birth : 04/02/1969
 Age at Retirement : 56 Years 9 Months 29 Days

Beneficiary Data

Name : TIM HARRIS Social Security No. :
 Date of Birth : 12/11/1968
 Age at Retirement : 57 Years 1 Month 21 Days Relationship : Spouse
 # of children under 18 : 0

Retirement Data

Pension Start Date : 08/09/2004 Calculation Type : Estimate
 Termination Date : 01/14/2026 Benefit Group : Non-Hazardous - Tier II
 Effective Date : 02/01/2026 Retirement Type : Normal Retirement
 FAC : \$ 56,419.51 Option Elected :
 Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$0.00 (0 %)
 Post-Tax Contributions : \$ 0.00 Total Member Service : 21 Years 5 Months 6 Days

Formula for Benefit A : 2.75% * 8.3944 years * \$56,419.51

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,085.36	N/A
Single Life Annuity	1.00000	\$1,085.36	N/A
10 Year Certain and Life Annuity	0.98483	\$1,068.89	N/A
50% Joint and Survivor <i>2617.86</i>	0.94433	\$1,024.94	\$512.47
66 2/3% Joint and Survivor	0.92712	\$1,006.26	\$670.84
75% Joint and Survivor	0.91876	\$997.18	\$747.89
100% Joint and Survivor <i>2480.57</i>	0.89453	\$970.88	\$970.88

Formula for Benefit B : 2.75% * 13.0389 years * \$56,419.51

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,685.86	N/A
Single Life Annuity	1.00000	\$1,685.86	N/A
10 Year Certain and Life Annuity	0.98493	\$1,660.45	N/A
50% Joint and Survivor	0.94487	\$1,592.92	\$796.46
66 2/3% Joint and Survivor	0.92782	\$1,564.17	\$1,042.78
75% Joint and Survivor	0.91952	\$1,550.18	\$1,162.64
100% Joint and Survivor	0.89550	\$1,509.69	\$1,509.69

***** This is Only an Estimate *****

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

The GRS document retention policy requires destruction of all copies of this document no later than 7 years from the participant's date of retirement. You may want to retain a copy of this document in case this information is needed in the future.

**CITY OF CLEARWATER
PENSION ENTITLEMENT OPTION REQUEST FORM
NON-HAZARDOUS DUTY EMPLOYEE**

I, Milisa Harris do hereby apply to receive benefits under the
(Please print name)

City of Clearwater General Employees' Pension Plan in accordance with the following:

Employee ID # 104478
Date of Birth: 4/2/1969 Gender (circle one): M F
Job Classification: Procurement Analyst I
Department: Finance Division: IT Procurement
Date of Hire: 8/9/2004 Date of Separation: January 14, 2026
Benefits Effective Date: 8/9/2004
Spouse's Name: Tim Harris
Spouse's Date of Birth: 12/11/1968 Spouse's Gender (circle one): M F

The type of pension for which I am applying is (check only one):

- Regular Pension based on years of service
 Job-connected Disability Pension
 Non-job-connected Disability Pension

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit for Participants eligible to retire prior to January 1, 2013. Option 2 below represents the standard or normal form of retirement benefit for Participants eligible to retire after December 31, 2012. The other optional forms (#3- #7) shall be computed to be the Actuarial Equivalent of the respective normal benefit.

Option 1 - Joint and Survivor Annuity (ONLY if eligible to retire prior to January 1, 2013)

An annuity paid monthly for the life of the Participant, with a 100% survivor annuity paid monthly for a period of five years following the death of the Participant to the beneficiary, provided that following such five year period the survivor annuity shall be reduced to 50% of the original survivor annuity amount. [See section 2.397 (a) (3) (A)] The Participant's surviving spouse receives the designated amount for the rest of his/her life or until he/she remarries. If no surviving spouse, dependent children under the age of 18 shall be deemed to be the beneficiary and receive the designated amount until the age of 18. [Section 2.397 (a) (3) and Section 2.398 (b) (1)]

Option 2 - Life Annuity

The Participant receives his/her pension as long as he/she lives. Upon the death of the Participant, benefits cease. [Section 2.416 (c) and Section 2.424 (b) (2) a. 1.]

Option 3 - 10 Year Certain & Life Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies before 120 monthly payments have been made, the remaining payments up to the 120 payments are made to his/her beneficiary, or the estate if his/her beneficiary is not alive. [Section 2.424 (b) (2) a. 2.]

Option 4 - 50% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 50 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 5 - 75% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 75 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 100 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 7 - 66 2/3% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 2/3 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Partial Lump Sum Payment Option

A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump sum distribution, then the monthly retirement benefit for the option selected shall be reduced accordingly thereafter. [Section 2.424 (b) (2) a. 4.]

I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: <u> 1 </u>	Description: <u> Joint and Survivor Annuity </u>		
Employee's Signature: _____		Date: _____	
Dependent children under the age of 18 and residing in my household are:			
Child's Name	Gender (M-F)	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If taking Option 2 sign below:

Option #: <u> 2 </u>	Description: <u> Life Annuity </u>		
Employee's Signature: _____		Date: _____	

If taking Option 3, fill in beneficiary information and sign below:

Option #: <u> 3 </u>	Description: <u> 10 Year Certain and Life Annuity </u>		
My designated beneficiary is:			
Name: _____		Social Security Number: _____	
Date of Birth: _____		Gender (Circle One) M F	
Address: _____			
Phone Number: _____		Relationship _____	
Employee's Signature: _____			Date: _____

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:

Option #: 6 Description: 100% Joint and Survivor Annuity
 My designated beneficiary is:
 Name: TIM HARRIS Social Security Number: _____
 Date of Birth: _____ Gender (Circle One) M F
 Address: _____
 Phone Number: _____ Relationship: Husband
 Employee's Signature: Milisa Harris Date: 1/5/26

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA Description: Partial Lump Sum Payment
 I elect to take a partial lump sum payment in the following amount (check only one):
 _____ 10% of the actuarially determined value of the normal retirement benefit
 _____ 20% of the actuarially determined value of the normal retirement benefit
 _____ 30% of the actuarially determined value of the normal retirement benefit
 I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.
 Employee's Signature: _____ Date: _____

If naming a beneficiary ONLY, fill in beneficiary information and sign below:

My designated beneficiary is:
 Beneficiary Name: _____ Beneficiary Social Security #: _____
 Beneficiary Date of Birth: _____ Beneficiary Gender (Circle One) M F
 Beneficiary Address: _____
 Beneficiary Phone Number: _____ Relationship: _____
 Employee's Signature: _____ Date: _____

STATE OF FLORIDA
COUNTY OF
PINELLAS

The foregoing instrument was acknowledged before me this
5th day of January, 2026

by Milisa Harris
who is personally known to me or who has provided _____
as identification and who did not take an oath.



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

(Signature)
Alyssa Gagliardi Name of Notary Printed

My Commission expires: _____

CITY OF CLEARWATER

EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, Philip Kirkpatrick, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

Run Out	_____	vacation	_____	sick	_____	floaters	_____	bonus hours
Lump Sum	_____	vacation	_____	sick	_____	floaters	_____	bonus hours
	<u>142.9387</u>		<u>307.2507</u>		<u>153.6254</u>	<u>16</u>	<u>0</u>	

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: PK

SOCIAL SECURITY #: _____

WITNESSES:

ADDRESS: _____

PHONE: _____ ATE: 3/25/26

City of Clearwater Employees' Retirement System Benefit Estimate

Member Data

Name : PHILIP KIRKPATRICK Social Security No. :
 Date of Birth : 01/04/1953
 Age at Retirement : 73 Years 3 Months 28 Days

Beneficiary Data

Name : JANE KIRKPATRICK Social Security No. :
 Date of Birth : 02/24/1947
 Age at Retirement : 79 Years 2 Months 5 Days Relationship : Spouse
 # of children under 18 : 0

Retirement Data

Pension Start Date : 02/18/2020 Calculation Type : Estimate
 Termination Date : 04/06/2026 Benefit Group : Non-Hazardous - Tier II
 Effective Date : 05/01/2026 Retirement Type : Normal Retirement
 FAC : \$ 85,691.32 Option Elected :
 Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$29,003.83 (30 %)
 Post-Tax Contributions : \$ 0.00 Total Member Service : 6 Years 1 Month 19 Days

Formula for Benefit A : 2% * 2.6194 years * \$85,691.32

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$261.88	N/A
Single Life Annuity	1.00000	\$261.88	N/A
10 Year Certain and Life Annuity	0.88515	\$231.80	N/A
50% Joint and Survivor	0.93584	\$245.07	\$122.54
66 2/3% Joint and Survivor <i>642.59</i>	0.91624	\$239.94	\$159.96
75% Joint and Survivor	0.90675	\$237.45	\$178.09
100% Joint and Survivor	0.87941	\$230.29	\$230.29

Formula for Benefit B : 2.5% * 3.5167 years * \$85,691.32

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$439.47	N/A
Single Life Annuity	1.00000	\$439.47	N/A
10 Year Certain and Life Annuity	0.88515	\$388.99	N/A
50% Joint and Survivor	0.93584	\$411.27	\$205.63
66 2/3% Joint and Survivor	0.91624	\$402.65	\$268.44
75% Joint and Survivor	0.90675	\$398.48	\$298.87
100% Joint and Survivor	0.87941	\$386.47	\$386.47

***** This is Only an Estimate *****

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

The GRS document retention policy requires destruction of all copies of this document no later than 7 years from the participant's date of retirement. You may want to retain a copy of this document in case this information is needed in the future.

**CITY OF CLEARWATER
PENSION ENTITLEMENT OPTION REQUEST FORM
NON-HAZARDOUS DUTY EMPLOYEE**

I, Philip Kirkpatrick do hereby apply to receive benefits under the
(Please print name)
City of Clearwater General Employees' Pension Plan in accordance with the following:

Employee ID # 110651
Date of Birth: 1/4/1953 Gender (circle one): M F
Job Classification: Eco Dev. Coordinator III
Department: Economic Deve. & Housing Division: ED Economic Deve. Div.
Date of Hire: 2/18/2020 Date of Separation: April 6, 2026
Benefits Effective Date: 2/18/2020
Spouse's Name: Jane Kirkpatrick
Spouse's Date of Birth: 2/24/1947 Spouse's Gender (circle one): M F

The type of pension for which I am applying is (check only one):

- Regular Pension based on years of service
 Job-connected Disability Pension
 Non-job-connected Disability Pension

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit for Participants eligible to retire prior to January 1, 2013. Option 2 below represents the standard or normal form of retirement benefit for Participants eligible to retire after December 31, 2012. The other optional forms (#3- #7) shall be computed to be the Actuarial Equivalent of the respective normal benefit.

Option 1 - Joint and Survivor Annuity (ONLY if eligible to retire prior to January 1, 2013)

An annuity paid monthly for the life of the Participant, with a 100% survivor annuity paid monthly for a period of five years following the death of the Participant to the beneficiary, provided that following such five year period the survivor annuity shall be reduced to 50% of the original survivor annuity amount. [See section 2.397 (a) (3) (A)] The Participant's surviving spouse receives the designated amount for the rest of his/her life or until he/she remarries. If no surviving spouse, dependent children under the age of 18 shall be deemed to be the beneficiary and receive the designated amount until the age of 18. [Section 2.397 (a) (3) and Section 2.398 (b) (1)]

Option 2 - Life Annuity

The Participant receives his/her pension as long as he/she lives. Upon the death of the Participant, benefits cease. [Section 2.416 (c) and Section 2.424 (b) (2) a. 1.]

Option 3 - 10 Year Certain & Life Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies before 120 monthly payments have been made, the remaining payments up to the 120 payments are made to his/her beneficiary, or the estate if his/her beneficiary is not alive. [Section 2.424 (b) (2) a. 2.]

Option 4 - 50% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 50 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 5 - 75% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 75 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 100 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 7 - 66 2/3% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 2/3 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Partial Lump Sum Payment Option

A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump sum distribution, then the monthly retirement benefit for the option selected shall be reduced accordingly thereafter. [Section 2.424 (b) (2) a. 4.]

I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: <u> 1 </u>		Description: <u> Joint and Survivor Annuity </u>	
Employee's Signature: _____		Date: _____	
Dependent children under the age of 18 and residing in my household are:			
Child's Name	Gender (M-F)	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If taking Option 2 sign below:

Option #: <u> 2 </u>	Description: <u> Life Annuity </u>
Employee's Signature: _____	Date: _____

If taking Option 3, fill in beneficiary information and sign below:

Option #: <u> 3 </u>	Description: <u> 10 Year Certain and Life Annuity </u>
My designated beneficiary is:	
Name: _____	Social Security Number: _____
Date of Birth: _____	Gender (Circle One) M F
Address: _____	
Phone Number: _____	Relationship _____
Employee's Signature: _____	Date: _____

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:

Option #: 7 Description: 66 2/3 % Joint and Survivor Annuity

My designated beneficiary is:

Name: JANE KIRKPATRICK Social Security Number: _____

Date of Birth: 2/24/47 Gender (Circle One) M (F)

Address: _____

Phone Number _____ Relationship SPOUSE

Employee's Signature: [Signature] Date: 3/25/26

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA Description: 30 Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

10% of the actuarially determined value of the normal retirement benefit

20% of the actuarially determined value of the normal retirement benefit

30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: [Signature] Date: 3/25/26

If naming a beneficiary ONLY, fill in beneficiary information and sign below:

My designated beneficiary is:

Beneficiary Name: _____ Beneficiary Social Security #: _____

Beneficiary Date of Birth: _____ Beneficiary Gender (Circle One) M F

Beneficiary Address: _____

Beneficiary Phone Number: _____ Relationship _____

Employee's Signature: _____ Date: _____

STATE OF FLORIDA
COUNTY OF
PINELLAS

The foregoing instrument was acknowledged before me this
25 day of March, 2026
by Philip Kirkpatrick
who is personally known to me or who has provided FLTD
as identification and who did/did not take an oath.

(Signature) Notary Public
Alyssa Gagliardi Name of Notary Printed
My Commission expires: _____



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

CITY OF CLEARWATER

EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, Eric Kleinman, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

Run Out _____ vacation _____ sick _____ floaters _____ bonus hours

Lump Sum _____ vacation _____ sick _____ floaters _____ bonus hours

222.30 1595.9840 24 120
797.992

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: Eric Kleinman

SOCIAL SECURITY #: _____

WITNESSES:

ADDRESS: _____

PHONE: _____ DATE: 1/16/20

City of Clearwater Employees' Retirement System Benefit Estimate

Member Data

Name : ERIC KLEINMAN Social Security No.
 Date of Birth : 03/15/1958
 Age at Retirement : 67 Years 10 Months 17 Days

Beneficiary Data

Name : JAYMIE KLEINMAN Social Security No. :
 Date of Birth : 01/23/1962
 Age at Retirement : 64 Years 0 Months 9 Days Relationship : Spouse
 # of children under 18 : 0

Retirement Data

Pension Start Date : 09/13/1999 Calculation Type : Estimate
 Termination Date : 01/30/2026 Benefit Group : Non-Hazardous - Tier II
 Effective Date : 02/01/2026 Retirement Type : Normal Retirement
 FAC : \$ 85,544.32 Option Elected :
 Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$0.00 (0 %)
 Post-Tax Contributions : \$ 0.00 Total Member Service : 26 Years 4 Months 18 Days

Formula for Benefit A : 2.75% * 13.3 years * \$85,544.32

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,607.32	N/A
Single Life Annuity 5,172.16	1.00000	→ \$2,607.32	N/A
10 Year Certain and Life Annuity 4,840.67	0.93564	\$2,439.51	N/A
50% Joint and Survivor 4,601.77	0.88911	\$2,318.19	\$1,159.10
66 2/3% Joint and Survivor 4,438.62	0.85742	\$2,235.57	\$1,490.38
75% Joint and Survivor 4,361.31	0.84241	\$2,196.43	\$1,647.32
100% Joint and Survivor 4,144.69	0.80036	\$2,086.79	\$2,086.79

Formula for Benefit B : 2.75% * 13.0833 years * \$85,544.32

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,564.84	N/A
Single Life Annuity	1.00000	→ \$2,564.84	N/A
10 Year Certain and Life Annuity	0.93618	\$2,401.16	N/A
50% Joint and Survivor	0.89034	\$2,283.58	\$1,141.79
66 2/3% Joint and Survivor	0.85894	\$2,203.05	\$1,468.70
75% Joint and Survivor	0.84406	\$2,164.88	\$1,623.66
100% Joint and Survivor	0.80235	\$2,057.90	\$2,057.90

***** This is Only an Estimate *****

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

The GRS document retention policy requires destruction of all copies of this document no later than 7 years from the participant's date of retirement. You may want to retain a copy of this document in case this information is needed in the future.

COIA April 2027
 5 year delay
 COIA April 2032

**CITY OF CLEARWATER
PENSION ENTITLEMENT OPTION REQUEST FORM
NON-HAZARDOUS DUTY EMPLOYEE**

I, Eric Kleinman do hereby apply to receive benefits under the
(Please print name)
City of Clearwater General Employees' Pension Plan in accordance with the following:

Employee ID # 104378
Date of Birth: 3/13/1958 Gender (circle one): M F
Job Classification: Athletic Field Manager
Department: Parks & Rec Division: PR Athletic Field Admin
Date of Hire: 9/13/1999 Date of Separation: January 30, 2026
Benefits Effective Date: 9/13/1999

Spouse's Name: Jaymie Kleinman
Spouse's Date of Birth: 1/23/1962 Spouse's Gender (circle one): M F

The type of pension for which I am applying is (check only one):

Regular Pension based on years of service
 Job-connected Disability Pension
 Non-job-connected Disability Pension

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit for Participants eligible to retire prior to January 1, 2013. Option 2 below represents the standard or normal form of retirement benefit for Participants eligible to retire after December 31, 2012. The other optional forms (#3- #7) shall be computed to be the Actuarial Equivalent of the respective normal benefit.

Option 1 - Joint and Survivor Annuity (ONLY if eligible to retire prior to January 1, 2013)
An annuity paid monthly for the life of the Participant, with a 100% survivor annuity paid monthly for a period of five years following the death of the Participant to the beneficiary, provided that following such five year period the survivor annuity shall be reduced to 50% of the original survivor annuity amount. [See section 2.397 (a) (3) (A)] The Participant's surviving spouse receives the designated amount for the rest of his/her life or until he/she remarries. If no surviving spouse, dependent children under the age of 18 shall be deemed to be the beneficiary and receive the designated amount until the age of 18. [Section 2.397 (a) (3) and Section 2.398 (b) (1)]

Option 2 - Life Annuity
The Participant receives his/her pension as long as he/she lives. Upon the death of the Participant, benefits cease. [Section 2.416 (c) and Section 2.424 (b) (2) a. 1.]

Option 3 - 10 Year Certain & Life Annuity - (must designate a beneficiary)
The Participant receives his/her pension as long as he/she lives. If the Participant dies before 120 monthly payments have been made, the remaining payments up to the 120 payments are made to his/her beneficiary, or the estate if his/her beneficiary is not alive. [Section 2.424 (b) (2) a. 2.]

Option 4 - 50% Joint & Survivor Annuity - (must designate a beneficiary)
The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 50 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 5 - 75% Joint & Survivor Annuity - (must designate a beneficiary)
The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 75 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 100 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 7 - 66 2/3% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 2/3 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Partial Lump Sum Payment Option

A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump sum distribution, then the monthly retirement benefit for the option selected shall be reduced accordingly thereafter. [Section 2.424 (b) (2) a. 4.]

I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: <u>1</u>	Description: <u>Joint and Survivor Annuity</u>		
Employee's Signature: _____	Date: _____		
Dependent children under the age of 18 and residing in my household are:			
Child's Name	Gender (M-F)	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If taking Option 2 sign below:

Option #: <u>2</u>	Description: <u>Life Annuity</u>		
Employee's Signature: <u>[Signature]</u>	Date: <u>1/16/26</u>		

If taking Option 3, fill in beneficiary information and sign below:

Option #: <u>3</u>	Description: <u>10 Year Certain and Life Annuity</u>		
My designated beneficiary is:			
Name: _____	Social Security Number: _____		
Date of Birth: _____	Gender (Circle One) M F		
Address: _____			
Phone Number: _____	Relationship _____		
Employee's Signature: _____	Date: _____		

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:

Option #: _____ Description: % Joint and Survivor Annuity

My designated beneficiary is:

Name: _____ Social Security Number: _____

Date of Birth: _____ Gender (Circle One) M F

Address: _____

Phone Number: _____ Relationship _____

Employee's Signature: _____ Date: _____

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA Description: Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

10% of the actuarially determined value of the normal retirement benefit

20% of the actuarially determined value of the normal retirement benefit

30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: _____ Date: _____

If naming a beneficiary ONLY, fill in beneficiary information and sign below:

My designated beneficiary is:

Beneficiary Name: _____ Beneficiary Social Security #: _____

Beneficiary Date of Birth: _____ Beneficiary Gender (Circle One) M F

Beneficiary Address: _____

Beneficiary Phone Number: _____ Relationship _____

Employee's Signature: _____ Date: _____

STATE OF FLORIDA
COUNTY OF
PINELLAS

The foregoing instrument was acknowledged before me this
16th day of January, 2026

by Eric Kleinman
who is personally known to me or who has provided _____
as identification and who did/did not take an oath.

(Signature) Notary Public

Alyssa Gagliardi Name of Notary Printed

My Commission expires: _____



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

CITY OF CLEARWATER

EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, Nichole Laux, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

Run Out _____ vacation _____ sick _____ floaters _____ bonus hours

Lump Sum _____ vacation _____ sick _____ floaters _____ bonus hours

29,876.4 644,416 24
322,228

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: Nichole Laux

SOCIAL SECURITY #: _____

WITNESSES:

ADDRESS: _____

PHONE: _____ DATE: 1/16/26

City of Clearwater Employees' Retirement System Benefit Estimate

Member Data

Name : NICHOLE LOUX Social Security No.
 Date of Birth :
 Age at Retirement :

Beneficiary Data

Name : MICHAEL LOUX Social Security No. :
 Date of Birth :
 Age at Retirement : Relationship : Spouse
 # of children under 18 : 0

Retirement Data

Pension Start Date : 02/21/1995 Calculation Type : Estimate
 Termination Date : 02/20/2026 Benefit Group : Non-Hazardous - Tier II
 Effective Date : 03/01/2026 Retirement Type : Normal Retirement
 FAC : \$ 84,400.57 Option Elected :
 Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$0.00 (0 %)
 Post-Tax Contributions : \$ 0.00 Total Member Service : 31 Years 0 Months

Formula for Benefit A : 2.75% * 17.8611 years * \$84,400.57

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$3,454.66	N/A
Single Life Annuity	1.00000	\$3,454.66	N/A
10 Year Certain and Life Annuity	0.97686	\$3,374.72	N/A
50% Joint and Survivor	0.93242	\$3,221.19	\$1,610.60
66 2/3% Joint and Survivor	0.91188	\$3,150.24	\$2,100.16
75% Joint and Survivor <i>5.410.41</i>	0.90194	\$3,115.90	\$2,336.92
100% Joint and Survivor	0.87339	\$3,017.27	\$3,017.27

Formula for Benefit B : 2.75% * 13.1389 years * \$84,400.57

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,541.30	N/A
Single Life Annuity	1.00000	\$2,541.30	N/A
10 Year Certain and Life Annuity	0.97703	\$2,482.92	N/A
50% Joint and Survivor	0.93309	\$2,371.26	\$1,185.63
66 2/3% Joint and Survivor	0.91274	\$2,319.54	\$1,546.36
75% Joint and Survivor	0.90289	\$2,294.51	\$1,720.88
100% Joint and Survivor	0.87458	\$2,222.57	\$2,222.57

***** This is Only an Estimate *****

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

The GRS document retention policy requires destruction of all copies of this document no later than 7 years from the participant's date of retirement. You may want to retain a copy of this document in case this information is needed in the future.

**CITY OF CLEARWATER
PENSION ENTITLEMENT OPTION REQUEST FORM
NON-HAZARDOUS DUTY EMPLOYEE**

I, Nichole Loux do hereby apply to receive benefits under the
(Please print name)
City of Clearwater General Employees' Pension Plan in accordance with the following:

Employee ID # 102939
Date of Birth: _____ Gender (circle one): M F
Job Classification: Police Telecommunicator Supv.
Department: Police Division: PD Police Dispatch
Date of Hire: 2/21/1995 Date of Separation: February 20, 2020
Benefits Effective Date: 2/21/1995

Spouse's Name: Michael Loux
Spouse's Date of Birth: _____ Spouse's Gender (circle one): M F

The type of pension for which I am applying is (check only one):

- Regular Pension based on years of service
 Job-connected Disability Pension
 Non-job-connected Disability Pension

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit for Participants eligible to retire prior to January 1, 2013. Option 2 below represents the standard or normal form of retirement benefit for Participants eligible to retire after December 31, 2012. The other optional forms (#3- #7) shall be computed to be the Actuarial Equivalent of the respective normal benefit.

Option 1 - Joint and Survivor Annuity (ONLY if eligible to retire prior to January 1, 2013)

An annuity paid monthly for the life of the Participant, with a 100% survivor annuity paid monthly for a period of five years following the death of the Participant to the beneficiary, provided that following such five year period the survivor annuity shall be reduced to 50% of the original survivor annuity amount. [See section 2.397 (a) (3) (A)] The Participant's surviving spouse receives the designated amount for the rest of his/her life or until he/she remarries. If no surviving spouse, dependent children under the age of 18 shall be deemed to be the beneficiary and receive the designated amount until the age of 18. [Section 2.397 (a) (3) and Section 2.398 (b) (1)]

Option 2 - Life Annuity

The Participant receives his/her pension as long as he/she lives. Upon the death of the Participant, benefits cease. [Section 2.416 (c) and Section 2.424 (b) (2) a. 1.]

Option 3 - 10 Year Certain & Life Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies before 120 monthly payments have been made, the remaining payments up to the 120 payments are made to his/her beneficiary, or the estate if his/her beneficiary is not alive. [Section 2.424 (b) (2) a. 2.]

Option 4 - 50% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 50 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 5 - 75% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 75 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 100 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 7 - 66 2/3% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 2/3 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Partial Lump Sum Payment Option

A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump sum distribution, then the monthly retirement benefit for the option selected shall be reduced accordingly thereafter. [Section 2.424 (b) (2) a. 4.]

I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: <u>1</u>	Description: <u>Joint and Survivor Annuity</u>		
Employee's Signature: _____	Date: _____		
Dependent children under the age of 18 and residing in my household are:			
Child's Name	Gender (M-F)	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If taking Option 2 sign below:

Option #: <u>2</u>	Description: <u>Life Annuity</u>
Employee's Signature: _____	Date: _____

If taking Option 3, fill in beneficiary information and sign below:

Option #: <u>3</u>	Description: <u>10 Year Certain and Life Annuity</u>
My designated beneficiary is:	
Name: _____	Social Security Number: _____
Date of Birth: _____	Gender (Circle One) M F
Address: _____	
Phone Number: _____	Relationship _____
Employee's Signature: _____	Date: _____

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:

Option #: 5 Description: 75 % Joint and Survivor Annuity

My designated beneficiary is:

Name: Michael LOUX Social Security Number: _____

Date of Birth: _____ Gender (Circle One) M F

Address: _____

Phone Number: _____ Relationship husband

Employee's Signature: [Signature] Date: 1/6/20

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA Description: Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

_____ 10% of the actuarially determined value of the normal retirement benefit

_____ 20% of the actuarially determined value of the normal retirement benefit

_____ 30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: _____ Date: _____

If naming a beneficiary ONLY, fill in beneficiary information and sign below:

My designated beneficiary is:

Beneficiary Name: _____ Beneficiary Social Security #: _____

Beneficiary Date of Birth: _____ Beneficiary Gender (Circle One) M F

Beneficiary Address: _____

Beneficiary Phone Number: _____ Relationship _____

Employee's Signature: _____ Date: _____

STATE OF FLORIDA
COUNTY OF
PINELLAS

The foregoing instrument was acknowledged before me this

6th day of January, 2020

by Nichole LOUX

who is personally known to me or who has provided _____

as identification and who did/did not take an oath.

(Signature) Notary Public

Alyssa Gagliardi Name of Notary Printed

My Commission expires: _____



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

CITY OF CLEARWATER

EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, Melody Phelps, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

Run Out	_____ vacation	_____ sick	_____ floaters	_____ bonus hours
Lump Sum	_____ vacation	_____ sick	_____ floaters	_____ bonus ^{Comp} hours
	<u>298.5489</u>	<u>361.5804</u>	<u>Y</u>	<u>88.70</u>
		<u>180.7932</u>		

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: Melody Phelps

SOCIAL SECURITY #: _____

WITNESSES:

ADDRESS: _____

PHONE: _____ DATE: 1/21/26

City of Clearwater Employees' Retirement System Benefit Estimate

Member Data

Name : **MELODY PHELPS** Social Security No. :
 Date of Birth :
 Age at Retirement :

Beneficiary Data

Name : **JAMES PHELPS** Social Security No. :
 Date of Birth :
 Age at Retirement : Relationship : **Spouse**
 # of children under 18 : **0**

Retirement Data

Pension Start Date : **01/09/2006** Calculation Type : **Estimate**
 Termination Date : **01/26/2026** Benefit Group : **Hazardous - Tier II**
 Effective Date : **02/01/2026** Retirement Type : **Normal Retirement**
 FAC : \$ **100,357.48** Option Elected :
 Pre-Tax Contributions : \$ **0.00** Partial Lump Sum : **\$161,031.38 (20 %)**
 Post-Tax Contributions : \$ **0.00** Total Member Service : **20 Years 0 Months 18 Days**

Formula for Benefit A : **2.75% * 6.9778 years * \$100,357.48**

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form <i>3,652.97</i>	1.00000	\$1,283.83	N/A
Single Life Annuity <i>3,829.20</i>	1.03783	\$1,332.40	N/A
10 Year Certain and Life Annuity	1.03338	\$1,326.69	N/A
50% Joint and Survivor	1.01205	\$1,299.30	\$649.65
66 2/3% Joint and Survivor	1.00374	\$1,288.63	\$859.09
75% Joint and Survivor	0.99964	\$1,283.36	\$962.52
100% Joint and Survivor <i>3,644.60</i>	0.98751	→ \$1,267.80	\$1,267.80

Formula for Benefit B : **2.75% * 13.0722 years * \$100,357.48**

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,405.14	N/A
Single Life Annuity	1.03811	\$2,496.80	N/A
10 Year Certain and Life Annuity	1.03369	\$2,486.16	N/A
50% Joint and Survivor	1.01255	\$2,435.33	\$1,217.66
66 2/3% Joint and Survivor	1.00431	\$2,415.51	\$1,610.34
75% Joint and Survivor	1.00024	\$2,405.71	\$1,804.28
100% Joint and Survivor	0.98822	→ \$2,376.80	\$2,376.80

***** This is Only an Estimate *****

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

The GRS document retention policy requires destruction of all copies of this document no later than 7 years from the participant's date of retirement. You may want to retain a copy of this document in case this information is needed in the future.

**CITY OF CLEARWATER
PENSION ENTITLEMENT OPTION REQUEST FORM
HAZARDOUS DUTY EMPLOYEE**

I, Melody Phelps do hereby apply to receive benefits under the
(Please print name)
City of Clearwater General Employees' Pension Plan in accordance with the following:

Employee ID # 106456
Date of Birth: _____ Gender (circle one): M F

Job Classification: Police officer
Department: Police Division: PD Personnel & Training Unit
Date of Hire: 1/9/2006 Date of Separation: January 26, 2026
Benefits Effective Date: 1/9/2006

Spouse's Name: James Phelps
Spouse's Date of Birth: _____ Spouse's Gender (circle one): M F

The type of pension for which I am applying is (check only one):

Regular Pension based on years of service
 Job-connected Disability Pension
 Non-job-connected Disability Pension

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit. The other optional forms (#2- #7) shall be computed to be the Actuarial Equivalent of the respective normal benefit.

Option 1 - Joint and Survivor Annuity

An annuity paid monthly for the life of the Participant, with a 100% survivor annuity paid monthly for a period of five years following the death of the Participant to the beneficiary, provided that following such five year period the survivor annuity shall be reduced to 50% of the original survivor annuity amount. [See section 2.397 (a) (3) (A)] The Participant's surviving spouse receives the designated amount for the rest of his/her life or until he/she remarries. If no surviving spouse, dependent children under the age of 18 shall be deemed to be the beneficiary and receive the designated amount until the age of 18. [Section 2.397 (a) (3) and Section 2.398 (b) (1)]

Option 2 - Life Annuity

The Participant receives his/her pension as long as he/she lives. Upon the death of the Participant, benefits cease. [Section 2.416 (c) and Section 2.424 (b) (2) a. 1.]

Option 3 - 10 Year Certain & Life Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies before 120 monthly payments have been made, the remaining payments up to the 120 payments are made to his/her beneficiary, or the estate if his/her beneficiary is not alive. [Section 2.424 (b) (2) a. 2.]

Option 4 - 50% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 50 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 5 - 75% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 75 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 100 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 7 - 66 2/3% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 2/3 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Partial Lump Sum Payment Option

A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump sum distribution, then the monthly retirement benefit for the option selected shall be reduced accordingly thereafter. [Section 2.424 (b) (2) a. 4.]

I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: <u>1</u>	Description: <u>Joint and Survivor Annuity</u>		
Employee's Signature: _____	Date: _____		
Dependent children under the age of 18 and residing in my household are:			
Child's Name	Gender (M-F)	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If taking Option 2 sign below:

Option #: <u>2</u>	Description: <u>Life Annuity</u>
Employee's Signature: _____	Date: _____

If taking Option 3, fill in beneficiary information and sign below:

Option #: <u>3</u>	Description: <u>10 Year Certain and Life Annuity</u>
My designated beneficiary is:	
Name: _____	Social Security Number: _____
Date of Birth: _____	Gender (Circle One) M F
Address: _____	
Phone Number: _____	Relationship _____
Employee's Signature: _____	Date: _____

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:

Option #: 6 Description: 100 % Joint and Survivor Annuity

My designated beneficiary is:

Name: James Phelps Social Security Number: _____

Date of Birth: _____ Gender (Circle One) M F

Address: _____

Phone Number: _____ Relationship Spouse

Employee's Signature: Melody Phelps Date: 1-21-26

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA Description: 20 % Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

10% of the actuarially determined value of the normal retirement benefit

20% of the actuarially determined value of the normal retirement benefit

30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: Melody Phelps Date: 1/21/26

If naming a beneficiary ONLY, fill in beneficiary information and sign below:

My designated beneficiary is:

Beneficiary Name: _____ Beneficiary Social Security #: _____

Beneficiary Date of Birth: _____ Beneficiary Gender (Circle One) M F

Beneficiary Address: _____

Beneficiary Phone Number: _____ Relationship _____

Employee's Signature: _____ Date: _____

STATE OF FLORIDA
COUNTY OF
PINELLAS

The foregoing instrument was acknowledged before me this

21st day of January, 2026

by Melody Phelps

who is personally known to me or who has provided _____
as identification and who did/did not take an oath.

(Signature) Notary Public

Alyssa Gagliardi Name of Notary Printed

My Commission expires: _____



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

CITY OF CLEARWATER

EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, George Phillips, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

Run Out	_____	vacation	_____	sick	_____	floaters	_____	bonus hours
Lump Sum	<u>211,796.7</u>	vacation	<u>1228.6638</u>	sick	<u>0</u>	floaters	<u>8</u>	bonus hours
			<u>614.3319</u>					

as of 2/15/20

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: George Phillips

SOCIAL SECURITY #: _____

WITNESSES:

ADDRESS: _____

PHONE: _____ DATE: _____

City of Clearwater Employees' Retirement System

Benefit Estimate

Member Data

Name : **GEORGE PHILLIPS** Social Security No. :
 Date of Birth :
 Age at Retirement :

Beneficiary Data

Name : **JILL PHILLIPS** Social Security No. :
 Date of Birth :
 Age at Retirement : Relationship : **Spouse**
 # of children under 18 : **0**

Retirement Data

Pension Start Date : **10/04/2004** Calculation Type : **Estimate**
 Termination Date : **02/27/2026** Benefit Group : **Hazardous - Tier II**
 Effective Date : **03/01/2026** Retirement Type : **Normal Retirement**
 FAC : \$ **104,362.67** Option Elected :
 Pre-Tax Contributions : \$ **0.00** Partial Lump Sum : **\$0.00 (0 %)**
 Post-Tax Contributions : \$ **0.00** Total Member Service : **21 Years 4 Months 24 Days**

Formula for Benefit A : **2.75% * 8.2417 years * \$104,362.67**

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,971.11	N/A
Single Life Annuity	1.04393	\$2,057.70	N/A
10 Year Certain and Life Annuity	1.04058	\$2,051.10	N/A
50% Joint and Survivor	1.01288	\$1,996.50	\$998.26
66 2/3% Joint and Survivor	1.00293	\$1,976.90	\$1,317.93
75% Joint and Survivor	0.99804	\$1,967.24	\$1,475.44
100% Joint and Survivor	0.98362	\$1,938.83	\$1,938.83

Formula for Benefit B : **2.75% * 13.1583 years * \$104,362.67**

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$3,147.01	N/A
Single Life Annuity	1.04424	\$3,286.25	N/A
10 Year Certain and Life Annuity	1.04090	\$3,275.73	N/A
50% Joint and Survivor	1.01346	\$3,189.36	\$1,594.69
66 2/3% Joint and Survivor	1.00359	\$3,158.31	\$2,105.54
75% Joint and Survivor	0.99874	\$3,143.03	\$2,357.27
100% Joint and Survivor	0.98443	\$3,098.01	\$3,098.01

***** **This is Only an Estimate** *****

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

The GRS document retention policy requires destruction of all copies of this document no later than 7 years from the participant's date of retirement. You may want to retain a copy of this document in case this information is needed in the future.

**CITY OF CLEARWATER
PENSION ENTITLEMENT OPTION REQUEST FORM
HAZARDOUS DUTY EMPLOYEE**

I, George Phillips do hereby apply to receive benefits under the
(Please print name)

City of Clearwater General Employees' Pension Plan in accordance with the following:

Employee ID # 105962

Date of Birth: _____ Gender (circle one): M F

Job Classification: Police officer

Department: Police

Division: PD Patrol Dist III Team K

Date of Hire: 10/4/2004

Date of Separation: February 27, 2020

Benefits Effective Date: 10/4/2004

Spouse's Name: Jill Phillips

Spouse's Date of Birth: _____ Spouse's Gender (circle one): M F

The type of pension for which I am applying is (check only one):

- Regular Pension based on years of service
 Job-connected Disability Pension
 Non-job-connected Disability Pension

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit. The other optional forms (#2- #7) shall be computed to be the Actuarial Equivalent of the respective normal benefit.

Option 1 - Joint and Survivor Annuity

An annuity paid monthly for the life of the Participant, with a 100% survivor annuity paid monthly for a period of five years following the death of the Participant to the beneficiary, provided that following such five year period the survivor annuity shall be reduced to 50% of the original survivor annuity amount. [See section 2.397 (a) (3) (A)] The Participant's surviving spouse receives the designated amount for the rest of his/her life or until he/she remarries. If no surviving spouse, dependent children under the age of 18 shall be deemed to be the beneficiary and receive the designated amount until the age of 18. [Section 2.397 (a) (3) and Section 2.398 (b) (1)]

Option 2 - Life Annuity

The Participant receives his/her pension as long as he/she lives. Upon the death of the Participant, benefits cease. [Section 2.416 (c) and Section 2.424 (b) (2) a. 1.]

Option 3 - 10 Year Certain & Life Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies before 120 monthly payments have been made, the remaining payments up to the 120 payments are made to his/her beneficiary, or the estate if his/her beneficiary is not alive. [Section 2.424 (b) (2) a. 2.]

Option 4 - 50% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 50 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 5 - 75% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 75 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 100 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 7 - 66 2/3% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 2/3 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Partial Lump Sum Payment Option

A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump sum distribution, then the monthly retirement benefit for the option selected shall be reduced accordingly thereafter. [Section 2.424 (b) (2) a. 4.]

I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: <u> 1 </u>	Description: <u> Joint and Survivor Annuity </u>		
Employee's Signature: _____	Date: _____		
Dependent children under the age of 18 and residing in my household are:			
Child's Name	Gender (M-F)	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If taking Option 2 sign below:

Option #: <u> 2 </u>	Description: <u> Life Annuity </u>
Employee's Signature: _____	Date: _____

If taking Option 3, fill in beneficiary information and sign below:

Option #: <u> 3 </u>	Description: <u> 10 Year Certain and Life Annuity </u>
My designated beneficiary is:	
Name: _____	Social Security Number: _____
Date of Birth: _____	Gender (Circle One) M F
Address: _____	
Phone Number: _____	Relationship _____
Employee's Signature: _____	Date: _____

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:

Option #: 6 Description: 100 % Joint and Survivor Annuity

My designated beneficiary is:

Name: Jill Phillips Social Security Number: _____
Date of Birth: _____ Gender (Circle One) M (F)
Address: _____
Phone Number: _____ Relationship wife
Employee's Signature: Jean Phillips Date: 2/13/26

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA Description: Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

_____ 10% of the actuarially determined value of the normal retirement benefit
_____ 20% of the actuarially determined value of the normal retirement benefit
_____ 30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: _____ Date: _____

If naming a beneficiary ONLY, fill in beneficiary information and sign below:

My designated beneficiary is:

Beneficiary Name: _____ Beneficiary Social Security #: _____
Beneficiary Date of Birth: _____ Beneficiary Gender (Circle One) M F
Beneficiary Address: _____
Beneficiary Phone Number: _____ Relationship _____
Employee's Signature: _____ Date: _____

STATE OF FLORIDA
COUNTY OF
PINELLAS

The foregoing instrument was acknowledged before me this

13th day of February, 2026

by George Phillips

who is personally known to me or who has provided _____

as identification and who did/did not take an oath.

(Signature) Notary Public

Alyssa Gagliardi Name of Notary Printed

My Commission expires: _____



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

CITY OF CLEARWATER

EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, Terri Rawland, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

Run Out	_____ vacation	_____ sick	_____ floaters	_____ bonus hours
Lump Sum	<u>80.7008</u> vacation	<u>3.7798</u> sick	<u>0</u> floaters	<u>0</u> bonus hours

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: *Terri Rawland*

SOCIAL SECURITY #: _____

WITNESSES:

ADDRESS: _____

PHONE: _____ DATE: 03.24.26

City of Clearwater Employees' Retirement System Benefit Estimate

Member Data

Name : **TERRI ROWLAND** Social Security No. :
 Date of Birth : **05/18/1965**
 Age at Retirement : **60 Years 10 Months 14 Days**

Beneficiary Data

Name : **STEVEN ROWLAND** Social Security No. :
 Date of Birth : **10/04/1953**
 Age at Retirement : **72 Years 5 Months 28 Days** Relationship : **Spouse**
 # of children under 18 : **0**

Retirement Data

Pension Start Date : **10/31/2005** Calculation Type : **Estimate**
 Termination Date : **03/31/2026** Benefit Group : **Non-Hazardous - Tier II**
 Effective Date : **04/01/2026** Retirement Type : **Normal Retirement**
 FAC : \$ **49,949.58** Option Elected :
 Pre-Tax Contributions : \$ **0.00** Partial Lump Sum : **\$0.00 (0 %)**
 Post-Tax Contributions : \$ **0.00** Total Member Service : **20 Years 5 Months**

Formula for Benefit A : **2.75% * 7.1667 years * \$49,949.58**

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$820.35	N/A
Single Life Annuity 2,337.05	1.00000	\$820.35	N/A
10 Year Certain and Life Annuity 2,275.25	0.97343	\$798.56	N/A
50% Joint and Survivor 2,265.74	0.96929	\$795.16	\$397.58
66 2/3% Joint and Survivor	0.95947	\$787.10	\$524.74
75% Joint and Survivor	0.95464	\$783.14	\$587.36
100% Joint and Survivor	0.94042	\$771.48	\$771.48

Formula for Benefit B : **2.75% * 13.25 years * \$49,949.58**

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,516.70	N/A
Single Life Annuity	1.00000	\$1,516.70	N/A
10 Year Certain and Life Annuity	0.97362	\$1,476.69	N/A
50% Joint and Survivor	0.96959	\$1,470.58	\$735.29
66 2/3% Joint and Survivor	0.95986	\$1,455.82	\$970.55
75% Joint and Survivor	0.95506	\$1,448.54	\$1,086.40
100% Joint and Survivor	0.94097	\$1,427.17	\$1,427.17

***** This is Only an Estimate *****

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

The GRS document retention policy requires destruction of all copies of this document no later than 7 years from the participant's date of retirement. You may want to retain a copy of this document in case this information is needed in the future.

**CITY OF CLEARWATER
PENSION ENTITLEMENT OPTION REQUEST FORM
NON-HAZARDOUS DUTY EMPLOYEE**

I, Terri Rawland do hereby apply to receive benefits under the
(Please print name)
City of Clearwater General Employees' Pension Plan in accordance with the following:

Employee ID # 106369
Date of Birth: 5/18/1965 Gender (circle one): M **F**
Job Classification: Staff Assistant I
Department: Solid Waste & Recycling Division: SR Admin
Date of Hire: 10/31/2005 Date of Separation: March 31, 2026
Benefits Effective Date: 10/31/2005

Spouse's Name: Steven Rawland
Spouse's Date of Birth: 10/4/1953 Spouse's Gender (circle one): M **F**

The type of pension for which I am applying is (check only one):

Regular Pension based on years of service
 Job-connected Disability Pension
 Non-job-connected Disability Pension

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit for Participants eligible to retire prior to January 1, 2013. Option 2 below represents the standard or normal form of retirement benefit for Participants eligible to retire after December 31, 2012. The other optional forms (#3- #7) shall be computed to be the Actuarial Equivalent of the respective normal benefit.

Option 1 - Joint and Survivor Annuity (ONLY if eligible to retire prior to January 1, 2013)

An annuity paid monthly for the life of the Participant, with a 100% survivor annuity paid monthly for a period of five years following the death of the Participant to the beneficiary, provided that following such five year period the survivor annuity shall be reduced to 50% of the original survivor annuity amount. [See section 2.397 (a) (3) (A)] The Participant's surviving spouse receives the designated amount for the rest of his/her life or until he/she remarries. If no surviving spouse, dependent children under the age of 18 shall be deemed to be the beneficiary and receive the designated amount until the age of 18. [Section 2.397 (a) (3) and Section 2.398 (b) (1)]

Option 2 - Life Annuity

The Participant receives his/her pension as long as he/she lives. Upon the death of the Participant, benefits cease. [Section 2.416 (c) and Section 2.424 (b) (2) a. 1.]

Option 3 - 10 Year Certain & Life Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies before 120 monthly payments have been made, the remaining payments up to the 120 payments are made to his/her beneficiary, or the estate if his/her beneficiary is not alive. [Section 2.424 (b) (2) a. 2.]

Option 4 - 50% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 50 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 5 - 75% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 75 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 100 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 7 - 66 2/3% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 2/3 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Partial Lump Sum Payment Option

A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump sum distribution, then the monthly retirement benefit for the option selected shall be reduced accordingly thereafter. [Section 2.424 (b) (2) a. 4.]


I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: <u>1</u>		Description: <u>Joint and Survivor Annuity</u>	
Employee's Signature: _____		Date: _____	
Dependent children under the age of 18 and residing in my household are:			
Child's Name	Gender (M-F)	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If taking Option 2 sign below:

Option #: <u>2</u>	Description: <u>Life Annuity</u>
Employee's Signature: 	Date: <u>3.24.26</u>

If taking Option 3, fill in beneficiary information and sign below:

Option #: <u>3</u>	Description: <u>10 Year Certain and Life Annuity</u>
My designated beneficiary is:	
Name: _____	Social Security Number: _____
Date of Birth: _____	Gender (Circle One) M F
Address: _____	
Phone Number: _____	Relationship _____
Employee's Signature: _____	Date: _____

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:

Option #: _____ Description: % Joint and Survivor Annuity

My designated beneficiary is:

Name: _____ Social Security Number: _____

Date of Birth: _____ Gender (Circle One) M F

Address: _____

Phone Number: _____ Relationship _____

Employee's Signature: _____ Date: _____

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA Description: Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

10% of the actuarially determined value of the normal retirement benefit

20% of the actuarially determined value of the normal retirement benefit

30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: _____ Date: _____

If naming a beneficiary ONLY, fill in beneficiary information and sign below:

My designated beneficiary is:

Beneficiary Name: _____ Beneficiary Social Security #: _____

Beneficiary Date of Birth: _____ Beneficiary Gender (Circle One) M F

Beneficiary Address: _____

Beneficiary Phone Number: _____ Relationship _____

Employee's Signature: _____ Date: _____

STATE OF FLORIDA
COUNTY OF
PINELLAS

The foregoing instrument was acknowledged before me this

24 day of March, 2024

by Terr: Rawland

who is personally known to me or who has provided _____

as identification and who did/did not take an oath.

(Signature) Notary Public

Alyssa Gagliardi Name of Notary Printed

My Commission expires: _____



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

CITY OF CLEARWATER

EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, Emery Rumsey, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

Run Out	_____ vacation	_____ sick	_____ floaters	_____ bonus hours
Lump Sum	<u>4,730</u> vacation	<u>3,700</u> sick	<u>0</u> floaters	<u>0</u> bonus hours

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: Emery Rumsey

SOCIAL SECURITY #: _____

WITNESSES:

ADDRESS: _____

PHONE: _____ DATE: 3/9/26

City of Clearwater Employees' Retirement System Benefit Estimate

Member Data

Name : EMERY RUMSEY Social Security No. :
 Date of Birth : 04/07/1961
 Age at Retirement : 65 Years 0 Months 24 Days

Beneficiary Data

Name : TRACEY RUMSEY Social Security No. :
 Date of Birth : 11/23/1970
 Age at Retirement : 55 Years 5 Months 8 Days Relationship : Spouse
 # of children under 18 : 0

Retirement Data

Pension Start Date : 11/05/2012 Calculation Type : Estimate
 Termination Date : 04/30/2026 Benefit Group : Non-Hazardous - Tier II
 Effective Date : 05/01/2026 Retirement Type : Normal Retirement
 FAC : \$ 65,002.10 Option Elected :
 Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$0.00 (0 %)
 Post-Tax Contributions : \$ 0.00 Total Member Service : 13 Years 5 Months 26 Days

Formula for Benefit A : 2.75% * 0.1556 years * \$65,002.10

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$23.17	N/A
Single Life Annuity <i>2,009.35</i>	1.00000	\$23.17	N/A
10 Year Certain and Life Annuity <i>1,920.32</i>	0.95530	\$22.14	N/A
50% Joint and Survivor <i>1,756.36</i>	0.87278	\$20.22	\$10.11
66 2/3% Joint and Survivor <i>1,685.62</i>	0.83728	\$19.40	\$12.93
75% Joint and Survivor <i>1,652.34</i>	0.82059	\$19.01	\$14.26
100% Joint and Survivor <i>1,559.95</i>	0.77428	\$17.94	\$17.94

Formula for Benefit B : 2.75% * 13.3333 years * \$65,002.10

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,986.18	N/A
Single Life Annuity	1.00000	\$1,986.18	N/A
10 Year Certain and Life Annuity	0.95565	\$1,898.09	N/A
50% Joint and Survivor	0.87411	\$1,736.14	\$868.07
66 2/3% Joint and Survivor	0.83891	\$1,666.22	\$1,110.82
75% Joint and Survivor	0.82235	\$1,633.33	\$1,225.00
100% Joint and Survivor	0.77637	\$1,542.01	\$1,542.01

***** This is Only an Estimate *****

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

The GRS document retention policy requires destruction of all copies of this document no later than 7 years from the participant's date of retirement. You may want to retain a copy of this document in case this information is needed in the future.

**CITY OF CLEARWATER
PENSION ENTITLEMENT OPTION REQUEST FORM
NON-HAZARDOUS DUTY EMPLOYEE**

I, Emery Rumsey do hereby apply to receive benefits under the
(Please print name)
City of Clearwater General Employees' Pension Plan in accordance with the following:

Employee ID # 108181
Date of Birth: 4/7/1961 Gender (circle one): M F
Job Classification: Heat Mechanic
Department: General Services Division: GS Medium Equipment
Date of Hire: 11/05/2012 Date of Separation: April 30, 2026
Benefits Effective Date: 11/05/2012

Spouse's Name: Tracey Rumsey
Spouse's Date of Birth: 11/23/1970 Spouse's Gender (circle one): M F

The type of pension for which I am applying is (check only one):

Regular Pension based on years of service
 Job-connected Disability Pension
 Non-job-connected Disability Pension

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit for Participants eligible to retire prior to January 1, 2013. Option 2 below represents the standard or normal form of retirement benefit for Participants eligible to retire after December 31, 2012. The other optional forms (#3- #7) shall be computed to be the Actuarial Equivalent of the respective normal benefit.

Option 1 - Joint and Survivor Annuity (ONLY if eligible to retire prior to January 1, 2013)
An annuity paid monthly for the life of the Participant, with a 100% survivor annuity paid monthly for a period of five years following the death of the Participant to the beneficiary, provided that following such five year period the survivor annuity shall be reduced to 50% of the original survivor annuity amount. [See section 2.397 (a) (3) (A)] The Participant's surviving spouse receives the designated amount for the rest of his/her life or until he/she remarries. If no surviving spouse, dependent children under the age of 18 shall be deemed to be the beneficiary and receive the designated amount until the age of 18. [Section 2.397 (a) (3) and Section 2.398 (b) (1)]

Option 2 - Life Annuity
The Participant receives his/her pension as long as he/she lives. Upon the death of the Participant, benefits cease. [Section 2.416 (c) and Section 2.424 (b) (2) a. 1.]

Option 3 - 10 Year Certain & Life Annuity - (must designate a beneficiary)
The Participant receives his/her pension as long as he/she lives. If the Participant dies before 120 monthly payments have been made, the remaining payments up to the 120 payments are made to his/her beneficiary, or the estate if his/her beneficiary is not alive. [Section 2.424 (b) (2) a. 2.]

Option 4 - 50% Joint & Survivor Annuity - (must designate a beneficiary)
The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 50 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 5 - 75% Joint & Survivor Annuity - (must designate a beneficiary)
The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 75 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 100 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 7 – 66 ⅔% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 ⅔ percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Partial Lump Sum Payment Option

A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump sum distribution, then the monthly retirement benefit for the option selected shall be reduced accordingly thereafter. [Section 2.424 (b) (2) a. 4.]

I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: <u>1</u>	Description: <u>Joint and Survivor Annuity</u>		
Employee's Signature: _____	Date: _____		
Dependent children under the age of 18 and residing in my household are:			
Child's Name	Gender (M-F)	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If taking Option 2 sign below:

Option #: <u>2</u>	Description: <u>Life Annuity</u>
Employee's Signature: _____	Date: _____

If taking Option 3, fill in beneficiary information and sign below:

Option #: <u>3</u>	Description: <u>10 Year Certain and Life Annuity</u>
My designated beneficiary is:	
Name: _____	Social Security Number: _____
Date of Birth: _____	Gender (Circle One) M F
Address: _____	
Phone Number: _____	Relationship _____
Employee's Signature: _____	Date: _____

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:

Option #: 6 Description: 100 % Joint and Survivor Annuity

My designated beneficiary is:

Name: Tracey Rumsey Social Security Number: _____
Date of Birth: 11/23/70 Gender (Circle One) M F
Address: _____
Phone Number: _____ Relationship: Spouse
Employee's Signature: [Signature] Date: 3/6/26

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA Description: Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

_____ 10% of the actuarially determined value of the normal retirement benefit
_____ 20% of the actuarially determined value of the normal retirement benefit
_____ 30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: _____ Date: _____

If naming a beneficiary ONLY, fill in beneficiary information and sign below:

My designated beneficiary is:

Beneficiary Name: _____ Beneficiary Social Security #: _____
Beneficiary Date of Birth: _____ Beneficiary Gender (Circle One) M F
Beneficiary Address: _____
Beneficiary Phone Number: _____ Relationship: _____
Employee's Signature: _____ Date: _____

STATE OF FLORIDA
COUNTY OF
PINELLAS

The foregoing instrument was acknowledged before me this

6 day of March, 2026

by Tracey Rumsey

who is personally known to me or who has provided _____
as identification and who did/did not take an oath.



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

(Signature) Notary Public

Alyssa Gagliardi Name of Notary Printed

My Commission expires: _____

CITY OF CLEARWATER

EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, John Stone, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 2 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

Run Out _____ vacation _____ sick _____ floaters _____ bonus hours

Lump Sum _____ vacation _____ sick _____ floaters _____ bonus hours

320 1372.7100 24
651.359

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: John Stone

SOCIAL SECURITY #: _____

WITNESSES:

ADDRESS: _____

PHONE: _____ DATE: 1-16-26

City of Clearwater Employees' Retirement System

Benefit Estimate

Member Data

Name : JOHN STONE Social Security No. :
 Date of Birth : 05/15/1966
 Age at Retirement : 59 Years 8 Months 17 Days

Beneficiary Data

Name : Social Security No. :
 Date of Birth :
 Age at Retirement : Relationship :
 # of children under 18 :

Retirement Data

Pension Start Date : 09/08/2003 Calculation Type : Estimate
 Termination Date : 01/30/2026 Benefit Group : Non-Hazardous - Tier II
 Effective Date : 02/01/2026 Retirement Type : Normal Retirement
 FAC : \$ 70,157.36 Option Elected :
 Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$0.00 (0 %)
 Post-Tax Contributions : \$ 0.00 Total Member Service : 22 Years 4 Months 23 Days

Formula for Benefit A : 2.75% * 9.3139 years * \$70,157.36

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,497.46	N/A
Single Life Annuity 3,600.96	1.00000	\$1,497.46	N/A
10 Year Certain and Life Annuity	0.97686	\$1,462.81	N/A
50% Joint and Survivor			
66 2/3% Joint and Survivor			
75% Joint and Survivor			
100% Joint and Survivor			

Formula for Benefit B : 2.75% * 13.0833 years * \$70,157.36

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,103.50	N/A
Single Life Annuity	1.00000	\$2,103.50	N/A
10 Year Certain and Life Annuity	0.97703	\$2,055.19	N/A
50% Joint and Survivor			
66 2/3% Joint and Survivor			
75% Joint and Survivor			
100% Joint and Survivor			

***** This is Only an Estimate *****

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

The GRS document retention policy requires destruction of all copies of this document no later than 7 years from the participant's date of retirement. You may want to retain a copy of this document in case this information is needed in the future.

**CITY OF CLEARWATER
PENSION ENTITLEMENT OPTION REQUEST FORM
NON-HAZARDOUS DUTY EMPLOYEE**

I, John Stone do hereby apply to receive benefits under the
(Please print name)
City of Clearwater General Employees' Pension Plan in accordance with the following:

Employee ID # 105666
Date of Birth: 5/15/1966 Gender (circle one): M F
Job Classification: Fleet Buying Coordinator
Department: General Services Division: GS Fleet Admin
Date of Hire: 9/8/2003 Date of Separation: January 30, 2026
Benefits Effective Date: 9/8/2003

Spouse's Name: _____
Spouse's Date of Birth: _____ Spouse's Gender (circle one): M F

The type of pension for which I am applying is (check only one):

Regular Pension based on years of service
 Job-connected Disability Pension
 Non-job-connected Disability Pension

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit for Participants eligible to retire prior to January 1, 2013. Option 2 below represents the standard or normal form of retirement benefit for Participants eligible to retire after December 31, 2012. The other optional forms (#3- #7) shall be computed to be the Actuarial Equivalent of the respective normal benefit.

Option 1 - Joint and Survivor Annuity (ONLY if eligible to retire prior to January 1, 2013)

An annuity paid monthly for the life of the Participant, with a 100% survivor annuity paid monthly for a period of five years following the death of the Participant to the beneficiary, provided that following such five year period the survivor annuity shall be reduced to 50% of the original survivor annuity amount. [See section 2.397 (a) (3) (A)] The Participant's surviving spouse receives the designated amount for the rest of his/her life or until he/she remarries. If no surviving spouse, dependent children under the age of 18 shall be deemed to be the beneficiary and receive the designated amount until the age of 18. [Section 2.397 (a) (3) and Section 2.398 (b) (1)]

Option 2 - Life Annuity

The Participant receives his/her pension as long as he/she lives. Upon the death of the Participant, benefits cease. [Section 2.416 (c) and Section 2.424 (b) (2) a. 1.]

Option 3 - 10 Year Certain & Life Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies before 120 monthly payments have been made, the remaining payments up to the 120 payments are made to his/her beneficiary, or the estate if his/her beneficiary is not alive. [Section 2.424 (b) (2) a. 2.]

Option 4 - 50% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 50 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 5 - 75% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 75 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 100 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 7 - 66 2/3% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 2/3 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Partial Lump Sum Payment Option

A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump sum distribution, then the monthly retirement benefit for the option selected shall be reduced accordingly thereafter. [Section 2.424 (b) (2) a. 4.]

I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: <u>1</u>	Description: <u>Joint and Survivor Annuity</u>		
Employee's Signature: _____	Date: _____		
Dependent children under the age of 18 and residing in my household are:			
Child's Name	Gender (M-F)	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If taking Option 2 sign below:

Option #: <u>2</u>	Description: <u>Life Annuity</u>
Employee's Signature: <u><i>John Snow</i></u>	Date: <u>1-16-26</u>

If taking Option 3, fill in beneficiary information and sign below:

Option #: <u>3</u>	Description: <u>10 Year Certain and Life Annuity</u>
My designated beneficiary is:	
Name: _____	Social Security Number: _____
Date of Birth: _____	Gender (Circle One) M F
Address: _____	
Phone Number: _____	Relationship _____
Employee's Signature: _____	Date: _____

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:

Option #: _____ Description: % Joint and Survivor Annuity

My designated beneficiary is:

Name: _____ Social Security Number: _____

Date of Birth: _____ Gender (Circle One) M F

Address: _____

Phone Number: _____ Relationship _____

Employee's Signature: _____ Date: _____

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA Description: Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

_____ 10% of the actuarially determined value of the normal retirement benefit

_____ 20% of the actuarially determined value of the normal retirement benefit

_____ 30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: _____ Date: _____

If naming a beneficiary ONLY, fill in beneficiary information and sign below:

My designated beneficiary is:

Beneficiary Name: _____ Beneficiary Social Security #: _____

Beneficiary Date of Birth: _____ Beneficiary Gender (Circle One) M F

Beneficiary Address: _____

Beneficiary Phone Number: _____ Relationship _____

Employee's Signature: _____ Date: _____

STATE OF FLORIDA
COUNTY OF
PINELLAS

The foregoing instrument was acknowledged before me this

16th day of January, 2026

by John Stone

who is personally known to me or who has provided _____
as identification and who did/did not take an oath.

(Signature) Notary Public

Alyssa Gagliardi Name of Notary Printed

My Commission expires: _____



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

CITY OF CLEARWATER

EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, David Storck, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

Run Out	_____	vacation	_____	sick	_____	floaters	_____	bonus hours
Lump Sum	<u>166,232.4</u>	vacation	<u>18,591.0</u>	sick	<u>24</u>	floaters	_____	bonus hours

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: *David Storck*

SOCIAL SECURITY # _____

WITNESSES:

ADDRESS: _____

PHONE: _____ DATE: 2/6/26

City of Clearwater Employees' Retirement System

Benefit Estimate

Member Data

Name : DAVID STORCK Social Security No. :
 Date of Birth : 05/03/1964
 Age at Retirement : 61 Years 9 Months 29 Days

Beneficiary Data

Name : DEBORAH STORCK Social Security No. :
 Date of Birth : 10/24/1956
 Age at Retirement : 69 Years 4 Months 8 Days Relationship : Spouse
 # of children under 18 : 0

Retirement Data

Pension Start Date : 02/06/2006 Calculation Type : Estimate
 Termination Date : 02/20/2026 Benefit Group : Non-Hazardous - Tier II
 Effective Date : 03/01/2026 Retirement Type : Normal Retirement
 FAC : \$ 62,192.46 Option Elected :
 Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$0.00 (0 %)
 Post-Tax Contributions : \$ 0.00 Total Member Service : 20 Years 0 Months 15 Days

Formula for Benefit A : 2.75% * 6.9028 years * \$62,192.46

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$983.81	N/A
Single Life Annuity <i>2,856.42</i>	1.00000	\$983.81	N/A
10 Year Certain and Life Annuity <i>2,769.98</i>	0.96959	\$953.90	N/A
50% Joint and Survivor <i>2,731.78</i>	0.95608	\$940.61	\$470.30
66 2/3% Joint and Survivor <i>2,692.62</i>	0.94228	\$927.03	\$618.02
75% Joint and Survivor <i>2,673.43</i>	0.93553	\$920.39	\$690.29
100% Joint and Survivor <i>2,617.34</i>	0.91585	\$901.03	\$901.03

Formula for Benefit B : 2.75% * 13.1389 years * \$62,192.46

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,872.61	N/A
Single Life Annuity	1.00000	\$1,872.61	N/A
10 Year Certain and Life Annuity	0.96981	\$1,816.08	N/A
50% Joint and Survivor	0.95651	\$1,791.17	\$895.59
66 2/3% Joint and Survivor	0.94285	\$1,765.59	\$1,177.06
75% Joint and Survivor	0.93616	\$1,753.06	\$1,314.80
100% Joint and Survivor	0.91665	\$1,716.53	\$1,716.53

***** This is Only an Estimate *****

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

The GRS document retention policy requires destruction of all copies of this document no later than 7 years from the participant's date of retirement. You may want to retain a copy of this document in case this information is needed in the future.

**CITY OF CLEARWATER
PENSION ENTITLEMENT OPTION REQUEST FORM
NON-HAZARDOUS DUTY EMPLOYEE**

I, David Storck do hereby apply to receive benefits under the
(Please print name)
City of Clearwater General Employees' Pension Plan in accordance with the following:

Employee ID # 106481
Date of Birth: 5/3/1964 Gender (circle one): M F
Job Classification: Air Conditioning Tech.
Department: General Services Division: Gas Mech/Plumbing
Date of Hire: 2/6/2006 Date of Separation: February 20, 2014
Benefits Effective Date: 2/6/2006

Spouse's Name: Deborah Storck
Spouse's Date of Birth: 10/24/1956 Spouse's Gender (circle one): M F

The type of pension for which I am applying is (check only one):

Regular Pension based on years of service
 Job-connected Disability Pension
 Non-job-connected Disability Pension

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit for Participants eligible to retire prior to January 1, 2013. Option 2 below represents the standard or normal form of retirement benefit for Participants eligible to retire after December 31, 2012. The other optional forms (#3- #7) shall be computed to be the Actuarial Equivalent of the respective normal benefit.

Option 1 - Joint and Survivor Annuity (ONLY if eligible to retire prior to January 1, 2013)
An annuity paid monthly for the life of the Participant, with a 100% survivor annuity paid monthly for a period of five years following the death of the Participant to the beneficiary, provided that following such five year period the survivor annuity shall be reduced to 50% of the original survivor annuity amount. [See section 2.397 (a) (3) (A)] The Participant's surviving spouse receives the designated amount for the rest of his/her life or until he/she remarries. If no surviving spouse, dependent children under the age of 18 shall be deemed to be the beneficiary and receive the designated amount until the age of 18. [Section 2.397 (a) (3) and Section 2.398 (b) (1)]

Option 2 - Life Annuity
The Participant receives his/her pension as long as he/she lives. Upon the death of the Participant, benefits cease. [Section 2.416 (c) and Section 2.424 (b) (2) a. 1.]

Option 3 - 10 Year Certain & Life Annuity - (must designate a beneficiary)
The Participant receives his/her pension as long as he/she lives. If the Participant dies before 120 monthly payments have been made, the remaining payments up to the 120 payments are made to his/her beneficiary, or the estate if his/her beneficiary is not alive. [Section 2.424 (b) (2) a. 2.]

Option 4 - 50% Joint & Survivor Annuity - (must designate a beneficiary)
The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 50 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 5 - 75% Joint & Survivor Annuity - (must designate a beneficiary)
The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 75 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 100 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 7 - 66 2/3% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 2/3 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Partial Lump Sum Payment Option

A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump sum distribution, then the monthly retirement benefit for the option selected shall be reduced accordingly thereafter. [Section 2.424 (b) (2) a. 4.]

I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: <u> 1 </u>	Description: <u> Joint and Survivor Annuity </u>		
Employee's Signature: _____	Date: _____		
Dependent children under the age of 18 and residing in my household are:			
Child's Name	Gender (M-F)	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If taking Option 2 sign below:

Option #: <u> 2 </u>	Description: <u> Life Annuity </u>
Employee's Signature: _____	Date: _____

If taking Option 3, fill in beneficiary information and sign below:

Option #: <u> 3 </u>	Description: <u> 10 Year Certain and Life Annuity </u>
My designated beneficiary is:	
Name: _____	Social Security Number: _____
Date of Birth: _____	Gender (Circle One) M F
Address: _____	
Phone Number: _____	Relationship _____
Employee's Signature: _____	Date: _____

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:

Option #: 7 Description: 50 % Joint and Survivor Annuity

My designated beneficiary is:

Name: Deborah Storck Social Security Number: _____

Date of Birth: 10/24/56 Gender (Circle One) M F

Address: _____

Phone Number: _____ Relationship wife

Employee's Signature: [Signature] Date: 2/6/20

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA Description: Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

10% of the actuarially determined value of the normal retirement benefit

20% of the actuarially determined value of the normal retirement benefit

30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: _____ Date: _____

If naming a beneficiary ONLY, fill in beneficiary information and sign below:

My designated beneficiary is:

Beneficiary Name: _____ Beneficiary Social Security #: _____

Beneficiary Date of Birth: _____ Beneficiary Gender (Circle One) M F

Beneficiary Address: _____

Beneficiary Phone Number: _____ Relationship _____

Employee's Signature: _____ Date: _____

STATE OF FLORIDA
COUNTY OF
PINELLAS

The foregoing instrument was acknowledged before me this

6th day of February, 2020

by David Storck

who is personally known to me or who has provided _____

as identification and who did/did not take an oath.

(Signature)

Notary Public

Alyssa Gasliardi Name of Notary Printed

My Commission expires: _____



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

CITY OF CLEARWATER

EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, Joseph Taylor, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

Run Out	_____	vacation	_____	sick	_____	floaters	_____	bonus hours
Lump Sum	<u>159,9253</u>	vacation	<u>31,9735</u>	sick	<u>24</u>	floaters	_____	bonus hours

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: Joe Taylor

SOCIAL SECURITY #. _____

WITNESSES:

ADDRESS: _____

PHONE: _____ DATE: 1-22-26

City of Clearwater Employees' Retirement System Benefit Estimate

Member Data

Name : JOSEPH TAYLOR Social Security No.
 Date of Birth : 05/12/1966
 Age at Retirement : 59 Years 9 Months 20 Days

Beneficiary Data

Name : LISA TAYLOR Social Security No. :
 Date of Birth : 01/02/1965
 Age at Retirement : 61 Years 2 Months Relationship : Spouse
 # of children under 18 : 0

Retirement Data

Pension Start Date : 03/11/2002 Calculation Type : Estimate
 Termination Date : 02/02/2026 Benefit Group : Non-Hazardous - Tier II
 Effective Date : 03/01/2026 Retirement Type : Normal Retirement
 FAC : \$ 68,715.17 Option Elected :
 Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$0.00 (0 %)
 Post-Tax Contributions : \$ 0.00 Total Member Service : 23 Years 10 Months 22 Days

Formula for Benefit A : 2.75% * 10.8056 years * \$68,715.17

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,701.58	N/A
Single Life Annuity <i>3,762.72</i>	1.00000	\$1,701.58	N/A
10 Year Certain and Life Annuity <i>3,675.99</i>	0.97686	\$1,662.20	N/A
50% Joint and Survivor <i>3,536.68</i>	0.93960	\$1,598.80	\$799.40
66 2/3% Joint and Survivor <i>3,467.27</i>	0.92106	\$1,567.25	\$1,044.84
75% Joint and Survivor <i>3,433.55</i>	0.91205	\$1,551.92	\$1,163.94
100% Joint and Survivor <i>3,336.27</i>	0.88608	\$1,507.73	\$1,507.73

Formula for Benefit B : 2.75% * 13.0889 years * \$68,715.17

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,061.14	N/A
Single Life Annuity	1.00000	\$2,061.14	N/A
10 Year Certain and Life Annuity	0.97703	\$2,013.79	N/A
50% Joint and Survivor	0.94020	\$1,937.88	\$968.94
66 2/3% Joint and Survivor	0.92183	\$1,900.02	\$1,266.68
75% Joint and Survivor	0.91291	\$1,881.63	\$1,411.22
100% Joint and Survivor	0.88715	\$1,828.54	\$1,828.54

***** This is Only an Estimate *****

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

The GRS document retention policy requires destruction of all copies of this document no later than 7 years from the participant's date of retirement. You may want to retain a copy of this document in case this information is needed in the future.

**CITY OF CLEARWATER
PENSION ENTITLEMENT OPTION REQUEST FORM
NON-HAZARDOUS DUTY EMPLOYEE**

I, Joseph Taylor do hereby apply to receive benefits under the
(Please print name)
City of Clearwater General Employees' Pension Plan in accordance with the following:

Employee ID # 105118
 Date of Birth: 5/12/1966 Gender (circle one): M F
 Job Classification: Parks Service Supervisor II
 Department: Parks & Recreation Division: PR Downtown Landscape
 Date of Hire: 3/11/2002 Date of Separation: February 2, 2024
 Benefits Effective Date: 3/11/2002

Spouse's Name: Lisa Taylor
 Spouse's Date of Birth: 1/2/1965 Spouse's Gender (circle one): M F

The type of pension for which I am applying is (check only one):

Regular Pension based on years of service
 Job-connected Disability Pension
 Non-job-connected Disability Pension

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit for Participants eligible to retire prior to January 1, 2013. Option 2 below represents the standard or normal form of retirement benefit for Participants eligible to retire after December 31, 2012. The other optional forms (#3- #7) shall be computed to be the Actuarial Equivalent of the respective normal benefit.

Option 1 - Joint and Survivor Annuity (ONLY if eligible to retire prior to January 1, 2013)

An annuity paid monthly for the life of the Participant, with a 100% survivor annuity paid monthly for a period of five years following the death of the Participant to the beneficiary, provided that following such five year period the survivor annuity shall be reduced to 50% of the original survivor annuity amount. [See section 2.397 (a) (3) (A)] The Participant's surviving spouse receives the designated amount for the rest of his/her life or until he/she remarries. If no surviving spouse, dependent children under the age of 18 shall be deemed to be the beneficiary and receive the designated amount until the age of 18. [Section 2.397 (a) (3) and Section 2.398 (b) (1)]

Option 2 - Life Annuity

The Participant receives his/her pension as long as he/she lives. Upon the death of the Participant, benefits cease. [Section 2.416 (c) and Section 2.424 (b) (2) a. 1.]

Option 3 - 10 Year Certain & Life Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies before 120 monthly payments have been made, the remaining payments up to the 120 payments are made to his/her beneficiary, or the estate if his/her beneficiary is not alive. [Section 2.424 (b) (2) a. 2.]

Option 4 - 50% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 50 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 5 - 75% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 75 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 100 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 7 - 66 2/3% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 2/3 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Partial Lump Sum Payment Option

A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump sum distribution, then the monthly retirement benefit for the option selected shall be reduced accordingly thereafter. [Section 2.424 (b) (2) a. 4.]

I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: <u>1</u>		Description: <u>Joint and Survivor Annuity</u>	
Employee's Signature: _____		Date: _____	
Dependent children under the age of 18 and residing in my household are:			
Child's Name	Gender (M-F)	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If taking Option 2 sign below:

Option #: <u>2</u>	Description: <u>Life Annuity</u>
Employee's Signature: _____	Date: _____

If taking Option 3, fill in beneficiary information and sign below:

Option #: <u>3</u>	Description: <u>10 Year Certain and Life Annuity</u>
My designated beneficiary is:	
Name: _____	Social Security Number: _____
Date of Birth: _____	Gender (Circle One) M F
Address: _____	
Phone Number: _____	Relationship _____
Employee's Signature: _____	Date: _____

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:

Option #: 7 Description: 66 2/3% Joint and Survivor Annuity

My designated beneficiary is:

Name: LISA Taylor Social Security Number: _____

Date of Birth: 1-2-1965 Gender (Circle One) M F

Address: _____

Phone Number: _____ Relationship Spouse

Employee's Signature: Joe Taylor Date: 1-22-2026

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA Description: Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

10% of the actuarially determined value of the normal retirement benefit

20% of the actuarially determined value of the normal retirement benefit

30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: _____ Date: _____

If naming a beneficiary ONLY, fill in beneficiary information and sign below:

My designated beneficiary is:

Beneficiary Name: _____ Beneficiary Social Security #: _____

Beneficiary Date of Birth: _____ Beneficiary Gender (Circle One) M F

Beneficiary Address: _____

Beneficiary Phone Number: _____ Relationship _____

Employee's Signature: _____ Date: _____

STATE OF FLORIDA
COUNTY OF
PINELLAS

The foregoing instrument was acknowledged before me this
22nd day of January, 2026

by Joe Taylor
who is personally known to me or who has provided _____
as identification and who did/did not take an oath.



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

(Signature) Notary Public

Alyssa Gagliardi Name of Notary Printed

My Commission expires: _____

CITY OF CLEARWATER

EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, Carolyn "Sue" Tellier, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

Run Out _____ vacation _____ sick _____ floaters _____ bonus hours
Lump Sum 19.1847 vacation 3.85 sick 24 floaters _____ bonus hours

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: C. Sue Tellier 1/7/20

SOCIAL SECURITY #: _____

WITNESSES:

ADDRESS: _____

PHONE: _____ DATE: _____

City of Clearwater Employees' Retirement System Benefit Estimate

Member Data

Name : CAROLYN TELLIER Social Security No.
 Date of Birth :
 Age at Retirement :

Beneficiary Data

Name : AMY FALTRACO Social Security No. :
 Date of Birth :
 Age at Retirement : Relationship : Other
 # of children under 18 : 0

Retirement Data

Pension Start Date : 04/03/2006 Calculation Type : Estimate
 Termination Date : 02/27/2026 Benefit Group : Non-Hazardous - Tier II
 Effective Date : 03/01/2026 Retirement Type : Normal Retirement
 FAC : \$ 75,144.64 Option Elected :
 Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$0.00 (0 %)
 Post-Tax Contributions : \$ 0.00 Total Member Service : 19 Years 10 Months 25 Days

Formula for Benefit A : $2.75\% * 6.7444 \text{ years} * \$75,144.64$ (Forms of Payment limited due to IRC 401(a)(9))
 Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Single Life Annuity 3,427.39	1.00000	\$1,161.44	N/A
10 Year Certain and Life Annuity	0.95530	\$1,109.52	N/A
50% Joint and Survivor	0.82557	\$958.85	\$479.42
66 2/3% Joint and Survivor	0.78021	\$906.16	\$604.11
75% Joint and Survivor	0.75935	\$881.94	\$661.45
100% Joint and Survivor			

Formula for Benefit B : $2.75\% * 13.1583 \text{ years} * \$75,144.64$ (Forms of Payment limited due to IRC 401(a)(9))
 Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Single Life Annuity	1.00000	\$2,265.95	N/A
10 Year Certain and Life Annuity	0.95565	\$2,165.46	N/A
50% Joint and Survivor	0.82733	\$1,874.69	\$937.34
66 2/3% Joint and Survivor	0.78230	\$1,772.65	\$1,181.77
75% Joint and Survivor	0.76158	\$1,725.70	\$1,294.28
100% Joint and Survivor			

***** This is Only an Estimate *****

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

The GRS document retention policy requires destruction of all copies of this document no later than 7 years from the participant's date of retirement. You may want to retain a copy of this document in case this information is needed in the future.

**CITY OF CLEARWATER
PENSION ENTITLEMENT OPTION REQUEST FORM
NON-HAZARDOUS DUTY EMPLOYEE**

I, Carolyn "Sue" Tellier do hereby apply to receive benefits under the
(Please print name)
City of Clearwater General Employees' Pension Plan in accordance with the following:

Employee ID # 106534
Date of Birth: _____ Gender (circle one): M F
Job Classification: Parking System Asst. Manager
Department: Public Works Division: Pw Parking Systems Admin
Date of Hire: 4/3/2006 Date of Separation: February 27, 2026
Benefits Effective Date: 4/3/2006

Spouse's Name: _____
Spouse's Date of Birth: _____ Spouse's Gender (circle one): M F

The type of pension for which I am applying is (check only one):

Regular Pension based on years of service
 Job-connected Disability Pension
 Non-job-connected Disability Pension

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit for Participants eligible to retire prior to January 1, 2013. Option 2 below represents the standard or normal form of retirement benefit for Participants eligible to retire after December 31, 2012. The other optional forms (#3- #7) shall be computed to be the Actuarial Equivalent of the respective normal benefit.

Option 1 - Joint and Survivor Annuity (ONLY if eligible to retire prior to January 1, 2013)

An annuity paid monthly for the life of the Participant, with a 100% survivor annuity paid monthly for a period of five years following the death of the Participant to the beneficiary, provided that following such five year period the survivor annuity shall be reduced to 50% of the original survivor annuity amount. [See section 2.397 (a) (3) (A)] The Participant's surviving spouse receives the designated amount for the rest of his/her life or until he/she remarries. If no surviving spouse, dependent children under the age of 18 shall be deemed to be the beneficiary and receive the designated amount until the age of 18. [Section 2.397 (a) (3) and Section 2.398 (b) (1)]

Option 2 - Life Annuity

The Participant receives his/her pension as long as he/she lives. Upon the death of the Participant, benefits cease. [Section 2.416 (c) and Section 2.424 (b) (2) a. 1.]

Option 3 - 10 Year Certain & Life Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies before 120 monthly payments have been made, the remaining payments up to the 120 payments are made to his/her beneficiary, or the estate if his/her beneficiary is not alive. [Section 2.424 (b) (2) a. 2.]

Option 4 - 50% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 50 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 5 - 75% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 75 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 100 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 7 - 66 2/3% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 2/3 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Partial Lump Sum Payment Option

A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump sum distribution, then the monthly retirement benefit for the option selected shall be reduced accordingly thereafter. [Section 2.424 (b) (2) a. 4.]

I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: <u>1</u>		Description: <u>Joint and Survivor Annuity</u>	
Employee's Signature: _____		Date: _____	
Dependent children under the age of 18 and residing in my household are:			
Child's Name	Gender (M-F)	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If taking Option 2 sign below:

Option #: <u>2</u>		Description: <u>Life Annuity</u>	
Employee's Signature: <u>C. Sue Selman</u>		Date: <u>1/7/26</u>	

If taking Option 3, fill in beneficiary information and sign below:

Option #: <u>3</u>		Description: <u>10 Year Certain and Life Annuity</u>	
My designated beneficiary is:			
Name: _____		Social Security Number: _____	
Date of Birth: _____		Gender (Circle One) M F	
Address: _____			
Phone Number: _____		Relationship _____	
Employee's Signature: _____		Date: _____	

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:

Option #: _____ Description: % Joint and Survivor Annuity

My designated beneficiary is:

Name: _____ Social Security Number: _____

Date of Birth: _____ Gender (Circle One) M F

Address: _____

Phone Number: _____ Relationship _____

Employee's Signature: _____ Date: _____

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA Description: Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

10% of the actuarially determined value of the normal retirement benefit

20% of the actuarially determined value of the normal retirement benefit

30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: _____ Date: _____

If naming a beneficiary ONLY, fill in beneficiary information and sign below:

My designated beneficiary is:

Beneficiary Name: _____ Beneficiary Social Security #: _____

Beneficiary Date of Birth: _____ Beneficiary Gender (Circle One) M F

Beneficiary Address: _____

Beneficiary Phone Number: _____ Relationship _____

Employee's Signature: _____ Date: _____

STATE OF FLORIDA
COUNTY OF
PINELLAS

The foregoing instrument was acknowledged before me this
7th day of January, 2026

by Sue Teller
who is personally known to me or who has provided _____
as identification and who did/did not take an oath.



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

(Signature) Notary Public
Alyssa Gagliardi Name of Notary Printed
My Commission expires: _____

CITY OF CLEARWATER

EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, Bernadette Weiers, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

Run Out	_____	vacation	_____	sick	_____	floaters	_____	bonus hours
Lump Sum	<u>1.427</u>	vacation	<u>.8957</u>	sick	<u>0</u>	floaters	<u>0</u>	bonus hours

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: Bernadette Weiers

SOCIAL SECURITY # _____

WITNESSES: ADDRESS: _____

PHONE: _____ DATE: 3-7-16

City of Clearwater Employees' Retirement System

Benefit Estimate

Member Data

Name : **BERNADETTE WEIERS** Social Security No.
 Date of Birth : **09/19/1955**
 Age at Retirement : **70 Years 6 Months 12 Days**

Beneficiary Data

Name : Social Security No. :
 Date of Birth :
 Age at Retirement : Relationship :
 # of children under 18 :

Retirement Data

Pension Start Date : **11/08/1998** Calculation Type : **Estimate**
 Termination Date : **03/06/2026** Benefit Group : **Non-Hazardous - Tier II**
 Effective Date : **04/01/2026** Retirement Type : **Normal Retirement**
 FAC : \$ **43,923.60** Option Elected :
 Pre-Tax Contributions : \$ **0.00** Partial Lump Sum : **\$0.00 (0 %)**
 Post-Tax Contributions : \$ **0.00** Total Member Service : **27 Years 3 Months 29 Days**

Formula for Benefit A : **2.75% * 14.1472 years * \$43,923.60**

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,424.03	N/A
Single Life Annuity 2,751.04	1.00000	\$1,424.03	N/A
10 Year Certain and Life Annuity	0.90802	\$1,293.05	N/A
50% Joint and Survivor			
66 2/3% Joint and Survivor			
75% Joint and Survivor			
100% Joint and Survivor			

Formula for Benefit B : **2.75% * 13.1833 years * \$43,923.60**

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,327.01	N/A
Single Life Annuity	1.00000	\$1,327.01	N/A
10 Year Certain and Life Annuity	0.90887	\$1,206.08	N/A
50% Joint and Survivor			
66 2/3% Joint and Survivor			
75% Joint and Survivor			
100% Joint and Survivor			

***** This is Only an Estimate *****

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

The GRS document retention policy requires destruction of all copies of this document no later than 7 years from the participant's date of retirement. You may want to retain a copy of this document in case this information is needed in the future.

**CITY OF CLEARWATER
PENSION ENTITLEMENT OPTION REQUEST FORM
NON-HAZARDOUS DUTY EMPLOYEE**

I, Bernadette Weiers do hereby apply to receive benefits under the
(Please print name)
City of Clearwater General Employees' Pension Plan in accordance with the following:

Employee ID # 104029
Date of Birth: 9/19/1955 Gender (circle one): M F
Job Classification: Library Assistant I
Department: Library Division: Lib Acquisitions
Date of Hire: 9/14/1998 Date of Separation: March 6, 2026
Benefits Effective Date: 11/8/1998

Spouse's Name: _____
Spouse's Date of Birth: _____ Spouse's Gender (circle one): M F

The type of pension for which I am applying is (check only one):

Regular Pension based on years of service
 Job-connected Disability Pension
 Non-job-connected Disability Pension

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit for Participants eligible to retire prior to January 1, 2013. Option 2 below represents the standard or normal form of retirement benefit for Participants eligible to retire after December 31, 2012. The other optional forms (#3- #7) shall be computed to be the Actuarial Equivalent of the respective normal benefit.

Option 1 - Joint and Survivor Annuity (ONLY if eligible to retire prior to January 1, 2013)
An annuity paid monthly for the life of the Participant, with a 100% survivor annuity paid monthly for a period of five years following the death of the Participant to the beneficiary, provided that following such five year period the survivor annuity shall be reduced to 50% of the original survivor annuity amount. [See section 2.397 (a) (3) (A)] The Participant's surviving spouse receives the designated amount for the rest of his/her life or until he/she remarries. If no surviving spouse, dependent children under the age of 18 shall be deemed to be the beneficiary and receive the designated amount until the age of 18. [Section 2.397 (a) (3) and Section 2.398 (b) (1)]

Option 2 - Life Annuity
The Participant receives his/her pension as long as he/she lives. Upon the death of the Participant, benefits cease. [Section 2.416 (c) and Section 2.424 (b) (2) a. 1.]

Option 3 - 10 Year Certain & Life Annuity - (must designate a beneficiary)
The Participant receives his/her pension as long as he/she lives. If the Participant dies before 120 monthly payments have been made, the remaining payments up to the 120 payments are made to his/her beneficiary, or the estate if his/her beneficiary is not alive. [Section 2.424 (b) (2) a. 2.]

Option 4 - 50% Joint & Survivor Annuity - (must designate a beneficiary)
The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 50 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 5 - 75% Joint & Survivor Annuity - (must designate a beneficiary)
The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 75 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 100 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 7 - 66 2/3% Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 2/3 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Partial Lump Sum Payment Option

A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump sum distribution, then the monthly retirement benefit for the option selected shall be reduced accordingly thereafter. [Section 2.424 (b) (2) a. 4.]

I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: <u> 1 </u>		Description: <u> Joint and Survivor Annuity </u>	
Employee's Signature: _____		Date: _____	
Dependent children under the age of 18 and residing in my household are:			
Child's Name	Gender (M-F)	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If taking Option 2 sign below:

Option #: <u> 2 </u>		Description: <u> Life Annuity </u>	
Employee's Signature: <u><i>[Handwritten Signature]</i></u>		Date: <u> 3-24-20 </u>	

If taking Option 3, fill in beneficiary information and sign below:

Option #: <u> 3 </u>		Description: <u> 10 Year Certain and Life Annuity </u>	
My designated beneficiary is:			
Name: _____		Social Security Number: _____	
Date of Birth: _____		Gender (Circle One) M F	
Address: _____			
Phone Number: _____		Relationship _____	
Employee's Signature: _____		Date: _____	

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:

Option #: _____ Description: _____ % Joint and Survivor Annuity _____

My designated beneficiary is:

Name: _____ Social Security Number: _____

Date of Birth: _____ Gender (Circle One) M F

Address: _____

Phone Number: _____ Relationship _____

Employee's Signature: _____ Date: _____

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: _____ NA _____ Description: _____ Partial Lump Sum Payment _____

I elect to take a partial lump sum payment in the following amount (check only one):

_____ 10% of the actuarially determined value of the normal retirement benefit

_____ 20% of the actuarially determined value of the normal retirement benefit

_____ 30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: _____ Date: _____

If naming a beneficiary ONLY, fill in beneficiary information and sign below:

My designated beneficiary is:

Beneficiary Name: _____ Beneficiary Social Security #: _____

Beneficiary Date of Birth: _____ Beneficiary Gender (Circle One) M F

Beneficiary Address: _____

Beneficiary Phone Number: _____ Relationship _____

Employee's Signature: _____ Date: _____

STATE OF FLORIDA
COUNTY OF
PINELLAS

The foregoing instrument was acknowledged before me this
3rd day of March, 2026
 by Bernadette Weiers
 who is personally known to me or who has provided _____
 as identification and who did/did not take an oath.



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

 (Signature)
Alyssa Gagliardi Name of Notary Printed
 My Commission expires: _____