CITY OF CLEARWATER

EMPLOYEES' SEPARATION PAY PREFERENCES

V						
X	PR	EF	ER	EN	CE	#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.

1, Perry Ca	onzen	, an employee	of the City of Cle	arwater, hereby apply for
pension benefits	under the City's Employe	es' Pension Plan	•	
I hereby certify th	est I fully understand the	nreferences offe	ared to me I choose	e to retire using separation
	, .	•		
pay preference # _	/ and wish my	benefits to be ca	lculated under this	preference. Please use my
leave in the follow	ving manner:			
Run Out	vacation	sick	floaters	bonus hours
Lump Sum	vacation	sick	floaters	bonus hours
	292 8000	01.3800	२५ ५७	.50
I understand that	my preference cannot b	e changed once	this form is signed a	and that my decision is
irrevocable.				1 1
	EMPLO	YEE'S SIGNATU	RE: Temp h	, Conju
			. L	D
		_		
WITNESSES:	ADDRE	SS:		
		-	- va.	~
	PHONE		DATE	2-4-2025

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

Member Data

Name

: PERRY CONZEN

Date of Birth

: 04/24/1958

Age at Retirement

: 66 Years 11 Months 7 Days

Beneficiary Data

: ANNETTE CONZEN

Date of Birth

: 02/09/1964

Age at Retirement

: 61 Years 1 Month 21 Days

Relationship

: Spouse

of children under 18 : 0

Retirement Data

Pension Start Date

: 01/12/2004

Calculation Type

Social Security No.

Social Security No.

: Estimate

Termination Date

: 03/04/2025

Benefit Group

: Non-Hazardous - Tier II

Effective Date

: 04/01/2025

Retirement Type

: Normal Retirement

FAC

: \$ 97,060.42

Option Elected Partial Lump Sum

: \$0.00 (0 %)

Pre-Tax Contributions Post-Tax Contributions

: \$: \$ 0.00 0.00

Total Member Service: 21 Years 1 Month 23 Days

Formula for Benefit A

: 2.75% * 8.9694 years * \$97,060.42

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,995.07	N/A
Single Life Annuity 4, 70-3,	1.00000	\$1,995.07	N/A
Single Life Annuity 4.703.77 10 Year Certain and Life Annuity 4.436.61	0.94293	\$1,881.22	N/A
50% Joint and Survivor 4, 154, 41	0.88247	\$1,760.59	\$880.30
66 2/3% Joint and Survivor 3,99 8.73	0.84920	\$1,694.22	\$1,129.48
75% Joint and Survivor 3,525.1 Y	0.83349	\$1,662.87	\$1,247.16
100% Joint and Survivor 37199	0.78966	\$1,575.43	\$1,575.43

Formula for Benefit B

: 2.75% * 12.1778 years * \$97,060.42

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal-Form	1.00000	-\$2,708.70 .	N/A
Single Life Annuity	1.00000	\$2,708.70	N/A
10 Year Certain and Life Annuity	0.94340	\$2,555.39	N/A
50% Joint and Survivor	0.88375	\$2,393.82	\$1,196.91
66 2/3% Joint and Survivor	0.85078	\$2,304.51	\$1,536.34
75% Joint and Survivor	0.83520	\$2,262.31	\$1,696.73
100% Joint and Survivor	0.79171	\$2,144.51	\$2,144.51

NI INCREASE 4/2029
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.

RUNOUT - 150 - 200.

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

I, Perry Conzen	do hereby apply to receive benefits under the
(Please print name)	
City of Clearwater General Employees' Pension Plan in a	accordance with the following:
Employee ID # 105738 Date of Birth: 4/24/1958 Gender Job Classification: +1ee+ D.v. Honoge Department: 6000000000000000000000000000000000000	Division: 65 Fleet Admin Date of Separation: March 4, 2025
Spouse's Name: Annette Conzen	
Spouse's Date of Birth: 2/9/1964	Spouse's Gender (circle one): M (F)
The type of pension for which I am applying is (check on	ly 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 <u>before</u> 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 3/3% 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 % 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 #: _1_	Description: _	Joint and Surviv	or Annuity		
Employee's Signature:			Date:		
Dependent children under the a	age of 18 and re	siding in my housel	nold are:		
Child's Name		Gender (M-F)	Date of Birth	Social Security#	
If taking Option 2 sign below	1				
Option #: _2_	Description: _	Life Annuity	_		
Employee's Signature:			Date:		
If taking Option 3, fill in benef	iciary informat	ion and sign belov	v:		
Option #:3			and Life Annuity		
My designated beneficiary is:					
Name:		Social Secu	rity Number:		
Date of Birth:		Gender (Cir	cle One) M F		
Address:				14.14.4	
Phone Number:			ship		
Employee's Signature:			Date:		

	, fill in Option Number, Description and beneficiary information and sign below:			
Option #:	Description: //D % Joint and Survivor Annuity			
My designated beneficiary is););			
Name: ANNETTE	CONZEN Social Security Number:			
Date of Birth: 2-9-	CONZEN Social Security Number: Gender (Circle One) M (E)			
Address: c				
Phone Number:	Relationship W/#E			
Employee's Signature:	Peryl Cony Date: 2/4/2025			
If taking a Partial Lump Su	m Payment, fill in Percentage and sign below:			
Option #: NA	Description: Partial Lump Sum Payment			
l elect to take a partial lump	sum payment in the following amount (check only one):			
	ially determined value of the normal retirement benefit			
	ially determined value of the normal retirement benefit			
30% of the actuar	ially determined value of the normal retirement benefit			
I understand my monthly reti	rement benefit for the option selected above shall be reduced accordingly.			
Employee's Signature:	Date:			
My designated beneficiary is	LY, fill in beneficiary information and sign below:			
•				
	Beneficiary Social Security #:			
Deficition bate of Birth:	Departure (Civila Ova) M. F.			
Popoficion, Address	Beneficiary Gender (Circle One) M F			
Beneficiary Phone Number:	Relationship			
Beneficiary Phone Number:				
Beneficiary Phone Number:	Relationship Date:			
Beneficiary Phone Number:	Relationship			
Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA	The foregoing instrument was acknowledged before me this day of Horugan, 2025			
Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	Relationship			
Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	Relationship			
Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF PINELLAS ALYSSA GAGLIARDI	Relationship Date: The foregoing instrument was acknowledged before me this day of the run of the provided			
Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF PINELLAS ALYSSA GAGLIARDI * Commission # HH 476578	Relationship Date: The foregoing instrument was acknowledged before me this day of the run of the provided			
Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF PINELLAS ALYSSA GAGLIARDI	Relationship Date: The foregoing instrument was acknowledged before me this day of Horry Con 700 who is personally known to me or who has provided as identification and who did/did not take an oath. Notary Public			

Rev. 04/13 Form #9900-0009

File Name: Pension Entitlement Option Form

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.

1, Nilda E	Spinasa_	an employee	of the City of Cle	arwater, hereby apply for
pension benefits u	ınder the City's Employe	es' Pension Plan		
		e er.	and to me I also see	- t- matina waina aanaratian
				e to retire using separation
pay preference # _	and wish my	benefits to be ca	lculated under this	preference. Please use my
leave in the follow	ing manner:			
Run Out	vacation _	sick	floaters	bonus hours
Lump Sum	vacation 3	sick	floaters	bonus hours
7/24	29.505Y 3	10° 220.3	22.50	
I understand that	my preference cannot be	changed once	this form is signed a	and that my decision is
irrevocable.			_	
	EMPLO	YEE'S SIGNATU	RE: Nella	Espensa
				(
	SUCIAL	SECONITY #:		
WITNESSES:	ADDRES	SS:		
	DHONE)ATF.	01-15-2025

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

Member Data

: NILDA ESPINOSA Name

Social Security No.

Date of Birth

Age at Retirement

Beneficiary Data

: SANDRA ESPINOSA Social Security No. Name

Date of Birth

: Other Relationship Age at Retirement

of children under 18 : 0

Retirement Data

: Estimate Calculation Type : 05/08/2000 Pension Start Date

: Non-Hazardous - Tier II Benefit Group Termination Date : 01/31/2025 : Normal Retirement Retirement Type : 02/01/2025 Effective Date

55,602.10 Option Elected : \$ FAC

Partial Lump Sum : \$0.00 (0 %) 0.00 Pre-Tax Contributions : \$

Total Member Service : 24 Years 8 Months 23 Days 0.00 Post-Tax Contributions

Formula for Benefit A : 2.75% * 12.6472 years * \$55,602.10

Monthly Benefit

Form of Payment	Factor	To Member	To Beneficiary
	1.00000	\$1,611.53	N/A
Single Life Annuity 3,151,21 10 Year Certain and Life Annuity 3,494,53	0.91819	\$1,479.69	N/A
50% Joint and Survivor 2 8 35. 19	0.89916	\$1,449.02	\$724.51
66 2/3% Joint and Survivor 2, 743.48	0.86992	\$1,401.90	\$934.60
75% Joint and Survivor 2, 6°1°1.	0.85600	\$1,379.47	\$1,034.60
100% Joint and Survivor 2 576.78	0.81679	\$1,316.28	\$1,316.28

Formula for Benefit B : 2.75% * 12.0833 years * \$55,602.10

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
	1.00000	\$1,539.68	N/A
Single Life Annuity 10 Year Certain and Life Annuity	0.91892	\$1,414.84	N/A
50% Joint and Survivor	0.90030	\$1,386.17	\$693.09
66 2/3% Joint and Survivor	0,87134	\$1,341.58	\$894.39
75% Joint and Survivor	0.85755	\$1,320.35	\$990.26
100% Joint and Survivor	0.81868	\$1,260.50	\$1,260.50

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

. 1.	
I, VICA SOINOSC (Please print name)	do hereby apply to receive benefits under the
City of Clearwater General Employees' Pension Plan in a	accordance with the following:
Job Classification: CCCC INSPECTOR	(circle one): M F
Department: Planning & Development Date of Hire: 5/8/2000.	Division: DV Pullding Inspectors Date of Separation: January 31, 2025
Benefits Effective Date: 5/8/2000	Date of Separation. Sci Dual S.
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 onl	y 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 <u>before</u> 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 3/3% 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 % 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.

Option #: _1_	Description:	Joint and Survi	vor Annuity	
Employee's Signature:			Date:	
Dependent children under ti	ne age of 18 and re	siding in my house	hold are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#
If taking Option 2 sign bel	ow:			
Option #: _2_	Description: _	Life Annuity		
Employee's Signature:			Date:	
If taking Option 3, fill in be	neficiary informat	ion and sign belo	w:	
· · · · · · · · · · · · · · · · · · ·			and Life Annuity	
My designated beneficiary is	:			
Name: Sandra E	SPINOS(I	Social Secu	urity Number:	-
Date of Birth:			rcle One) M F	
Address:	ope - Heritage	-		
Phone Number:	<u> </u>		nship <u>SISTER</u>	
Employee's Signature: 1	ldakopen	08a	Date: _	01-22-7025

Option #:	Description:	% Joint and Survivor Annuity	
My designated beneficiary is	:		
Name:		Social Security Number:	
Date of Birth:			
Address:			
Phone Number:		Relationship	
Employee's Signature:		Date:	
If taking a Partial Lump Su	m Pavment, fill in Pe	ercentage and sign below:	
Option #: NA		Partial Lump Sum Paymer	nt
20% of the actuari 30% of the actuari understand my monthly reti	ially determined value ally determined value rement benefit for the	e of the normal retirement benefit e option selected above shall be redu Date: / information and sign below:	
My designated beneficiary is:			
Beneficiary Name:		Beneficiary Social Security	#:
Beneficiary Date of Birth:		Beneficiary Gender (Circle One	e) M F
Beneficiary Address:			
Beneficiary Phone Number: _		Relationship	
Employee's Signature:		Date:	
STATE OF FLORIDA COUNTY OF PINELLAS	by DHOC who is personally ki	ument was acknowledged before near of CINCICICICICICICICICICICICICICICICICICI	, 20 <u>2</u> /S
	as identification and	1	Niekem (Dr.Jelle
ALYSSA GAGLIARDI	i\(\int\).	(Signature)	Notary Public
ALYSSA GAGLIARDI Commission # HH 476578 Expires January 28, 2028	My Commission exp	(Signature)	Notary Public

Rev. 04/13 Form #9900-0009

File Name: Pension Entitlement Option Form

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.

	Robert	J. Omer	, an employee	e of the City of Cl	earwater, hereby apply fo	r
		under the City's Empl				
	pay preference #	2 and wish			se to retire using separations preference. Please use my	
	leave in the follov Run Out	vacation	sick _	floaters	bonus hours	
US 2PE	Lump Sum	vacation vacation	945.6964 -	floaters	bonus hours	
'	l understand that my preference cannot be changed once this form is signed and that my decision is					
	irrevocable.	EM	PLOYEE'S SIGNAT	URE: Robert C	Dum 2-12-	25
				· • •		-
	WITNESSES:		•	DATE:		-

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

Member Data

Name

: ROBERT ORNER

: 04/20/1960

Date of Birth Age at Retirement

: 65 Years 0 Months 11 Days

Beneficiary Data

Name

: ROBERT M ORNER

Date of Birth

: 03/16/1987

Age at Retirement

: 38 Years 1 Month 16 Days

Relationship

Social Security No.

Social Security No.

: Child

of children under 18 : 0

Retirement Data

Pension Start Date

: 09/24/2012

Calculation Type

: Estimate

Termination Date Effective Date

: 04/30/2025 : 05/01/2025 Benefit Group Retirement Type : Non-Hazardous - Tier II : Normal Retirement

FAC

: \$

Option Elected

Pre-Tax Contributions Post-Tax Contributions

63,846.74 : \$ 0.00

Partial Lump Sum

: \$0.00 (0 %)

0.00 Total Member Service: 12 Years 7 Months 7 Days

Formula for Benefit A

: 2.75% * 0.2694 years * \$63,846.74 (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	\$39.42	N/A
10 Year Certain and Life Annuity	0.95530	\$37.66	N/A
50% Joint and Survivor	0.81148	\$31.99	\$16.00
66 2/3% Joint and Survivor	0.76351	\$30.10	\$20.07
75% Joint and Survivor			

Formula for Benefit B

100% Joint and Survivor

: 2.75% * 12.3333 years * \$63,846.74 (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	\$1,804.56	N/A
10 Year Certain and Life Annuity	0.95565	\$1,724.53	N/A
50% Joint and Survivor	0.81336	\$1,467.75	\$733.88
66 2/3% Joint and Survivor	0.76572	\$1,381.79	\$921.19
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

1. Robert Over	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 # 108162 Date of Birth: 4/20/1960 Job Classification: Free+ Mechanic Department: Conercl Services Date of Hire: 9/24/2012 Benefits Effective Date: 9/24/2012	Gender (circle one): (M) F
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 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 <u>before</u> 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 3/3% 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 % 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 #: _1_	Description: _	Joint and Survivo	or Annuity	
Employee's Signature:			Date:	
Dependent children under the a	ge of 18 and res	siding in my househo	old are:	1
Child's Name		Gender (M-F)	Date of Birth	Social Security#
If taking Option 2 sign below:				
Option #: _2_	Description: _	Life Annuity		
Employee's Signature:			Date:	
If taking Option 3, fill in benefi	ciary informat	ion and sign below	<i>r</i> :	
Option #: _ 3_			and Life Annuity	
My designated beneficiary is:				
Name:		Social Securi	ity Number:	
Date of Birth:		Gender (Circ	le One) M F	
Address:				
Phone Number:		Relations	ship	
Employee's Signature:			Date:	

If taking Option 4, 5, 6,or 7,	fill in Option Number, Description and beneficiary information and sign below:
Option #: 4	Description: 60 % Joint and Survivor Annuity
My designated beneficiary is:	
Name: Robert M	Orne Social Security Number:
Date of Birth: 3 - 16 - 8	Gender (Circle One) M F
Address:	<u> 34668</u>
Phone Number:	Relationship Son
Employee's Signature:	lut Our Date: 2-12-25
If taking a Partial Lump Sur	n Payment, fill in Percentage and sign below:
	Description: Partial Lump Sum Payment
I elect to take a partial lump s	sum payment in the following amount (check only one):
10% of the actuaria	ally determined value of the normal retirement benefit
	ally determined value of the normal retirement benefit
·	ally determined value of the normal retirement benefit
I understand my monthly retir	rement benefit for the option selected above shall be reduced accordingly.
	Date:
Employee's Signature:	
Employee's Signature:	LY, fill in beneficiary information and sign below:
Employee's Signature: If naming a beneficiary ONI My designated beneficiary is:	LY, fill in beneficiary information and sign below:
Employee's Signature: If naming a beneficiary ONI My designated beneficiary is:	LY, fill in beneficiary information and sign below: Beneficiary Social Security #:
Employee's Signature: If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth:	LY, fill in beneficiary information and sign below: Beneficiary Social Security #:
Employee's Signature: If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth:	LY, fill in beneficiary information and sign below: Beneficiary Social Security #: Beneficiary Gender (Circle One) M F
Employee's Signature: If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number:	LY, fill in beneficiary information and sign below: Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship
Employee's Signature: If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address:	LY, fill in beneficiary information and sign below: Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship
Employee's Signature: If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number:	LY, fill in beneficiary information and sign below: Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship
Employee's Signature: If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _ Employee's Signature: STATE OF FLORIDA COUNTY OF	LY, fill in beneficiary information and sign below: Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship Date:
Employee's Signature: If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _ Employee's Signature: STATE OF FLORIDA	Beneficiary Social Security #:
Employee's Signature: If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _ Employee's Signature: STATE OF FLORIDA COUNTY OF	Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship Date: The foregoing instrument was acknowledged before me this day of Hebrua (1, 2025)
Employee's Signature: If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _ Employee's Signature: STATE OF FLORIDA COUNTY OF PINELLAS	Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship Date: The foregoing instrument was acknowledged before me this Aday of Hebruary (1985) Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship Date: The foregoing instrument was acknowledged before me this Aday of Hebruary (1985) Beneficiary Social Security #: Beneficiary Social Security #: Beneficiary Gender (Circle One) M F
Employee's Signature: If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _ Employee's Signature: STATE OF FLORIDA COUNTY OF PINELLAS	Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship Date: The foregoing instrument was acknowledged before me this day of Horuca (, 2025) by Robert Orice () who is personally known to me or who has provided () as identification and who sid/did not take an oath.
Employee's Signature: If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _ Employee's Signature: STATE OF FLORIDA COUNTY OF PINELLAS	Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship Date: The foregoing instrument was acknowledged before me this day of Tebruary, 2005 by Robert Order (All Job Lake an oath.

Rev. 04/13 Form #9900-0009

File Name: Pension Entitlement Option Form

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.

1, Maria Di	tc	, an employee	of the City of Cl	earwater, hereby apply for
pension benefits u	nder the City's Employe	es' Pension Plan		
I hereby certify tha	at I fully understand the	preferences offe	ered to me. I choo	se to retire using separation
	•			s preference. Please use my
leave in the follow	ing manner:			
Run Out	vacation	sick	floaters	bonus hours
Lump Sum	vacation vacation	sick 3:10	floaters	bonus 1.20
I understand that r	my preference cannot b	e changed once	this form is signed	and that my decision is
irrevocable.	EMPLO	YEE'S SIGNATU	RE:	i D
				, —————————————————————————————————————
WITNESSES:	ADDRE	:SS:		
				W.
	PHONE		u _a , v	1-7-25

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

Member Data

Name

: MARIA PITA

Social Security No.

Date of Birth

Age at Retirement

Beneficiary Data

: MIA PALMER Name

Social Security No.

Age at Retirement

Date of Birth

Relationship

: Child

of children under 18 : 0

Retirement Data

Pension Start Date

: 10/25/2010

Calculation Type

: Estimate

Termination Date Effective Date

: 01/07/2025 : 02/01/2025 Benefit Group Retirement Type : Hazardous - Tier II : Early Retirement

FAC : \$

92,885.74

Option Elected

Pre-Tax Contributions Post-Tax Contributions

0.00 : \$

Partial Lump Sum 0.00

: \$0.00 (0 %) Total Member Service: 14 Years 2 Months 13 Days

Early Retirement Months: 58 Early Retirement Factor

: 0.855

: \$

Formula for Benefit A

: 2.75% * 2.1833 years * 0.855 * \$92,885.74

Monthly Benefit

Factor	To Member	Potential To Beneficiary
1.00601	\$399.75	N/A
1.00000	\$397.36	N/A
0.92078	\$365.88	\$182.94
0.89549	\$355.83	\$237.23
0.88335	\$351.02	\$263.26
0.84886	\$337.30	\$337.30
	1.00601 1.00000 0.92078 0.89549 0.88335	1.00601\$399.751.00000\$397.360.92078\$365.880.89549\$355.830.88335\$351.02

Formula for Benefit B

: 2.75% * 12.0194 years * 0.855 * \$92,885.74

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Single Life Annuity	1.00597	\$2,200.56	N/A
10 Year Certain and Life Annuity	1.00000	\$2,187.51	N/A
50% Joint and Survivor	0.92149	\$2,015.78	\$1,007.89
66 2/3% Joint and Survivor	0.89641	\$1,960.90	\$1,307.27
75% Joint and Survivor	0.88436	\$1,934.56	\$1,450.92
100% Joint and Survivor	0.85011	\$1,859.63	\$1,859.63

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

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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, Maria Pita (Please print name) City of Clearwater General Employees' Pension Plan	do hereby apply to receive benefits under the in accordance with the following:
Job Classification: Police Caricer	nder (circle one): M (F)
Department: PCICE Date of Hire: 10/25/2010 Benefits Effective Date: 10/25/2010	Division: DD Patrol Dist I team D Date of Separation: January 7,2025
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 Regular Pension based on years of servi 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 <u>before</u> 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 3/3% 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 ¾ 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 #: _1_		Joint and Surviv	or Annuity	
Employee's Signature:			Date:	4
Dependent children under the a	age of 18 and re	siding in my houser	nold are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#
If taking Option 2 sign below:				
Option #: _2_	Description: _	Life Annuity	_	
Employee's Signature:			_ Date:	
If taking Option 3, fill in benef	ficiary informat	tion and sign belov	w:	
Option #: _ 3			and Life Annuity	
My designated beneficiary is:				
Name:		Social Secu	rity Number:	
Date of Birth:		Gender (Cire	cle One) M F	
Address:				A STATE OF THE STA
Phone Number:		Relation	ıship	
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: 5 0 % Joint and Survivor Annuity
My designated beneficiary is	:
Name: Mia J.	Oa I wa Social Security Number:
Date of Birth:	Gender (Circle One) M (F)
Address: _	
Phone Number: _	Relationship daugnter
Employee's Signature:	MMM () Date: 1-7-2025
If taking a Partial Lump Su	m 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 actuar	ally determined value of the normal retirement benefit
	ally determined value of the normal retirement benefit
	ally determined value of the normal retirement benefit
I understand my monthly reti	rement benefit for the option selected above shall be reduced accordingly.
Employee's Signature:	Date:
If naming a beneficiary ON	LY, fill in beneficiary information and sign below:
My designated beneficiary is:	
Beneficiary Name:	Beneficiary Social Security #:
Beneficiary Date of Birth:	
Beneficiary Address:	
Beneficiary Phone Number: _	
Employee's Signature:	Date:
·	
STATE OF FLORIDA COUNTY OF	The foregoing instrument was acknowledged before me this
PINELLAS	day of January, 2025
	by Maria Pita
	who is personally known to me or who has provided
6 ALYSSA GAGLIARDI	as identification and who did/did not take an oath.
ALYSSA GAGLIARDI Commission # HH 476578 Expires January 28, 2028	Notary Public (Signature)
Expires January 28, 2028	HIUSS GCS 195 dt Name of Notary Printed
	My Commission expires:

Rev. 04/13 Form #9900-0009

File Name: Pension Entitlement Option Form

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.

			· · · · · · · · · · · · · · · · · · ·
1, Christian Zar	rc, an emp	ployee of the City of C	Clearwater, hereby apply for
pension benefits under th	e City's Employees' Pensic	n Plan.	
tı .	· .		ose to retire using separation is preference. Please use my
leave in the following ma	nner:		;
Run Out	vacation , si	ck floaters	bonus hours
185,° Lump Sum 185,°	vacation si 19 ৮০ si 166.74 দ 5%, সপ	ck floaters	bonus hours
I understand that my pre	ference cannot be changed	d once this form is signe	ed and that my decision is
irrevocable.	EMPLOYEE'S SI	GNATURE:	
	SOCIAL SECURI	TY #:	
WITNESSES: -	ADDRESS:		
i.	PHONE:	DATE	E: 12-27-24

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

Member Data

Name : CHRISTIAN ZARRA Social Security No.

Date of Birth
Age at Retirement

Beneficiary Data

Name : Social Security No.

Date of Birth :

Age at Retirement : Relationship

ege at Retirement : Relationship
of children under 18

Retirement Data

Pension Start Date : 07/21/1997 Calculation Type : Estimate

Termination Date : 01/24/2025 Benefit Group : Hazardous - Tier II
Effective Date : 02/01/2025 Retirement Type : Normal Retirement

FAC : \$ 147,006.17 Option Elected : \$ 0.00 Partial Lump Sum (: \$455,259.78 (30 %)

Post-Tax Contributions : \$ 0.00 Total Member Service : 27 Years 6 Months 4 Days

Formula for Benefit A : 2.75% * 15.4444 years * \$147,006.17

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form 6,531.71 Single Life Annuity	1.00680	\$3,666.90	N/A
Single Life Annuity	1.00680	\$3,666.90	N/A
10 Year Certain and Life Annuity	1.00000	\$3,642.14	N/A
50% Joint and Survivor		•	

66 2/3% Joint and Survivor 75% Joint and Survivor 100% Joint and Survivor

100% Joint and Survivor

Formula for Benefit B : 2.75% * 12.0667 years * \$147,006.17

Monthly Benefit

Form of Payment	- Factor	To Member	Potential To Beneficiary
Normal Form	1.00676	\$2,864.81	N/A
Single Life Annuity	1.00676	\$2,864.81	N/A
10 Year Certain and Life Annuity	1.00000	\$2,845.59	N/A
50% Joint and Survivor			
66 2/3% Joint and Survivor			
75% Joint and Survivor		•	•

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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.

Member Data

Name : CHRISTIAN ZARRA Social Security No.

Date of Birth Age at Retirement

Beneficiary Data

Name : Social Security No.

Date of Birth :

Age at Retirement : Relationship :

of children under 18:

Retirement Data

100% Joint and Survivor

Pension Start Date : 07/21/1997 Calculation Type : Estimate

Termination Date : 01/24/2025 Benefit Group : Hazardous - Tier II
Effective Date : 02/01/2025 Retirement Type : Normal Retirement

FAC: \$ 147,006.17 Option Elected

Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$0.00 (0 %)

Post-Tax Contributions : \$ 0.00 Total Member Service : 27 Years 6 Months 4 Days

Formula for Benefit A : 2.75% * 15.4444 years * \$147,006.17

Monthly Benefit

Form of Payment	Factor	To Member	To Beneficiary
Normal Form (32). Ch. Single Life Annuity	1.00680	\$5,238.43	N/A
Single Life Annuity	1.00680	\$5,238.43	N/A
10 Year Certain and Life Annuity	1,00000	\$5,203.06	, 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% * 12.0667 years * \$147,006.17

Monthly Benefit

Form of Payment	Factor	To Member	_	Potential Beneficiary
Normal Form	1.00676	\$4,092.59		N/A
Single Life Annuity	1.00676	\$4,092.59	ŧ	N/A
10 Year Certain and Life Annuity	1.00000	\$4,065.13	. •	N/A
50% Joint and Survivor		•		
66 2/3% Joint and Survivor		-		
75% Joint and Survivor		ı	i.	

********************** 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

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I, Christian Zarva (Please print name) City of Clearwater General Employees' Per	do hereby apply to receive benefits under the
Employee ID # 102635 Date of Birth: Job Classification: FOICE SEGO Department: POICE Date of Hire: 7/21/1997 Benefits Effective Date: 7/21/1997	Gender (circle one): M F Division: Date of Separation: 1/24/2035
Spouse's Name:	
Spouse's Date of Birth:	Spouse's Gender (circle one): M F
The type of pension for which I am applying Regular Pension based on yea Job-connected Disability Pensi Non-job-connected Disability P	urs of service

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 <u>before</u> 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 3/3 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 % 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 #: _1 Description:	Joint and Surviv	or Annuity		
Employee's Signature:	V	Date: 12-2'	7-24	
Dependent children under the age of 18 and r	esiding in my househ	old are:		
Child's Name	Gender (M-F)	Date of Birth	Social Sec	urity #
		<u> </u>		
			<u> </u>	
	-		:	
			•	-
If taking Option 2 sign below:				
Option #: 2 Description:	Life Annuity	-		
Employee's Signature:		_ Date:	1	
If taking Option 3, fill in beneficiary informa		w:		
		and Life Annuity		
My designated beneficiary is:				
Name:	Social Secu	rity Number:		
Date of Birth:	Gender (Cir	cle One) M F		
Address:				
Phone Number:		nship		
Employee's Signature:		Date:		···

Орион ж.	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:	
lf taking a Partial Lump Su	m Payment, fill in Po	ercentage and sign below:	
Option #:NA	Description: _3	Partial Lump Sum Payment	
l elect to take a partial lump s	sum payment in the fo	following amount (check only one):	
10% of the actuari	ially determined value	e of the normal retirement benefit	
,	-	e of the normal retirement benefit	
. /	•	e of the normal retirement benefit	
	day determined value	5 of the normal relief of benefit	
understand my monthly reti	rement benefit for the	e option selected above shall be reduced accordingly.	
~~~~·	1110	17 00 011	
-mplovee's Signature: /	NIVV PYN	Date: \data \data \data	
· · · · · · · · · · · · · · · · · · ·		Date: 12-27-24	
f naming a beneficiary ON	LY, fill in bepeficiary	y information and sign below:	
f naming a beneficiary ON	LY, fill in bepeficiary		
f naming a beneficiary ON  My designated beneficiary is:	LY, fill in beneficiar	y information and sign below:	
f naming a beneficiary ON My designated beneficiary is: Beneficiary Name:	LY, fill in bepeficiary	y information and sign below:  Beneficiary Social Security #:	
If naming a beneficiary ON My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth:	LY, fill in beneficiary	y information and sign below:  Beneficiary Social Security #:  Beneficiary Gender (Circle One) M F	
f naming a beneficiary ON My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth:	LY, fill in beneficiary	y information and sign below:  Beneficiary Social Security #:  Beneficiary Gender (Circle One) M F	
If naming a beneficiary ON My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number:	LY, fill in beneficiary	y information and sign below:  Beneficiary Social Security#: Beneficiary Gender (Circle One) M F  Relationship	
Employee's Signature:	LY, fill in beneficiary	y information and sign below:  Beneficiary Social Security#: Beneficiary Gender (Circle One) M F  Relationship	
f naming a beneficiary ON My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature:	LY, fill in beneficiary	y information and sign below:  Beneficiary Social Security#: Beneficiary Gender (Circle One) M F  Relationship	
f naming a beneficiary ON My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature:  STATE OF FLORIDA COUNTY OF	LY, fill in beneficiary	y information and sign below:  Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship Date:	
f naming a beneficiary ON My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature:  STATE OF FLORIDA COUNTY OF	LY, fill in beneficiary	y information and sign below:  Beneficiary Social Security #:  Beneficiary Gender (Circle One) M F  Relationship  Date:  rument was acknowledged before me this ay of December 120 and	
If naming a beneficiary ON My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature:	The foregoing insti	y information and sign below:  Beneficiary Social Security #:  Beneficiary Gender (Circle One) M F  Relationship  Date:  rument was acknowledged before me this ay of December 120 and	
If naming a beneficiary ON My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature:  STATE OF FLORIDA COUNTY OF PINELLAS	The foregoing instruction of the by Christic who is personally in the best of	y information and sign below:  Beneficiary Social Security #: Beneficiary Gender (Circle One) M F  Relationship Date: rument was acknowledged before me this ay of, 20 24  20 24	
If naming a beneficiary ON My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature:  STATE OF FLORIDA COUNTY OF PINELLAS  ALYSSA GAGLIARDI	The foregoing instruction of the by Christic who is personally in the best of	y information and sign below:  Beneficiary Social Security #: Beneficiary Gender (Circle One) M F  Relationship  rument was acknowledged before me this ay of 20 24  known to me on who has provided and who did/did not take an oath.	blic
If naming a beneficiary ON My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature:  STATE OF FLORIDA COUNTY OF PINELLAS	The foregoing instruction of the by Christic who is personally in the best of	Beneficiary Social Security #:  Beneficiary Gender (Circle One) M F  Relationship  Date:  rument was acknowledged before me this ay of Town Company (2024)  known to me on who has provided  nd who diddid not take an oath.	

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File Name: Pension Entitlement Option Form