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, Jeffrey	Harris .	an employee	of the City of Cle	arwater, hereby apply for
•	under the City's Employee			
I hereby certify th	uat I fully understand the r	oreferences off	ered to me I choos	e to retire using separation
		enerits to be ca	alculated under this	preference. Please use my
leave in the follow	ving manner:			
Run Out	vacation _	sick	floaters	bonus hours
Lump Sum	vacation		floaters	bonus hours
I understand that	my preference cannot be	71,4730 changed once	this form is signed a	and that my decision is
irrevocable.				
	EMPLOY	ÆE'S SIGNATU	IRE: <u>Jeffreg Sk</u>	act Harrs
			1 , 100	
WITNESSES:	ADDRES	S:		
		,		
	PHONE	.	DATE:	5-12-2023

Revised 1/02 Form #9900-0008

Member Data

Name : **JEFFREY HARRIS**

Date of Birth : 08/06/1955

Age at Retirement : 67 Years 10 Months 26 Days

Beneficiary Data

Name : ELISSA P HARRIS Social Security No.

Date of Birth : 04/04/1956

Age at Retirement : 67 Years 2 Months 27 Days Relationship : Spouse

of children under 18 : 0

Social Security No.

Retirement Data

Pension Start Date : 11/12/1996 Calculation Type : Estimate

Termination Date : 06/02/2023 Benefit Group : Non-Hazardous - Tier II

Effective Date : 07/01/2023 Retirement Type : Normal Retirement

FAC: \$ 91,600.36 Option Elected

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

Post-Tax Contributions : \$ 0.00 Total Member Service : 26 Years 6 Months 21 Days

Formula for Benefit A : 2.75% * 16.1361 years * \$91,600.36

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal-Form	-1.0000	\$3,387.25	-N/A-
Single Life Annuity 5,575.00	1.00000	\$3,387.25	N/A
10 Year Certain and Life Annuity	0.93564	\$3,169.25	N/A
50% Joint and Survivor	0.90621	\$3,069.56	\$1,534.78
66 2/3% Joint and Survivor	0.87873	\$2,976.48	\$1,984.32
75% Joint and Survivor	0.86561	\$2,932.04	\$2,199.03
100% Joint and Survivor 4,622.72	0.82850	\$2,806,34	\$2,806.34

Formula for Benefit B : 2.75% * 10.4222 years * \$91,600.36

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal-Fo rm	-1.0000	\$2,187. 81	-N/A-
Single Life Annuity	1.00000	\$2,187.81	N/A
10 Year Certain and Life Annuity	0.93618	\$2,048.18	N/A
50% Joint and Survivor	0.90724	\$1,984.87	\$992.43
66 2/3% Joint and Survivor	0.88003	\$1,925.34	\$1,283.56
75% Joint and Survivor	0.86703	\$1,896.89	\$1,422.67
100% Joint and Survivor	0.83023	\$1,816.38	\$1,816.38

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, Jetrey Harris	do hereby apply to receive benefits under the
(Please print name)	
City of Clearwater General Employees' Pension Pl	lan in accordance with the following:
The state of the s	arrin accordance with the following.
Employee ID # 1033601 Date of Birth: 8/6/1955 Job Classification: SR. SUSTEMS Proceedings	Gender (circle one): M F
Department: Information Technolog	21 Division: Enterorist SUS & DOGGRAMMIR
	Date of Separation: 1100 3 3032
	Date of Deparation. CATTO A See
Deficitis Effective Date: 11/1.1/15/0	
Spouse's Name: Elissa Harris Spouse's Date of Birth: 4/4/1956	Spouse's Gender (circle one): M (F)
	epodos o condor (onoto ono). In (1)
The type of pension for which I am applying is (che	eck only one):
Regular Pension based on years of se Job-connected Disability Pension Non-job-connected Disability Pension	
Date of Birth: S/O/IGSS G Job Classification: SP SISTEMS Proce Department: Information Technolos Date of Hire: 1/12/1990 Benefits Effective Date: 1/12/1990 Spouse's Name: 550 Horris Spouse's Date of Birth: 4/1/1950 The type of pension for which I am applying is (che Regular Pension based on years of se Job-connected Disability Pension	Division: Enterprise Sys of programme Date of Separation: Lune 2, 3033 Spouse's Gender (circle one): M F

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.]

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.)

If taking Option 1 sign b	elow:			
Option #: _1_	Description:	Joint and Survi	vor Annuity	
Employee's Signature:	*****		Date:	
Dependent children under	the age of 18 and re	esiding in my house	hold are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#
If taking Option 2 sign b	elow:			
Option #: _2_		Life Annuity		
Employee's Signature:			Date: 5- /2	2-2023
If taking Option 3, fill in I	V (/			
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	and Life Annuity	
My designated beneficiary	is:			
Name:		Social Secu	urity Number:	
Date of Birth:		Gender (Ci	rcle One) M F	
Address:				
Phone Number:		Relatio	nship	
Employee's Signature:			Date:	

Option #:	Description:	% Joint and Survivor Annuity	
My designated beneficiary is	3 :		
Name:		Social Security Number:	
Date of Birth:		_ Gender (Circle One) M F	
Address:			
Phone Number:		Relationship	
Employee's Signature:		Date:	
f taking a Partial Lump Sเ	ım Payment, fill in P	ercentage and sign below:	
Option #: NA	Description:	Partial Lump Sum Payment	
·		ollowing amount (check only one): e of the normal retirement benefit	
20% of the actuar	ially determined value	e of the normal retirement benefit	
30% of the actuar	ially determined value	e of the normal retirement benefit	
understand my monthly ret	irement benefit for the	e option selected above shall be reduced accordingly.	
Employee's Signature:			
		y information and sign below:	
/ly designated beneficiary is	•		
Beneficiary Name:		Beneficiary Social Security #:	
Seneficiary Date of Birth:	Beneficiary Gender (Circle One) M F		
eneficiary Address:			
eneficiary Phone Number:		Relationship	
mployee's Signature:		Date:	
STATE OF FLORIDA COUNTY OF PINELLAS	by <u>Jeffve</u> who is personally k	rument was acknowledged before me this ay of	

Expires January 28, 2024
Bonded Thru Budget Notary Services

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

Revised 1/02

Form #9900-0008

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, Tim Hul	bert	, an employee	of the City of Cle	arwater, hereby apply for
pension benefits u	nder the City's Emplo	oyees' Pension Plai	ղ.	
	£			e to retire using separation preference. Please use my
leave in the followi	•	•		
			floaters	
PRE Lump Sum	vacation	sick 0,255P	floaters	bonus hours
I understand that r	ny preference canno	t be changed once	this form is signed	and that my decision is
irrevocable.	EMF	PLOYEE'S SIGNAT	URE: Y-~-	Fulbuff
	soc	:IAL SECURITY #: _		
WITNESSES:	ADE	RESS:\		
	PHC	NE:	DATE: <u></u>	5-5-2023

Member Data

Name : TIM HULBURT

Date of Birth : 08/05/1958

Age at Retirement : 65 Years 0 Months 27 Days

Beneficiary Data

Name : **REGINA CAPIANCO** Social Security No. :

Date of Birth : 12/30/1965

Age at Retirement : 57 Years 8 Months 2 Days Relationship : Other

of children under 18 : 0

Social Security No.

Retirement Data

Pension Start Date : 04/29/1996 Calculation Type : Estimate

Termination Date : 08/24/2023 Benefit Group : Non-Hazardous - Tier II

Effective Date : 09/01/2023 Retirement Type : Normal Retirement

FAC: \$ 44,908.13 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 26 Days

Formula for Benefit A : 2.75% * 16.6722 years * \$44,908.13

Monthly Benefit

Form of Payment	Factor	To Member	To Beneficiary
Single Life Annuity 2, 811.85	1.00000	\$1,715.81	N/A
10 Year Certain and Life Annuity 2, 686. 55	0.95530	\$1,639.12	N/A
50% Joint and Survivor 2. 49559	0.88705	\$1,522.01	\$761.01
66 2/3% Joint and Survivor 2,405.35	0.85486	\$1,466.78	\$977.85
75% Joint and Survivor 3,362.66	0.83963	\$1,440.65	\$1,080.49
100% Joint and Survivor 3,243.21	0.79702	\$1,367.54	\$1,367.54

Formula for Benefit B : 2.75% * 10.65 years * \$44,908.13

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Single Life Annuity	1.00000	\$1,096.04	N/A
10 Year Certain and Life Annuity	0.95565	\$1,047.43	N/A
50% Joint and Survivor	0.88823	\$973.53	\$486.77
66 2/3% Joint and Survivor	0.85633	\$938.57	\$625.71
75% Joint and Survivor	0.84122	\$922.01	\$691.51
100% Joint and Survivor	0.79894	\$875.67	\$875.67

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.

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

I, Tim Hulburt (Please print name)	do hereby apply to receive benefits under the
City of Clearwater General Employees' Pension Plan in ac	ccordance with the following:
Employee ID # 103179 Date of Birth: \$\s\\$ 1958 Gender (Job Classification: 50\\ 0 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Circle one): M F Division: Recycling Commercial Date of Separation: August 24 2000
Spouse's Name: Reging Huburt Spouse's Date of Birth: 912/30/1945	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 <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.]

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.)

If taking Option 1 sign below	/:			
Option #: _1_		Joint and Survi	vor Annuity	
Employee's Signature:		····	Date:	
Dependent children under the	age of 18 and re	esiding in my house	hold are:	
Child's Name			Date of Birth	Social Security #
lf taking Option 2 sign below	7:			
Option #: _2_	Description:	Life Annuity		
Employee's Signature:			Date:	
If taking Option 3, fill in bene	ficiary informa	tion and sign belo	w:	
			and Life Annuity	
My designated beneficiary is:				
Name:		Social Secu	urity Number:	
Date of Birth:		Gender (Ci	rcle One) M F	
Address:				
Phone Number:			nship	
Empleyee's Cianature			Date:	

If taking Option 4. 5. 6.or 7.	fill in Option Number, Description and beneficiary information and sign below:
Option #:	Description: 50 % Joint and Survivor Annuity
My designated beneficiary is:	
Name: Region ()	APODIQNCOSocial Security Number.
Date of Birth: 12-30	
Address:	
Phone Number:	Relationship II-e Partner
Employee's Signature:	Date: 5-5-2023
If taking a Partial Lump Sun	n Payment, fill in Percentage and sign below:
Option #: NA	Description: Partial Lump Sum Payment
I elect to take a partial lump s	um payment in the following amount (check only one):
10% of the actuaria	ally determined value of the normal retirement benefit
20% of the actuaria	ally determined value of the normal retirement benefit
30% of the actuaria	ally determined value of the normal retirement benefit
I understand my monthly retire	ement benefit for the option selected above shall be reduced accordingly.
Employee's Signature:	Date:
	_Y, fill in beneficiary information and sign below:
My designated beneficiary is:	
Beneficiary Name:	
Beneficiary Date of Birth:	Beneficiary Gender (Circle One) M F
Beneficiary Address:	
Beneficiary Phone Number: _	
Employee's Signature:	Date:
STATE OF FLORIDA COUNTY OF PINELLAS	The foregoing instrument was acknowledged before me this day of
	My Commission expires: ALYSSA GAGLIARDI Commission # GG 952165 Expires January 28, 2024

Bonded Thru Budget Notary Services

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	and the state of t
1, Robert	McKnight	, an employee	of the City of Cle	earwater, hereby apply for
pension benefits	under the City's Emplo	yees' Pension Plan.		
pay preference #	and wish n			se to retire using separation preference. Please use my
leave in the follo	-			
	vacation			
~ Lump Sum ↑ (} → ()	vacation vacation	======================================	floaters 	bonus hours
I understand that	t my preference canno	t be changed once	this form is signed	and that my decision is
irrevocable.	FMP	LOYEE'S SIGNATU	RE: Alda	AB ANS
				a terms
	SOC	IAL SECURITY #: _		
WITNESSES:	ADD	RESS:		
	PHO	NE:	DATE:	5 25 23

Revised 1/02 Form #9900-0008

Member Data

Name

: ROBERT MCKNIGHT

Social Security No.

Date of Birth

: 08/16/1959

Age at Retirement

: 63 Years 10 Months 16 Days

Beneficiary Data

Name

Social Security No.

Date of Birth

Age at Retirement

Relationship

of children under 18:

Retirement Data

Pension Start Date

: 06/16/2003

Calculation Type

: Estimate

Termination Date

: 06/30/2023

Benefit Group

: Non-Hazardous - Tier II

Effective Date

: 07/01/2023

: \$

: \$

Retirement Type

: Normal Retirement

FAC

46,766.49 : \$

Option Elected

Pre-Tax Contributions Post-Tax Contributions 0.00

Partial Lump Sum 0.00

: \$0.00 (0 %) Total Member Service: 20 Years 0 Months 15 Days

Formula for Benefit A

: 2.75% * 9.5417 years * \$46,766.49

Monthly Benefit

Form of Payment	Factor	To Member	To Beneficiary
Normal-Form	-1.0000 0	\$1 ,022.6 1	N/A-
Single Life Annuity 2, 147, 93	1.00000	\$1,022.61	N/A
10 Year Certain and Life Annuity	0.96058	\$982.30	N/A
50% Joint and Survivor		C(1 A-	158
66 2/3% Joint and Survivor		CCC1 1-	1.590 April 2024
75% Joint and Survivor			April audi
100% Joint and Survivor			

Formula for Benefit B

: 2.75% * 10.5 years * \$46,766.49

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal-Form	-1.000 00	-\$1,1 25.3 2	·N/A
Single Life Annuity	1.00000	\$1,125.32	N/A
10 Year Certain and Life Annuity	0.96089	\$1,081.31	N/A
50% Joint and Survivor			. 5.00
66 2/3% Joint and Survivor		CCIA =	April 2009
75% Joint and Survivor		Ç. 4	4
100% Joint and Survivor			

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.

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

1, Kobert McKnight	do hereby apply to receive benefits under the
(Please print name)	
City of Clearwater General Employees' Pension Plan in accorda	ance with the following:
Employee ID # 105591 Date of Birth: 8/16/1955 Gender (circle Job Classification: 50/10/100510 Division Department: 50/10/100510 Division Date of Hire: 6/11/2003 Date of Benefits Effective Date: 6/10/2005	one): M F CAP On: COMM Rall-CAP of Separation: JUM 30, 2000
Spouse's Name:	
	se'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 <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.]

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.)

If taking Option 1 sign below:				
	Description: _	Joint and Survivo	or Annuity	
Employee's Signature:			Date:	
Dependent children under the age	e of 18 and res	iding in my househo	old are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#
If taking Option 2 sign below:				
Option #: _2_	Description:	Life Annuity		ニ ラフ
Employee's Signature:	55 / 18st	,)	Date: 5	<u> 25</u>
	,			
If taking Option 3, fill in benefic	Description:	10 Year Certain	and Life Annuity	
Option #	Description: _	10 10ai 00i aii.		
My designated beneficiary is:				
Name:		Social Secur	rity Number:	
Date of Birth:		Gender (Circ	cle One) M F	
Address:				
Phone Number:		Relation	ship	
Employee's Signature:			Date:	

Option #:	Description:	er, Description and beneficiary info % Joint and Survivor Annuity	
ly designated beneficiary is:			
		Social Security Number:	·
ame:		- (a) (a) M F	
Pate of Birth:		•	
ddress:		es translation	
hone Number:		• ——	
mployee's Signature:		Date: _	
taking a Partial Lump Sur		rcentage and sign below:	
ption #: NA	Description:	Partial Lump Sum Payment	
elect to take a partial lump s	sum payment in the fol	llowing amount (check only one):	
		of the normal retirement benefit	
		of the normal retirement benefit	
30% of the actuari	ally determined value	of the normal retirement benefit	
understand my monthly retir	rement benefit for the	option selected above shall be redu	ced accordingly.
:mployee's Signature:		Date:	
f naming a beneficiary ONI	LY, fill in beneficiary	information and sign below:	
		information and sign below:	
y designated beneficiary is:			
Ny designated beneficiary is:		Beneficiary Social Security	#:
My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth:		Beneficiary Social Security Beneficiary Gender (Circle One	#:
My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address:		Beneficiary Social Security Beneficiary Gender (Circle One	#:) M F
My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _		Beneficiary Social Security Beneficiary Gender (Circle One Relationship	#:) M F
My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _		Beneficiary Social Security Beneficiary Gender (Circle One Relationship	#:) M F
My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _ Employee's Signature:		Beneficiary Social Security Beneficiary Gender (Circle One Relationship Date:	#:
My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _ Employee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing instru	Beneficiary Social Security Beneficiary Gender (Circle One Relationship Date:	#:
My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _ Employee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing instru	Beneficiary Social Security Beneficiary Gender (Circle One Relationship Date:	#:
My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _ Employee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing instru 25 da byRobe -	Beneficiary Social Security Beneficiary Gender (Circle One Relationship Date: ument was acknowledged before may of MCM MCKM, SM	#:
My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _ Employee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing instru 25 da by Robe d who is personally kn	Beneficiary Social Security Beneficiary Gender (Circle One Relationship Date: ument was acknowledged before may of MCCANATA nown to me or who has provided	#:
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 instru 25 da by Robe d who is personally kn	Beneficiary Social Security Beneficiary Gender (Circle One Relationship Date: ument was acknowledged before may of MCM MCKM, SM	#:
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 ALYSSA GAGLIARDI	The foregoing instru 25 da by Robe d who is personally kn	Beneficiary Social Security Beneficiary Gender (Circle One Relationship Date: ument was acknowledged before may of Company of Compa	#: M F The this , 20 Notary Public
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 instru 25 da by Robe d who is personally kn	Beneficiary Social Security Beneficiary Gender (Circle One Relationship Date: ument was acknowledged before may of Company of Company of Modern o	#:

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, <u>John Sadawsk</u>	, an	employee of	the City of Clear	water, hereby apply for
	pension benefits under the C	ity's Employees' Pe	nsion Plan.		
	I hereby certify that I fully un				
	pay preference #	and wish my benef	its to be calcul	ated under this p	reterence. Please use my
	leave in the following manne				
, <	Run Out	vacation	_ sick	_ floaters	bonus hours
P	Run Out POE Lump Sum	vacation 716.2	sick	floaters	bonus hours
	l understand that my prefere	nce cannot be char	nged once this	form is signed ar	nd that my decision is
	irrevocable.	EMPLOYEE'S	S SIGNATURE:	Jani Sa	down's
		SOCIAL SEC	URITY #: _		
	WITNESSES:	ADDRESS			
		PHONE: _		DATE:	5-25-23

Revised 1/02 Form #9900-0008

Member Data

Name : JOHN SADOWSKI

Social Security No.

Date of Birth : 11/24/1956

Age at Retirement : 66 Years 6 Months 7 Days

Beneficiary Data

Name : MARGIE SADOWSKI Social Security No.

Date of Birth : 02/16/1954

Age at Retirement : 69 Years 3 Months 13 Days Relationship : Spouse

of children under 18 : 0

Retirement Data

Pension Start Date : 03/05/2007 Calculation Type : Estimate

Termination Date : 05/31/2023 Benefit Group : Non-Hazardous - Tier II

Effective Date : 06/01/2023 Retirement Type : Normal Retirement

FAC: \$ 63,768.49 Option Elected

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

Post-Tax Contributions : \$ 0.00 Total Member Service : 16 Years 2 Months 26 Days

Formula for Benefit A : 2.75% * 5.8222 years * \$63,768.49

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1:00000	\$850.84	=N/A
Single Life Annuity 2,373, 09 10 Year Certain and Life Annuity 2,238,37	1.00000	\$850.84	N/A
10 Year Certain and Life Annuity 2,238,3	0.94293	\$802.28	N/A
50% Joint and Survivor 2, 196.51	0.92520	\$787.19	\$393.60
66 2/3% Joint and Survivor 2, 143. 74	0.90270	\$768.05	\$512.03
75% Joint and Survivor	0.89185	\$758.82	\$569.11
75% Joint and Survivor 2, 118.1–1 100% Joint and Survivor 2, 644.54	0.86082	\$732.42	\$732.42

Formula for Benefit B : 2.75% * 10.4167 years * \$63,768.49

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary	
Normal-Form	-1:00000	\$1,522.2 5	N/A	
Single Life Annuity	1.00000	\$1,522.25	N/A	
10 Year Certain and Life Annuity	0.94340	\$1,436.09	N/A	
50% Joint and Survivor	0.92601	\$1,409.62	\$704.81	
66 2/3% Joint and Survivor	0.90372	\$1,375.69	\$917.13	
75% Joint and Survivor	0.89297	\$1,359.32	\$1,019.49	
100% Joint and Survivor	0.86222	\$1,312.52	\$1,312.52	

****** 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 (Jack) Sochuski	do hereby apply to receive benefits under the						
(Please print name)							
City of Clearwater General Employees' Pension Plan in accordance with the following:							
1	· ·						
Employee ID # 100849							
Date of Birth: 1/12/1/1950 Gender	(circle one): M F						
Lab Classification (1) Stl. HV TC+MO+ PIGC	H Chief UI.						
Department: Public Utilities	Division: WSTW+V OPS East						
Date of Hire: $\frac{3}{5}$ $\frac{7200}{2}$	Date of Separation: MOY 313, 2023						
Benefits Effective Date: 3/5/200							
Linno Soda isk							
Spouse's Name: Marcie Sacouski	M (5)						
Spouse's Date of Birth: 2710/1951	Spouse's Gender (circle one): M(F)						
The type of pension for which I am applying is (check only	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 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.]

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.)

If taking Option 1 sign below:				
Option #: _1_		Joint and Survivo	or Annuity	
Employee's Signature:			Date:	
Dependent children under the a	ge of 18 and re	siding in my househo	old 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 bene	ficiary informa	tion and sign below	<i>ı</i> :	
Option #: <u>3</u>	Description:	10 Year Certain	and Life Annuity	
My designated beneficiary is:				
Name:		Social Secur	rity Number:	
Date of Birth:		O a sa alon / Cina	cle One) M F	
Address:				
Phone Number:		Relation		
Employee's Signature:			Date: _	

If taking Option 4, 5, 6,or 7, fi	II in Option Number,	Description and beneficiary in	formation and sign below:	
Option #:	Description: 100	% Joint and Survivor Annuity		
My designated beneficiary is:				
Name: MARGIE SAL	10WSKI	Social Security Number:		
Date of Birth: 2-16-54		Gender (Circle One) M F		
Address:	. .	Relationship		
Phone Number:	<u>.</u>	Relationship		
Employee's Signature:	do B. Salan	Date:	5-25-23	
7	Daymont fill in Perc	entage and sign below:		
If taking a Partial Lump Sum Option #: NA	Description:	Partial Lump Sum Paymer	nt	
		owing amount (check only one):		
		f the normal retirement benefit		
		f the normal retirement benefit		
30% of the actuaria	lly determined value of	f the normal retirement benefit		
	C1.5 11	ation calcuted above shall be red	uced accordingly.	
1		ption selected above shall be red		
Employee's Signature:		Date:		
		nformation and sign below:		
My designated beneficiary is:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		Beneficiary Social Security	/#:	
Beneficiary Name:				
Beneficiary Date of Birth:			•	
Beneficiary Address:				
Beneficiary Phone Number: _		Deter		
Employee's Signature:				
STATE OF FLORIDA	The foregoing instru	ment was acknowledged before	me this	
COUNTY OF	~~	of May	, 20 <u>2</u> 3	
PINELLAS		scdowski.		
rsl	/	own to me or who has provided	DC	
NYSSAGAGLIARDI ALYSSAGAGLIARDI Commission#GG952165 Commission#GG92828284		who did did not take an oath.		
ALYSSAGN GG 952/024 Commission # GG 952/024 Expires January 28, 2024 Expires January Services And Thru Budget Hotary Services			Notary Public	
Commission # 028, 2024 Expires January 28, 2024 Expires January Services All Public Commission # 028, 2024 Expires January Services All Public Commission # 028, 2024 Expires January 28, 2024 All Public Commission # 028, 2024 Expires January 28, 2024 All Public Commission # 028, 2024 Expires January 28, 2024 All Public Commission # 028, 2024 Expires January 28, 2024 All Public Commission # 028, 2024 Expires January 28, 2024 All Public Commission # 028, 2024 Expires January 28, 2024 All Public Commission # 028, 2024 Expires January 28, 2024 All Public Commission # 028, 2024 Expires January 28, 2024 All Public Commission # 028, 2024 Expires January 28, 2024 All Public Commission # 028, 2024 Expires January 28, 2024 All Public Commission # 028, 2024 Expires January 28, 2024 All Public Commission # 028, 2024 Expires January 28, 2024 All Public Commission # 028, 2024 All Public Commission				
THE CO.			· · · · · · · · · · · · · · · · · · ·	
EOFF	My Commission exp	oires:		

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, Daniel S	Slaughter	, an employee	of the City of Cle	earwater, hereby apply for
pension benefits u	ınder the City's Emplo	oyees' Pension Plar	ı .	
I hereby certify th	at I fully understand	the preferences off	ered to me. I choos	se to retire using separation
pay preference # _	and wish r	my benefits to be c	alculated under this	preference. Please use my
leave in the follow	ving manner:			
Run Out	vacation	sick	floaters	bonus hours
Lump Sum	vacation ఇక్కుంన్రారు	sick 1353.5573	floaters 	bonus hours
I understand that	my preference canno	t be changed once	this form is signed	and that my decision is
irrevocable.	EMF	PLOYEE'S SIGNATU	JRE: hallo	JA
	soc	CIAL SECURITY #: _		
WITNESSES:	ADE	PRESS: _		
	PHC	NF	DATE:	5/2/2>

Revised 1/02 Form #9900-0008

Member Data

Name

: DANIEL SLAUGHTER

Social Security No.

Date of Birth

Age at Retirement

Beneficiary Data

Name

: HOLLY SLAUGHTER

Social Security No.

Date of Birth

Age at Retirement

Relationship

: Spouse

of children under 18 : 0

Retirement Data

Pension Start Date

: 10/19/1992

Calculation Type

: Estimate

Termination Date

: 05/24/2023

Benefit Group

: Hazardous - Grandfathered

Effective Date

Retirement Type

: 06/01/2023

: \$

: Normal Retirement

FAC

: \$ 157,059.26 : \$

Option Elected Partial Lump Sum

: \$0.00 (0 %)

Pre-Tax Contributions Post-Tax Contributions 0.00 0.00

Total Member Service: 30 Years 7 Months 6 Days

Formula for Benefit A

: 2.75% * 30.6 years * \$157,059.26

Monthly Benefit

Factor	To Member	Potential To Beneficiary
1.00000	\$11,013.78	N/A
1.07355	\$11,823.83	N/A
1.06086	\$11,684.08	N/A
1.02247	\$11,261.25	\$5,630.62
1.00651	\$11,085.43	\$7,390.29
0.99871	\$10,999.59	\$8,249.70
0.97603	\$10,749.76	\$10,749.76
	1.00000 1.07355 1.06086 1.02247 1.00651 0.99871	1.00000 \$11,013.78 1.07355 \$11,823.83 1.06086 \$11,684.08 1.02247 \$11,261.25 1.00651 \$11,085.43 0.99871 \$10,999.59

****** ***** 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, Daviel Slausher (Please print name) City of Clearwater General Employees' Pension	do hereby apply to receive benefits under the
Employee ID # 102000 Date of Birth: Job Classification: Police Chief Department: Police Date of Hire: 10/19/1992 Benefits Effective Date: 10/19/1992	Gender (circle one): (M) F Division: PD Admin / Office of the Chief Date of Separation: May 24, 2023
Spouse's Name: HOIL SICUCINE Spouse's Date of Birth:	Spouse's Gender (circle one): MF
The type of pension for which I am applying is (continuous pension for w	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.]

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.)

if taking Option 1 sign below:				
Option #: _1_	Description: _	Joint and Survivo	or Annuity	
Employee's Signature:			Date:	
Dependent children under the ag	ge of 18 and res	siding in my househo	old 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:	440
If taking Option 3, fill in benefi	ciary informat	ion and sign below	:	
Option #: _ 3	Description: _	10 Year Certain a	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 #:	Description: 100 % Joint and Survivor Annuity
My designated beneficiary is:	
Name: Ask M. Sla	Social Security Number:
Date of Birth:	Gender (Circle One) M É
Address:	
Phone Number.	Relationship SPOSES
Employee's Signature:	Relationship Sloves Date: S/2/23
K to be a positive of the control of	- Down and fill in Developting and sign holow:
Option #: NA	n Payment, fill in Percentage and sign below: Description: Partial Lump Sum Payment
,	
I elect to take a partial lump s	um payment in the following amount (check only one):
10% of the actuaria	ally determined value of the normal retirement benefit
20% of the actuaria	ally determined value of the normal retirement benefit
30% of the actuaria	ally determined value of the normal retirement benefit
	the first of the first of all the made and apparellable
I understand my monthly retire	ement benefit for the option selected above shall be reduced accordingly.
Employee's Signature:	Date:
If naming a beneficiary ONL	Y, 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:	
Employoo o olgridatio.	
STATE OF FLORIDA	The foregoing instrument was acknowledged before me this
COUNTY OF	and day of May, 2023
PINELLAS	by Daniel Slauchte
	who is personally known to me or who has provided
	as identification and who did/did-not take an oath.
	Notary Public
	Ausc (Signature) Name of Notary Printed
	My Commission expires:
	ALYSSA GAGLIARDI
	Commission # GG 952165

Expires January 28, 2024
Bonded Thru Budget Notary Services

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.

<u> </u>				
1, Patricia	Sullivan	, an employee	e of the City of Clea	arwater, hereby apply for
pension benefits u	nder the City's Emplo	yees' Pension Pla	n.	
I hereby certify that	at I fully understand t	ne preferences of	fered to me. I choose	e to retire using separation
	.9			preference. Please use my
leave in the follow	ing manner:			
Run Out	vacation	sick _	floaters	bonus hours
Lump Sum	ファック vacation	sick _ 1,5276	floaters	bonus hours
I understand that i	my preference cannot	be changed once	e this form is signed :	and that my decision is
irrevocable.	EMP	LOYEE'S SIGNAT	URE: Tulm	film
	SUC	IAL SECURITY #:		
WITNESSES:	ADD	RESS:		
			, , ,	
	PHO	NF: E	DATE:	1/18-23

Revised 1/02 Form #9900-0008

Member Data

Name

: PATRICIA SULLIVAN

Social Security No.

Date of Birth

: 09/21/1950

Age at Retirement

: 72 Years 7 Months 10 Days

Beneficiary Data

Name

Social Security No.

Date of Birth

Age at Retirement

Relationship

of children under 18:

Retirement Data

Pension Start Date

: 12/13/1993

Calculation Type

: Estimate

Termination Date

: 02/28/2023

Benefit Group

: Non-Hazardous - Tier II

Effective Date

: 05/01/2023

: \$

: \$

Retirement Type

: Normal Retirement

FAC

: \$ 48,407.74

Option Elected

: \$0.00 (0 %)

Pre-Tax Contributions Post-Tax Contributions 0.00

Partial Lump Sum

Total Member Service: 29 Years 2 Months 18 Days

Formula for Benefit A

: 2.75% * 19.05 years * \$48,407.74

0.00

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	-1:000 00	-\$2,113 .30	-N/A-
Normal Form Single Life Annuity 3,241,13	1.00000	\$2,113.30	N/A
10 Year Certain and Life Annuity 2, Vau. 5x	0.88403	\$1,868.22	N/A
50% Joint and Survivor		•	

50% Joint and Survivor 66 2/3% Joint and Survivor 75% Joint and Survivor 100% Joint and Survivor

Formula for Benefit B

: 2.75% * 10.1667 years * \$48,407.74

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
-Normal-Form	-1.00000	-\$1,127.83 -	N/A_
Single Life Annuity	1.00000	\$1,127.83	N/A
10 Year Certain and Life Annuity	0.88515	\$998.30	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

(Please print name)	do hereby apply to receive benefits under the
	accordance with the following:
City of Clearwater General Employees' Pension Plan in a	accordance with the following:
Employee ID # 10 2006 Date of Birth: 9/21/1950 Gender Job Classification: 10000 People CH Department: 12/13/1993 Benefits Effective Date: 12/13/1993	Division: Admin Date of Separation: April 25, 2023
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 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.]

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.)

If taking Option 1 sign below:			
Option #: _1 Descrip	ption: <u>Joint and Survi</u>	vor Annuity	
Employee's Signature:		Date:	
Dependent children under the age of 18	and residing in my house	hold are:	
Child's Name	Gender (M-F)	Date of Birth	Social Security#
If taking Option 2 sign below:			
Option #: 2 Descrip	otion: Life Annuity		
Employee's Signature:	Sulm	Date:	18-23
If taking Option 3, fill in beneficiary in	7		
Option #: 3 Descrip	otion: <u>10 Year Certair</u>	n and Life Annuity	
My designated beneficiary is:			
Name:	Social Sec	urity Number:	
Date of Birth:	Gender (Ci	ircle One) M F	
Address:			
Phone Number:	Relatic	onship	
Employee's Signature:		Date:	

Option #:	· · · · · · · · · · · · · · · · · · ·	% Joint and Survivor Annuity
My designated beneficiary is:		
Name:		Social Security Number:
Date of Birth:		
Address:		
Phone Number:		
Employee's Signature:		Date:
f taking a Partial Lump Sur	ո Payment, fill in Pe	ercentage and sign below:
Option #: NA		Partial Lump Sum Payment
elect to take a partial lump s	sum payment in the fo	ollowing amount (check only one):
10% of the actuari	ally determined value	of the normal retirement benefit
	-	of the normal retirement benefit
	-	of the normal retirement benefit
	-	
understand my monthly retir	ement benefit for the	option selected above shall be reduced accordingly.
Employee's Signature:		Date:
My designated beneficiary is:		n information and sign below: Beneficiary Social Security #:
Beneficiary Date of Birth:		• • • • • • • • • • • • • • • • • • • •
Beneficiary Address:		
Beneficiary Phone Number: _		
Employee's Signature:		
		Dutc.
STATE OF FLORIDA COUNTY OF PINELLAS	1 vetr	rument was acknowledged before me this ay of APril 2023
	who is personally k	nown to me or who has provided
	d who did/did not take an oath.	
		Notary Public
	Alysic	(Signature) Name of Notary Printed
	My Commission ex	inires.
	- *	ALYSSA GAGLIARDI Commission # GG 952165
	* v)	Evoires January 28, 2024
Rev 04/13	7	Bonded Thru Budget Notary Services

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.

			- W.	CHARLES MANAGEMENT AND
1, William T	Tacgart	, an employee	of the City of Cl	earwater, hereby apply for
	nder the City's Emplo			
I hereby certify that	at I fully understand t	the preferences offer	ered to me. I choo	se to retire using separation
pay preference # _	and wish r	my benefits to be ca	alculated under this	s preference. Please use my
leave in the follow	ing manner:			
Run Out	vacation	sick	floaters	bonus hours
Lump Sum	vacation	sick	floaters	bonus hours
	106,2171	304.6229	25	\
I understand that r	my preference canno	t be changed once	this form is signed	and that my dedision is
irrevocable.				laddall
	EMF	LOYEE'S SIGNATU	JRE: <u>(V) (1) (</u>	Jugger VI
	SOC	IAL SECURITY #:	_	
	500	IAL OLCOMITY #.		
WITNESSES:	ADD	RESS		1
	5110	N.I.P.	DATE	6/16/23
	PHO	NE: _	DATE:	<u> </u>

Revised 1/02 Form #9900-0008

Member Data

Name

: WILLIAM TAGGART

Social Security No.

Date of Birth

Age at Retirement

Beneficiary Data

Name

: JANIS TAGGART

Social Security No.

Date of Birth

Age at Retirement

Relationship

: Spouse

of children under 18 : 0

Retirement Data

Pension Start Date

: 09/16/1991

Calculation Type

: Estimate

Termination Date

: 07/05/2023

Benefit Group

: Non-Hazardous - Tier II

Effective Date

: 08/01/2023

: \$

: \$

Retirement Type

: Normal Retirement

FAC

55,686.44 : \$

Option Elected

Pre-Tax Contributions Post-Tax Contributions 0.00

Partial Lump Sum

: \$0.00 (0 %) Total Member Service: 31 Years 9 Months 20 Days

Formula for Benefit A

: 2.75% * 21.2917 years * \$55,686.44

0.00

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,717. 13	N/A-
Normal Form Single Life Annuity 4,058,84 10 Year Certain and Life Annuity 3,877,50	1.00000	\$2,717.13	N/A
10 Year Certain and Life Annuity 3, 8, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	0.95530	\$2,595.68	N/A
50% Joint and Survivor 3,776,97	0.93031	\$2,527.77	\$1,263.89
66 2/3% Joint and Survivor 3, 691. 49	0.90918	\$2,470.36	\$1,646.91
75% Joint and Survivor 3, 650, 20	0.89898	\$2,442.65	\$1,831.98
100% Joint and Survivor 3,531.44	0.86969	\$2,363.06	\$2,363.06

Formula for Benefit B

: 2.75% * 10.5139 years * \$55,686.44

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	-1.0000 0	\$ 1,341.73	N/A
Single Life Annuity	1.00000	\$1,341.73	N/A
10 Year Certain and Life Annuity	0.95565	\$1,282.22	N/A
50% Joint and Survivor	0.93104	\$1,249.20	\$624.60
66 2/3% Joint and Survivor	0.91012	\$1,221.13	\$814.09
75% Joint and Survivor	0.90000	\$1,207.55	\$905.67
100% Joint and Survivor	0.87097	\$1,168.60	\$1,168.60

**************************** 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. William Taggart	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 # 102491 Date of Birth: Job Classification: Police Service Technicians Department: Police Date of Hire: 9/16/1991 Benefits Effective Date: 9/16/1991 Date of Separation: July 5 2023				
Spouse's Name: Spouse's Gender (circle one): M (F)				
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 <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.]

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.)

If taking Option 1 sign below	:				
Option #: _1_		Joint and Survivo	or Annuity		
Employee's Signature:			Date:		
Dependent children under the a	age of 18 and re	siding in my househo	old 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 below	v:		
Option #: _ 3_		10 Year Certain a			
My designated beneficiary is:					
Name:		Social Secur	ity Number:		
Date of Birth:		Gender (Circ	cle One) M F		
Address:					
Phone Number:		Relations	ship		
Employee's Signature:			Date:		

াf taking Optioম্ 4, 5, 6,or 7,	IIII III Option Number, Di	escription and benefic	ary miorimation are	
Option #:		6 Joint and Survivor Ann		
My designated beneficiary is	- <i>1</i>			
Name: Jan 15	1-1-000	Social Security Number:		
		Social Security Number. Gender/(Circle One) M		
Date of Birth: _	· · ·	genden/(clicie one) iv	4. 7	
Address:		<u>xe</u> lationship	10740) /	
Phone Number: Employee's Signature:	WY TXACHAZ	ااسم	Date: 6 //	5/23
Employee's dignature.				
If taking a Partial Lump Su				
Option #: NA	Description:	Partial Lump Sum P	ayment	_
I elect to take a partial lump	sum payment in the following	ng amount (check only c	ne):	
10% of the actuari	ally determined value of the	e normal retirement ben	efit	
	ally determined value of the			
	ally determined value of the			
	•			
I understand my monthly reti	rement benefit for the option	n selected above shall b	e reduced according	ıly.
Employee's Signature:		Date:		_
If naming a beneficiary ON			۸/۰	
My designated beneficiary is:		mation and sign belo		
Beneficiary Name:		Beneficiary Social Se	ocurity #:	
Beneficiary Date of Birth:		Beneficiary Gender (Circ	-	
Beneficiary Address:		•	ono, wi	
Beneficiary Phone Number: _				
Employee's Signature:		•		
		Date		
STATE OF FLORIDA	The foregoing instrumer	nt was acknowledged be	efore me this	
COUNTY OF	day of	١.	, 2023	
PINELLAS	by William	Toccart	, =====	
	who is personally known	No me or who has prov	ided DC	
	as identification and who	1		
ALYSSA GAGLIARDI Commission # GG 952165				Notary Public
Expires January 28, 2024 Bonded Thru Budget Notary Services	Alysse C	(Signature), acd	Name of No	otary Printed
	My Commission expires	:		