

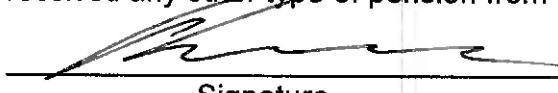
APPLICATION FOR VESTED RIGHTS PENSION

Reynold Choo-Chew being a person leaving employment with the City of Clearwater, Florida, and having completed five (5) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) 3/10/2014 to (date of resignation or change of status) 11/21/25. hereby makes application to receive the vested rights pension provided for by the City Code of Ordinances. As such former employee, I understand the pension requested will be computed pursuant to the provisions of the City Code of Ordinance in effect on the date of resignation.

I hereby further certify that my date of birth is April 30, 1964.

The date I will begin to receive my pension will be May 1, 2029.

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



Signature

Social Security Number

Parks & Rec

Department/Division

Street Address

Division Controller

Job Classification

City, State, Zip Code

STATE OF FLORIDA

COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 19th day of November, 2025 by Reynold Choo Chew, who is personally known to me or has produced _____ as identification.

 Notary Public (Signature)

Alyssa Gagliardi: (Name of Notary Printed)

Commission No. _____



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

APPLICATION FOR VESTED RIGHTS PENSION

Brian Dort being a person leaving employment with the City of Clearwater, Florida, and having completed five (5) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) 11/13/2007 to (date of resignation or change of status) 7/30/2025 hereby makes application to receive the vested rights pension provided for by the City Code of Ordinances. As such former employee, I understand the pension requested will be computed pursuant to the provisions of the City Code of Ordinance in effect on the date of resignation.

I hereby further certify that my date of birth is 02/15/1978.

The date I will begin to receive my pension will be 03/01/2033.

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

Brian Dort

Signature

— Social Security Number —

General Services

Department/Division

— Street Address —

Licensed Electrician

Job Classification

— City, State, Zip Code —

STATE OF FLORIDA

COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 23rd day of Oct., 2025 by Brian T. Dort, who is personally known to me or has produced FBI DL's as identification.


ALEXIS D. BUTLER
Commission # HH 474541
Expires December 18, 2027

A. Butler Notary Public (Signature)

Alexis Butler (Name of Notary Printed)

Commission No. HH474541

APPLICATION FOR VESTED RIGHTS PENSION

Keith McReynolds, being a person leaving employment with the City of Clearwater, Florida, and having completed five (5) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) 5/15/2017 to (date of resignation or change of status) November 12, 2025 hereby makes application to receive the vested rights pension provided for by the City Code of Ordinances. As such former employee, I understand the pension requested will be computed pursuant to the provisions of the City Code of Ordinance in effect on the date of resignation.

I hereby further certify that my date of birth is April 14, 1962.

The date I will begin to receive my pension will be May 1, 2027.

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

Keith McReynolds
Signature

Social Security Number

Parks & Rec.
Department/Division

Street Address

Rec Facilities Supp. Custod. an
Job Classification

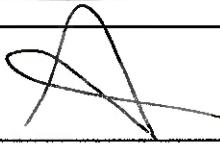
City, State, Zip Code

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me
by means of physical presence or online notarization,
this 20th day of November, 2025
by Keith McReynolds,
who is personally known to me or has produced
_____ as identification.



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

 Notary Public (Signature)

Alyssa Gagliardi (Name of Notary Printed)

Commission No. _____

APPLICATION FOR VESTED RIGHTS PENSION

Sean Witherspoon being a person leaving employment with the City of Clearwater, Florida, and having completed five (5) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) 7/19/2010 to (date of resignation or change of status) 11/19/25 hereby makes application to receive the vested rights pension provided for by the City Code of Ordinances. As such former employee, I understand the pension requested will be computed pursuant to the provisions of the City Code of Ordinance in effect on the date of resignation.

I hereby further certify that my date of birth is _____.

The date I will begin to receive my pension will be August 1, 2030.

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



Signature

Social Security Number

Police / Non-HAZ

Department/Division

Street Address

Police Service Tech.

Job Classification

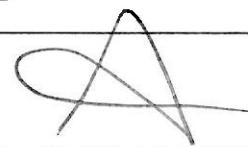
City, State, Zip Code

STATE OF FLORIDA

COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 18th day of November, 2025 by Sean Witherspoon, who is personally known to me or has produced

_____ as identification.



Notary Public (Signature)

Alyssa Gagliardi (Name of Notary Printed)

Commission No. _____



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028