

APPLICATION FOR VESTED RIGHTS PENSION

Brian Craig, being a person leaving employment with the City of Clearwater, Florida, and having completed ten (10) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) September 23, 2000 to (date of resignation or change of status) October 10, 2018 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 October 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]
Signature

Social Security Number

Police / Special Operations
Department/Division

Street Address

Police Programming Specialist
Job Classification

City, State, Zip Code

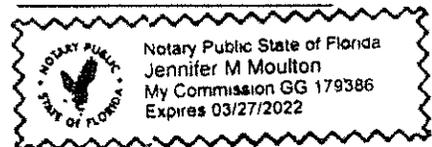
STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 29th day of October, 2018 by Brian Craig who is personally known to me or who has provided _____ as identification and who did/did not take an oath.

Jennifer M. Moulton Notary Public

Jennifer M. Moulton Name of Notary Printed

My commission expires: _____



APPLICATION FOR VESTED RIGHTS PENSION

Diane Devol, being a person leaving employment with the City of Clearwater, Florida, and having completed ten (10) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) Oct 1, 2007 to (date of resignation or change of status) November 2, 2018 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 October 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.

[Signature]
Signature

Social Security Number

Planning + Development / Com Res
Department/Division

Street Address

Code Enforcement Inspector
Job Classification

City, State, Zip Code

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 29th day of October, 2018 by Diane Devol

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

Jennifer M. Moulton Notary Public

Jennifer M. Moulton Name of Notary Printed

My commission expires: _____

