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.

Control of the contro			
1, David Clark	, an employee	of the City of Clean	rwater, hereby apply for
pension benefits under the City's E	mployees' Pension Plar	٦.	
I hereby certify that I fully understa	and the preferences off	ered to me. I choose	to retire using separation
pay preference # and w			
leave in the following manner:			
S Run Out vacat	ion sick _	floaters	bonus hours
Lump Sum 337.94 vacat	425.2442	floaters	bonus hours
I understand that my preference ca	ຂາຊ. ຜລວໄ annot be changed once	this form is signed a	nd that my decision is
irrevocable.	EMPLOYEE'S SIGNAT		
	SOCIAL SECURITY #: _		•
WITNESSES:	ADDRESS	e e e e e e e e e e e e e e e e e e e	,
		· · · · · · · · · · · · · · · · · · ·	
	PHONE.	 DATE:	9/29/25

Revised 1/02 Form #9900-0008

Member Data

Name : DAVID CLARK Social Security No.

Date of Birth

Age at Retirement

Beneficiary Data

Name : CAROL CLARK Social Security No. :

Date of Birth

Age at Retirement : Relationship : Spouse

of children under 18 : 0

Retirement Data

Pension Start Date : 07/01/2002 Calculation Type : Estimate

Termination Date : 12/26/2025 Benefit Group : Non-Hazardous - Tier II
Effective Date : 01/01/2026 Retirement Type : Normal Retirement

FAC: \$ 84,066.37 Option Elected

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

Post-Tax Contributions : \$ 0.00 Total Member Service : 23 Years 5 Months 26 Days

Formula for Benefit A : 2.75% * 10.5 years * \$84,066.37

Monthly Benefit

Form of Payment	Factor	To Member	To Beneficiary
Normal Form	-1.00000	\$2,022. 85.	N/A
Normal Form Single Life Annuity 10 Year Certain and Life Annuity 1,525.19	1.00000	\$2,022.85	N/A
10 Year Certain and Life Annuity 4,413.35	0.98855	\$1,999.69	N/A
50% Joint and Survivor 4,396.30	0.97137	\$1,964.93	\$982.47
66 2/3% Joint and Survivor 4.354.95	0.96219	\$1,946.36	\$1,297.58
75% Joint and Survivor 4,334.56	0.95766	\$1,937.20	\$1,452.90
100% Joint and Survivor 4,274.55	0.94433	\$1,910.24	\$1,910.24

Formula for Benefit B : 2.75% * 12.9889 years * \$84,066.37

Monthly Benefit

Form of Payment	Factor	To Member	To Beneficiary
Normal-Form	-1.00000	\$2,502.34	N/A
Single Life Annuity	1.00000	\$2,502.34	N/A
10 Year Certain and Life Annuity	0.98862	\$2,473.86	N/A
50% Joint and Survivor	0.97164	\$2,431.37	\$1,215.69
66 2/3% Joint and Survivor	0.96254	\$2,408.60	\$1,605.73
75% Joint and Survivor	0.95805	\$2,397.36	\$1,798.02
100% Joint and Survivor	0.94484	\$2,364.31	\$2,364.31

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, David Clark	do hereby apply to receive benefits under the
(Please print name)	
City of Clearwater General Employees' Pension Plan in ad	ccordance with the following:
	•
Employee ID # 105276	
	(circle one): M F
Job Classification: Plans Examiner IV	(on one one)
Department: Planning & Development	Division: Pu Construction Service
Date of Hire: 7/1/2002	Date of Separation: December 26, 2035
	Date of Separation.
Benefits Effective Date: 7/1/2002	
Spouse's Name: Carol Clark	
	Spouse's Gender (circle one): M (F)
Spouse's Date of Birth:	Spouse's Gender (circle one). W
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	Į
	

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 1/2% 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 Surviv	or Annuity	
Employee's Signature:		Date:	
Dependent children under the age of 18 and r	esiding in my housel	hold are:	
Child's Name	Gender (M-F)	Date of Birth	Social Security #
		·	
	=		
If taking Option 2 sign below:			
Option #: 2 Pescription:	ife Annuity	_ /	
Employee's Signature:			1/25
	-4: holo	7	:
If taking Option 3, fill in beneficiary information			
Option #: 3 Description:	10 Year Certain	and Life Annuity	·
My designated beneficiary is:			
Name:	Social Secu	ırity Number:	:
Date of Birth:		rcle One) M F	· ·
Address:			
Phone Number:	Relation	nship	
Employee's Signature		Date:	:

Option #:	Description:	% Joint and Survivor Annuity	THE REAL PROPERTY.
My designated beneficiary is:			
Name:		Social Security Number:	
Date of Birth:			
Address:			
Phone Number:		Relationship	
Employee's Signature:		Date:	70.0
f taking a Partial Lump Sur	n Payment, fill in Pe	rcentage and sign below:	
		Partial Lump Sum Payment	MARKET TO THE STATE OF THE STAT
elect to take a partial lump s	sum payment in the fo	llowing amount (check only one):	Marie and Control of the State
		of the normal retirement benefit	
		of the normal retirement benefit	
30% of the actuars	ally determined value	of the normal retirement benefit	
Lunderstand my monthly retir	ement benefit for the	ention appeared shows shall be reduced acc	ordinaly
anderstand my monthly retir	Citionic Bononic for the	option selected above shall be reduced acc	ordingly.
Employee's Signature:			
Employee's Signature:		Date:	
Employee's Signature: If naming a beneficiary ONI My designated beneficiary is:	_Y, fill in beneficiary	Date:	
Employee's Signature: If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name:	_Y, fill in beneficiary	Date: information and sign below: Beneficiary Social Security #:	
Employee's Signature: If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth:	_Y, fill in beneficiary	Date: Information and sign below: Beneficiary Social Security #: Beneficiary Gender (Circle One) M	
Employee's Signature: If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address:	_Y, fill in beneficiary	Date: Information and sign below: Beneficiary Social Security #: Beneficiary Gender (Circle One) M I	
Employee's Signature: If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number:	_Y, fill in beneficiary	Date: information and sign below: Beneficiary Social Security #: Beneficiary Gender (Circle One) M I Relationship	
Employee's Signature: If naming a beneficiary ONI My designated beneficiary is:	_Y, fill in beneficiary	Date: information and sign below: Beneficiary Social Security #: Beneficiary Gender (Circle One) M I Relationship Date:	
Employee's Signature: If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA	_Y, fill in beneficiary	Date:	F
Employee's Signature: If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature:	_Y, fill in beneficiary The foregoing instru	Date: information and sign below: Beneficiary Social Security #: Beneficiary Gender (Circle One) M I Relationship Date:	F
Employee's Signature: If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing instruction of the by	Date:	F
Employee's Signature: If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing instruction day who is personally ki	Date:	F
Employee's Signature: If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF PINELLAS	The foregoing instruction day who is personally ki	Date:	P 25
Employee's Signature: If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF PINELLAS	The foregoing instruction day who is personally ki	Date:	F
Employee's Signature: If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF PINELLAS	The foregoing instruction day who is personally ki	Date:	P 25

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, John Klin	nefetter,	an employee	of the City of Cle	arwater, hereby apply for
pension benefits und	ler the City's Employees	' Pension Plan	•	
I hereby certify that	I fully understand the pr	references offe	ered to me. I choos	e to retire using separation
	•			preference. Please use my
leave in the following	g manner:			
Run Out	vacation	sick	floaters	bonus hours
Lump Sum		sick 8.2818 9.1409	floaters	bonus hours
I understand that my	preference cannot be o		this form is signed	and that my decision is
irrevocable.	EMPLOY	EE'S SIGNATU	JRE: 50	21-
		SECURITY #:		
WITNESSES:	ADDRESS	S:		
	PHONE.		DATE: _	9-16-25

Revised 1/02 Form #9900-0008

Member Data

: JOHN KLINEFELTER

Social Security No.

Date of Birth

Age at Retirement

Beneficiary Data

Name

: CARRIE KLINEFELTER

Social Security No.

Date of Birth

Age at Retirement

Relationship

: Spouse

of children under 18

Retirement Data

Pension Start Date

: 06/03/2002

Calculation Type

: Estimate

Termination Date

10/17/2025

Benefit Group

Hazardous - Tier II

Effective Date

: 11/01/2025

: \$

: \$

Retirement Type

Normal Retirement

FAC

: \$ 128,157.36

Option Elected

Pre-Tax Contributions Post-Tax Contributions 0.00

0.00

Partial Lump Sum Total Member Service

\$238,367.49 (20 %) : 23 Years 4 Months 15 Days

Formula for Benefit A

: 2.75% * 10.5778 years * \$128,157.36

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form 5,492.08	1.00000	\$2,485.30	N/A
Single Life Annuity 5, 823. 54	1.06013	\$2,634.75	N/A
10 Year Certain and Life Annuity	1.05380	\$2,619.01	N/A
30% Joint and Survivor 3,3 13.9	1.01808	\$2,530.23	\$1,265.11
66 2/3% Joint and Survivor 5521.04	1.00479	\$2,497.21	\$1,664.81
75% Joint and Survivor 5,485.35	0.99827	\$2,481.01	\$1,860.76
100% Joint and Survivor 5,381.28	0.97923	\$2,433.69	\$2,433.69

Formula for Benefit B

: 2.75% * 12.7972 years * \$128,157.36

Monthly Benefit

Form of Payment	Factor	To Member	To Beneficiary
Normal Form	1.00000	\$3,006.78	N/A
Single Life Annuity	1.06054	\$3,188.79	N/A
10 Year Certain and Life Annuity	1.05425	\$3,169.88	N/A
50% Joint and Survivor	1.01885	\$3,063.44	\$1,531.72
66 2/3% Joint and Survivor	1.00567	\$3,023.83	\$2,015.89
75% Joint and Survivor	0.99920	\$3,004.38	\$2,253.29
100% Joint and Survivor	0.98032	\$2,947.59	\$2,947.59

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, <u>John Kinefeller</u> (Please print name) City of Clearwater General Employees' Pension Plan in a	do hereby apply to receive benefits under the
Employee ID # 105222 Date of Birth: Gender Job Classification: Five Divisor Chief Department: Five Divisor Chief Date of Hire: 6/3/2002 Benefits Effective Date: 6/3/2002	Division: FD Hachh & Screen Buyon Date of Separation: October 17, 2025
Spouse's Name: Carrie Klinefelter Spouse's Date of Birth:	Spouse's Gender (circle one): M (F)
The type of pension for which I am applying is (check only	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. 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 aç	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:		
If taking Option 3, fill in benefi	ciary informati	ion and sign below	: :		
Option #: _ 3		10 Year Certain a			
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	e:	

If taking Option 4, 5, 6, or 7, fill in	Option Number, Description and beneficiary information and s	igii below.
	Description: Lolo Survivor Annuity	
My designated beneficiary is:		
Name: CARRIE KUNE	FETTER Social Security Number:	-
Date of Birth:		
Address:		
Phone Number: _	2 Relationship WIFE	
Employee's Signature:	Date: 9-16-25	<u>, </u>
	ment, fill in Percentage and sign below: Description: ZDA Partial Lump Sum Payment	
Option #	rescription. 2078 Fartial Europ Curri aymone	
I elect to take a partial lump sum pa	ayment in the following amount (check only one):	
10% of the actuarially de	stermined value of the normal retirement benefit	
20% of the actuarially de	etermined value of the normal retirement benefit	
30% of the actuarially de	stermined value of the normal retirement benefit	
I understand my monthly retiremen	t benefit for the option selected above shall be reduced accordingly.	
Employee's Signature:	Date: 9-14-25	
If naming a beneficiary ONLY, fil	I in beneficiary information and sign below:	
My designated beneficiary is:		
Beneficiary Name:	Beneficiary Social Security #:	
Beneficiary Date of Birth:		
Beneficiary Address:		
Beneficiary Phone Number:	No.	
Employee's Signature:	Date:	
	foregoing instrument was acknowledged before me this	
COUNTY OF PINELLAS	day of Saplamber, 2025	
by_	John Klinefetter	
who	is personally known to me or who has provided	
	dentification and who did/did not take an oath.	
ALYSSA GAGLIARDI	(Signature)	ary Public
ALYSSA GAGELINA ALYSSA GAGELIN	HUSSa Gagliard: Name of Nota	ry Printed
My (Commission expires:	

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.

			_	100
, Cary Mar	tinez,	an employee	of the City of Cle	arwater, hereby apply for
pension benefits und	er the City's Employee	es' Pension Plar	1.	
I hereby certify that	fully understand the	preferences off	ered to me. I choos	e to retire using separation
pay preference #	and wish my b	penefits to be c	alculated under this	preference. Please use my
leave in the following	g manner:			
Run Out	vacation _	sick _	floaters	bonus hours
	- ''	30,10	floaters	120
I understand that my irrevocable.	g preference cannot be (ຮັ	changed once ک د د		and that my decision is
			JRE:	5
WITNESSES:	ADDRES	-		•
	PHONE:		DATE:	10.6.25

Member Data

Name

: GARY MARTINEZ

Social Security No.

Date of Birth

Age at Retirement

Beneficiary Data

Name

: TARA MARTINEZ

Social Security No.

Date of Birth

Age at Retirement

Relationship

: Spouse

of children under 18 : 0

Retirement Data

Pension Start Date

: 05/19/2003

Calculation Type

: Estimate

Termination Date

: 10/30/2025

Benefit Group

: Hazardous - Tier II

Effective Date

: 11/01/2025

Retirement Type

: Normal Retirement

Option Elected

FAC

126,560.55

Pre-Tax Contributions

: \$

Partial Lump Sum 0.00

: \$0.00 (0 %)

Post-Tax Contributions

: \$

0.00

Total Member Service: 22 Years 5 Months 12 Days

Formula for Benefit A : 2.75% * 9.6167 years * \$126,560.55

Monthly Benefit

Form of Payment	Factor	To Member	To Beneficiary
Normal Form (0.511.28 Single Life Annuity 7.047.58	1.00000	\$2,789.17	
Single Life Annuity 7,047,58	1.08211	\$3,018.19	N/A
10 Year Certain and Life Annuity 6.977.	1.07134	\$2,988.15	N/A
50% Joint and Survivor 6.6 M. I	1.02447	\$2,857.41	\$1,428.70
66 2/3% Joint and Survivor 6, SSY.35	1.00659	\$2,807.55	\$1,871.69
75% Joint and Survivor (\(\lefta \in \rightarrow \). 93	0.99789	\$2,783.29	\$2,087.46
100% Joint and Survivor 6.334.34	0.97266	\$2,712.89	\$2,712.89

Formula for Benefit B

: 2.75% * 12.8333 years * \$126,560.55

Monthly Benefit

Form of Payment	Factor	To Member	To Beneficiary
Normal Form	1.00000	\$3,722.11	N/A
Single Life Annuity	1.08256	\$4,029.39	N/A
10 Year Certain and Life Annuity	1.07186	\$3,989.59	N/A
50% Joint and Survivor	1.02543	\$3,816.76	\$1,908.38
66 2/3% Joint and Survivor	1.00771	\$3,750.80	\$2,500.53
75% Joint and Survivor	0.99907	\$3,718.64	\$2,788.99
100% Joint and Survivor	0.97403	\$3,625.45	\$3,625.45

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, Cary Mortinez (Please print name) City of Clearwater General Employees' Pension P	do hereby apply to receive benefits under the
Employee ID # 105579 Date of Birth: Job Classification: Police Sergeant Department: Police Date of Hire: 5/19 (2003) Benefits Effective Date: 5/19 (2003)	Gender (circle one): (M) F Division: PD Petrol Dist I Toom D Date of Separation: October 30 2025
Spouse's Name: Tara Hartinez Spouse's Date of Birth:	Spouse's Gender (circle one): M (F)
The type of pension for which I am applying is (che Regular Pension based on years of se Job-connected Disability Pension Non-job-connected Disability Pension	ervice

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 Surviv	or Annuity	
Employee's Signature:			Date:	The control of the co
Dependent children under the a	ige of 18 and re	siding in my househ	nold are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security #
If taking Option 2 sign below				
		Life Annuity		
			<u> </u>	
Employee's Signature:			Date:	
If taking Option 3, fill in bene	iciary informat	tion and sign belov	w:	
Option #: 3	Description: _	10 Year Certain	and Life Annuity	
My designated beneficiary is:				
Name:		Social Secu	rity Number:	
Date of Birth:		Gender (Cir	cle One) M F	THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER
Address:				
Phone Number:			nship	
Employee's Signature:			Date:	

Option #:	Description: <u>% Job</u> % Joint and Survivor Annuity	
My designated beneficiary is:		
Name: TARA C.	MARTINE Z Social Security Number:	-
Date of Birth:		
Address		w. particular designation
Phone Number:	Relationship Sposs	
Employee's Signature:	Relationship Sposse Date: 10.6.2	250
	m Payment, fill in Percentage and sign below:	
	Description: Partial Lump Sum Payment	
i elect to take a partial lump s	sum payment in the following amount (check only one):	
	ally determined value of the normal retirement benefit	
	ally determined value of the normal retirement benefit	
30% of the actuari	ally determined value of the normal retirement benefit	
Lunderstand my monthly retir	rement benefit for the option selected above shall be reduced accordingly.	
Employee's Signature:	Date:	
If naming a beneficiary ON	LY, fill in beneficiary information and sign below:	
My designated beneficiary is:		
Beneficiary Name:	Beneficiary Social Security #:	
Beneficiary Date of Birth:	Beneficiary Gender (Circle One) M F	
Beneficiary Address:		
Beneficiary Phone Number: _	Relationship	
Employee's Signature:	Date:	
STATE OF FLORIDA COUNTY OF PINELLAS ALYSSA GAGLIARDI Commission # HH 476578 Expires January 28, 2028	(Signature)	ary Public
S Expires January 28, 2028	My Commission expires:Name of Nota	ry Printed

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 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 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.

_			,
, Nortan McGiffin	, an employee	of the City of Clea	rwater, hereby apply for
pension benefits under the City's	Employees' Pension Plan		Account of the second of the s
I hereby certify that I fully unders	stand the preferences offe	ered to me. I choose	to retire using separation
pay preference #l and			
leave in the following manner:			
Run Out vaca	ation sick	floaters	bonus hours
Lump Sum vaca	ation sick	floaters	bonus hours
I understand that my preference	703.13		nd that my decision is
irrevocable.	EMPLOYEE'S SIGNAT	IRE: T	
	SOCIAL SECURITY #.		
WITNESSES:	ADDRESS:		
	PHONE:	DATE:	9/2/2025

Member Data

Name

: NORTON MCGIFFIN

Social Security No.

Date of Birth

Age at Retirement

Beneficiary Data

Name

: ROSALINA MCGIFFIN

Social Security No.

Date of Birth

Age at Retirement

Relationship

: Spouse

of children under 18 : 0

Retirement Data

Pension Start Date

: 02/14/2011

Calculation Type

: Estimate

Termination Date

: 09/30/2025

Benefit Group

: Non-Hazardous - Tier II

Effective Date

: 10/01/2025

Retirement Type

: Normal Retirement

FAC

53,671.67 : \$

Option Elected

Pre-Tax Contributions

0.00 : \$

Partial Lump Sum

: \$0.00 (0 %)

Post-Tax Contributions

: \$

0.00

Total Member Service: 14 Years 7 Months 17 Days

Formula for Benefit A : 2.75% * 1.8806 years * \$53,671.67

Monthly Benefit

Potential

Form of Payment	Factor	To Member	To Beneficiary
Normal Form	<u>>1.00000</u>	-\$231.30 _	N/A
Single Life Annuity 7952	1.00000	\$231.30	N/A
10 Year Certain and Life Annuity 1719.63	0.95530	\$220.96	N/A
50% Joint and Survivor 1606, 80	0.89191	\$206.30	\$103.15
66 2/3% Joint and Survivor 1551.42	0.86089	\$199.13	\$132.75
75% Joint and Survivor 1525.13	0.84618	\$195.72	\$146.79
100% Joint and Survivor 1451.37	0.80491	\$186.18	\$186.18

Formula for Benefit B

: 2.75% * 12.75 years * \$53,671.67

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	T.00000	-\$1,568.22	N/A
Single Life Annuity	1.00000	\$1,568.22	N/A
10 Year Certain and Life Annuity	0.95565	\$1,498.67	N/A
50% Joint and Survivor	0.89305	\$1,400.50	\$700.25
66 2/3% Joint and Survivor	0.86231	\$1,352.29	\$901.53
75% Joint and Survivor	0.84772	\$1,329.41	\$997.06
100% Joint and Survivor	0.80677	\$1,265.19	\$1,265.19

*********************** 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.

GRS Benefit Calculator (C3229) - 1.0.8640.19112 (47292) IDX 901

4/21/2025 2:03:51 PM

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

	-fita under the
do hereby apply to receive ben	ents under the
(Please print name) City of Clearwater General Employees' Pension Plan in accordance with the following:	
City of Olean water Control Employees	
Employee ID # 107563 Gender (circle one): M F	
Job Classification: Parking Supervisor Division: Pw Maring Par	Kine
Department: Public works	730,2025
Date of fine.	
Benefits Effective Date: 2/14/2011	
Spouse's Name: Rosalina McGiffin	
Spouse's Date of Birth: Spouse's Gender (circle one): M (F)	
Spouse's Date of Birth.	
The type of pension for which I am applying is (check only one):	
Regular Pension based on years of service	
Job-connected Disability Pension	
Non-job-connected Disability Pension	

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

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

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

Option 2 – Life Annuity

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

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

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

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

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

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

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

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 redeive 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 Desc	ription: <u>Joint and Surviv</u>	or Annuity		
Employee's Signature:		_ Date:		
Dependent children under the age of 18	3 and residing in my househ	old are:		
Child's Name	Gender (M-F)	Date of Birth	Social	Security#
If taking Option 2 sign below:				
	ription: Life Annuity	- /		
Employee's Signature:		_ Date: 9/2	12025	
If taking Option 3, fill in beneficiary i	nformation and sign below	w:		
Option #: 3 Desc	ription: <u>10 Year Certain</u>	and Life Annuity		
My designated beneficiary is:				
Name:	Social Secu	rity Number:		
Date of Birth:	Gender (Cir	rcle One) M F		
Address:				
Phone Number:	Relation	nship		
Employee's Signature:		Date:		

Option #:	Description:	escription and beneficiary information and sign below M Joint and Survivor Annuity
My designated beneficiary is	:	
•		Social Security Number:
lame: Date of Birth:		Gender (Circle One) M F
Address:		
Phone Number:		Relationship
		Date:
f taking a Partial Lump Su		Partial Lump Sum Payment
option #: NA NA		
elect to take a partial lump	sum payment in the follow	ring amount (check only one):
10% of the actua	rially determined value of t	he normal retirement benefit
		he normal retirement benefit
		he normal retirement benefit
understand my monthly re	tirement benefit for the opt	ion selected above shall be reduced accordingly.
- Louis de Olemanteman		
:mployee's Signature:		Date:
	U.V. fill in honoficiary inf	
f naming a beneficiary Ol	NLY, fill in beneficiary inf	Ormation and sign below:
f naming a beneficiary Ol My designated beneficiary i	NLY, fill in beneficiary inf s:	formation and sign below:
f naming a beneficiary Ol My designated beneficiary i Beneficiary Name:	NLY, fill in beneficiary inf s:	Formation and sign below: Beneficiary Social Security #:
f naming a beneficiary Ol My designated beneficiary i Beneficiary Name: Beneficiary Date of Birth: _	NLY, fill in beneficiary inf	Beneficiary Social Security #: Beneficiary Gender (Circle One) M F
f naming a beneficiary Ol My designated beneficiary i Beneficiary Name: Beneficiary Date of Birth: _	NLY, fill in beneficiary inf	Beneficiary Social Security #: Beneficiary Gender (Circle One) M F
f naming a beneficiary Ol My designated beneficiary is Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number	NLY, fill in beneficiary inf	Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship
f naming a beneficiary Ol My designated beneficiary i Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address:	NLY, fill in beneficiary inf	Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship
f naming a beneficiary Ol My designated beneficiary is Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number Employee's Signature:	NLY, fill in beneficiary inf	Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship Date:
finaming a beneficiary Ol My designated beneficiary is Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number Employee's Signature: STATE OF FLORIDA	NLY, fill in beneficiary inf	Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship Date: Ent was acknowledged before me this
f naming a beneficiary Ol My designated beneficiary is Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number Employee's Signature: STATE OF FLORIDA COUNTY OF	NLY, fill in beneficiary inf	Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship Date:
f naming a beneficiary Ol 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 instrum	Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship Date: ent was acknowledged before me this
f naming a beneficiary Ol 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 instrum day of the by Who is personally know	Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship Date: ent was acknowledged before me this of Color of who has provided
f naming a beneficiary Ol 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 instrum day of the by Who is personally know	Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship Date: ent was acknowledged before me this of
If naming a beneficiary Ol 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 Commission # HH 476578	The foregoing instrum day of the by Who is personally know	Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship Date: ent was acknowledged before me this of Color of who has provided
f naming a beneficiary Ol 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 instrum day of the by Who is personally know	Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship Date: ent was acknowledged before me this of, 20 who to me or who has provided the did/did not take an oath. Notary Publ

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.

1, Gabriel Parra	, an e	mployee of t	he City of Clearwa	ter, hereby apply for
pension benefits under the City's	Employees' Per	sion Plan.		
I hereby certify that I fully unders	stand the prefer	ences offered	to me. I choose to	retire using separation
pay preference # and	wish my benefit	ts to be calcula	ated under this prefe	erence. Please use my
leave in the following manner:	Wien my Senem		•	
•	ation	sick	floaters	bonus hours
Lump Sum vac. 365.9538				1
I understand that my preference	کے 313 cannot be chan	ged once this	form is signed and t	hat my decision is
irrevocable.	EMPLOYEE'S	SIGNATURE:	Jantago	<u>.</u>
	SOCIAL SECU	JKII Y #		
WITNESSES:	ADDRESS:	, and the second second		-
	•			
	PHONE:		DATE: <u>09</u>	-04-2025

Member Data

Name

: GABRIEL PARRA

Social Security No.

Date of Birth

Age at Retirement

: 75 Years 4 Months

: 06/01/1950

Beneficiary Data

Social Security No.

Date of Birth

Relationship

of children under 18:

Retirement Data

Age at Retirement

Pension Start Date

: 07/14/2003

Calculation Type

: Estimate

Termination Date

: 09/30/2025

Benefit Group

: Non-Hazardous - Tier II

Effective Date

: 10/01/2025

Retirement Type

: Normal Retirement

FAC

: \$ 74,361.42

Option Elected

: : \$0.00 (0 %)

Pre-Tax Contributions Post-Tax Contributions : \$ 0.00 : \$ 0.00 Partial Lump Sum

Total Member Service : 22 Years 2 Months 17 Days

Formula for Benefit A : 2.75% * 9.4639 years * \$74,361.42

Monthly Benefit

Form of Payment	Factor	To Member	To Beneficiary
Normal Form	1.00000	\$1,612.76	N/A
Single Life Annuity 3.7 \$5.5 [1.00000	\$1,612.76	N/A
10 Year Certain and Life Annuity	0.85470	\$1,378.42	N/A
			1

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

Formula for Benefit B

75% Joint and Survivor 100% Joint and Survivor : 2.75% * 12.75 years * \$74,361.42

Monthly Benefit

Form of Payment	Factor	To Member	To Beneficiary
Normal Form	1.00000	\$2,172.75	N/A
Single Life Annuity	1.00000	\$2,172.75	N/A
10 Year Certain and Life Annuity	0.85618	\$1,860.26	N/A
50% Joint and Survivor			
66 2/3% Joint and Survivor			mental a social

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. Gabriel Harra	do hereby apply to receive ben	efits under the
(Please print name) City of Clearwater General Employees' Pension Plan in a	ccordance with the following:	
Job Classification: Community Dave Iom Department: FOOOmic Tevelonat & Having	(circle one): (M) F AH COORD. I Pivision: ED Housins Div Date of Separation: September .	<u>30,20</u> 5
Spouse's Name:		
Spouse's Date of Birth:	Spouse's Gender (circle one): M F	
The type of pension for which I am applying is (check onl	y one):	į
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:				······································
	Joint and Survivo	or Annuity	ANDROPEZACIONISTA	
Employee's Signature:		Date:	and the same of th	
Dependent children under the age of 18 and re	esiding in my househo	old are:	novini ka si u sekala di navi ka si u seka	
Child's Name	Gender (M-F)	Date of Birth	Social	Security#
			and constitution of the state o	
If taking Option 2 sign below:				
Option #: 2 Description:	Life Annuity	Date: 09/	אנגם א	625
Employee's Signature:		Date:	0970	
If taking Option 3, fill in beneficiary informa	ation and sign below	<i>r</i> :	And the state of t	
Option #: _ 3 _ Description:	10 Year Certain	and Life Annuity		
My designated beneficiary is:			read-man have discovered	
wy designated beneficially is.			Account	
Name:	Social Secur	ity Number:	A CONTRACT OF THE CONTRACT OF	
Date of Birth:	Gender (Circ	cle One) M F	A CALLADORINA III ARVAN	
Address:			Annual An	
Phone Number:	Relation	ship		
Employee's Signature:		Date:		

)ption #:	Description:	per, Description and beneficiary information % Joint and Survivor Annuity	
ly designated beneficiary is:			
lame:		Social Security Number:	
eate of Birth:			
.ddress:			
hone Number:		D. I. C Info	
mployee's Signature:		Date:	
		Percentage and sign below:	
Option #: NA	Description:	Partial Lump Sum Payment	
-			
		following amount (check only one):	
		e of the normal retirement benefit	
20% of the actuari	ally determined valu	e of the normal retirement benefit	
000/ 64 (100)	ally determined valu	ie of the normal retirement benefit	
30% of the actuari			
	rement benefit for th	ne option selected above shall be reduced accor	dingly.
understand my monthly retir			
understand my monthly retin		Date:	
understand my monthly retinest signature:	LY, fill in beneficia		
understand my monthly retinemployee's Signature: f naming a beneficiary ON My designated beneficiary is:	LY, fill in beneficia	Date: ry information and sign below:	
understand my monthly retine mployee's Signature: finaming a beneficiary ON My designated beneficiary is: Beneficiary Name:	LY, fill in beneficia	Date:	
understand my monthly retine mployee's Signature: finaming a beneficiary ON My designated beneficiary is: Beneficiary Name:	LY, fill in beneficia	Date:	
understand my monthly retiremployee's Signature: If naming a beneficiary ON My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth:	LY, fill in beneficia	Date: Iry information and sign below: Beneficiary Social Security #: Beneficiary Gender (Circle One) M F	
understand my monthly retiremployee's Signature: f naming a beneficiary ON My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number:	LY, fill in beneficia	Date: ary information and sign below: Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship	
understand my monthly retin	LY, fill in beneficia	Date: ary information and sign below: Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship	
understand my monthly retiremployee's Signature: If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	LY, fill in beneficial	Date: ary information and sign below: Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship	
understand my monthly retiremployee's Signature: If naming a beneficiary ON My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature:	LY, fill in beneficia	Date:	
understand my monthly retiremployee's Signature: If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing ins	Date:	
understand my monthly retiremployee's Signature: If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing ins	Date:	
understand my monthly retiremployee's Signature: If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing ins	Date:	
understand my monthly retiremployee's Signature: If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing ins	Date:	Notary Public

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.

_	and the state of t	
1, Marvin T	Ettingill , an employee of the City of Clearwater	, hereby apply for
pension benefits	under the City's Employees' Pension Plan.	
I hereby certify th	nat I fully understand the preferences offered to me. I choose to reti	ire using separation
	and wish my benefits to be calculated under this prefere	
leave in the follow	ving manner:	
G€ Run Out		onus hours
Lump Sum	vacation sick floaters by 1926. 24 15	nonus hours Bank 20 81.50
I understand that	my preference cannot be changed once this form is signed and that	t my decision is
irrevocable.	EMPLOYEE'S SIGNATURE:	
	SOCIAL SECURITY #	
WITNESSES:	ADDRESS:	
	<u> </u>	
	PHONE: DATE:	24/25

Revised 1/02 Form #9900-0008

Member Data

Name

: MARVIN PETTINGILL

Social Security No.

Date of Birth

Age at Retirement

Beneficiary Data

Name

: KERI PETTINGILL

Social Security No.

Date of Birth

Age at Retirement

Relationship

: Spouse

of children under 18 : 0

Retirement Data

Pension Start Date

: 05/28/1996

Calculation Type

: Estimate

Termination Date

: 09/26/2025

Benefit Group

: Hazardous - Tier II

Effective Date

: 10/01/2025

Retirement Type

: Normal Retirement

FAC

: \$ 140,548.34

: \$

: \$

Option Elected

Pre-Tax Contributions Post-Tax Contributions 0.00 0.00

Partial Lump Sum,

: \$438,488.59 (30 %) Total Member Service : 29 Years 3 Months 29 Days

Formula for Benefit A

: 2.75% * 16.5917 years * \$140,548.34

Monthly Benefit

Datantial

Form of Payment	Factor	To Member	To Beneficiary
Normal Form 6,612.95	1.00000	\$3,740.81	N/A
Single Life Annuity 7,270	1.09922	\$4,111.95	N/A
Single Life Annuity 7,270.7,102.30	1.07378	\$4,016.80	N/A
50% Joint and Survivor 6,832.78	1.03282	\$3,863.59	\$1,931.80
66 2/3% Joint and Survivor 6,698.53	1.01244	\$3,787.35	\$2,524.91
75% Joint and Survivor 6.633.3	1.00254	\$3,750.30	\$2,812.73
100% Joint and Survivor (245.18	0.97399	\$3,643.52	\$3,643.52

Formula for Benefit B

: 2.75% * 12.7389 years * \$140,548.34

Monthly Benefit

Form of Payment	Factor	To Member	To Beneficiary
Normal Form	1.00000	\$2,872.15	N/A
Single Life Annuity	1.09954	\$3,158.05	N/A
10 Year Certain and Life Annuity	1.07429	\$3,085.50	N/A
50% Joint and Survivor	1.03379	\$2,969.19	\$1,484.60
66 2/3% Joint and Survivor	1.01359	\$2,911.18	\$1,940.79
75% Joint and Survivor	1.00378	\$2,883.01	\$2,162.26
100% Joint and Survivor	0.97546	\$2,801.66	\$2,801.66

****** 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, Marvin Tettingil (Please print name) City of Clearwater General Employees' Pension Plan in a	do hereby apply to receive benefits under the accordance with the following:
To The HI Chief	Division: FD Administration Date of Separation: Saptember 26, 2005
Spouse's Name: Kori Tettircill Spouse's Date of Birth:	Spouse's Gender (circle one): M F
The type of pension for which I am applying is (check only	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. 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	r Annuity		The state of the s
Employee's Signature:			Date:		
Dependent children under the ag	e 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			Table of the state
Employee's Signature:			Date:		
If taking Option 3, fill in benefic	iary informati	on and sign below	:		
Option #: <u>3</u>		10 Year Certain a			
My designated beneficiary is:					
Name:		Social Securi	ty Number:		
Date of Birth:		Gender (Circ	le One) M	=	
Address:					
Phone Number:					
Employee's Signature:			Da	te:	

Option #:	Description: SO % Joint and Survivor Annuity
My designated beneficiary is:	
Name: Keri Potti	Social Security Number:
Date of Birth:	Gender (Circle One) M F
Address:	
Phone Number	Relationship Wite
Employee's Signature:	2777 Date: 9/24/25
If taking a Partial Lumn Sur	m Payment, fill in Percentage and sign below:
Option #: NA	Description: 305 Partial Lump Sum Payment
l elect to take a partial lump s	sum payment in the following amount (check only one):
·	
	ally determined value of the normal retirement benefit ally determined value of the normal retirement benefit
l /	ally determined value of the normal retirement benefit
oo // or and dottdank	any determined value of the formal retirement series.
I understand my monthly retir	ement benefit for the option selected above shall be reduced accordingly.
Employee's Signature:	Date: 9/24/25
If naming a beneficiary ONL	_Y, fill in beneficiary information and sign below:
My designated beneficiary is:	
Beneficiarv Name:	Beneficiary Social Security #:
Beneficiary Date of Birth:	Beneficiary Gender (Circle One) M F
Beneficiary Date of Birth:	
Beneficiary Date of Birth: Beneficiary Address:	Relationship
Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _	Relationship Date:
Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _	Relationship
Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _ Employee's Signature:	Relationship
Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _ Employee's Signature: STATE OF FLORIDA COUNTY OF PINELLAS	Relationship
Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _ Employee's Signature: STATE OF FLORIDA COUNTY OF PINELLAS ALYSSA GAGLIARDI Commission # HH 476578	Relationship
Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _ Employee's Signature: STATE OF FLORIDA COUNTY OF PINELLAS	Relationship Date: The foregoing instrument was acknowledged before me this day of Charler, 2025 by Marvin Tetting II who is personally known to me or who has provided as identification and who did did not take an oath. Notary Public
Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _ Employee's Signature: STATE OF FLORIDA COUNTY OF PINELLAS ALYSSA GAGLIARDI Commission # HH 476578	Relationship Date: The foregoing instrument was acknowledged before me this Aday of Schanger, 2025 by Marvin Tetting II who is personally known to me or who has provided as identification and who did did not take an oath. Notary Public
Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _ Employee's Signature: STATE OF FLORIDA COUNTY OF PINELLAS ALYSSA GAGLIARDI Commission # HH 476578	Relationship Date: The foregoing instrument was acknowledged before me this Aday of Schanger, 2025 by Marvin Tetting II who is personally known to me or who has provided as identification and who did did not take an oath. Notary Public

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

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.

		- Ba	
, Terry Swatzell	, an employee	of the City of Clearw	ater, hereby apply for
pension benefits under the City's	Employees' Pension Plan.		
I hereby certify that I fully unders	stand the preferences offe	red to me. I choose to	retire using separation
pay preference # and			
leave in the following manner:			
Run Out vaca	ation sick	floaters	bonus hours
Lump Sum vaca	ation sick 	floaters	bonus hours
I understand that my preference			
irrevocable.	EMPLOYEE'S SIGNATU	IRE: Ty Lee	Sweet
	SOCIAL SECURITY #;	•	
WITNESSES:	ADDRESS.	· ·	
	PHONE.	DATE:	10-6-25
Revised 1/02			

Member Data

Name : TERRY SWATZELL

Date of Birth : 01/07/1961

Age at Retirement : 64 Years 10 Months 25 Days

Beneficiary Data

Name : MARJORY SWATZELL

Date of Birth : 04/28/1960

Age at Retirement : 65 Years 7 Months 3 Days Relationship : Spouse

of children under 18 : 0

Social Security No.

Social Security No.

Option Elected

Retirement Data

Pension Start Date : 11/17/2003 Calculation Type : Estimate

Effective Date : 12/01/2025 Retirement Type : Normal Retirement

FAC : \$ 40,981.96

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

Post-Tax Contributions : \$ 0.00 Total Member Service : 22 Years 0 Months 10 Days

Formula for Benefit A : 2.75% * 9.1222 years * \$40,981.96

Monthly Benefit

Potential

Potential

Form of Payment	Factor	To Member	To Beneficiary
Normal Form	- 1.00000	\$856.73	N/A
2008	1.00000	\$856.73	N/A
10 Year Certain and Life Annuity 1,976.79	0.95530	\$818.44	N/A
50% Joint and Survivor 1,916.06	0.92572	\$793.09	\$396.55
66 2/3% Joint and Survivor 1,870.05	0.90335	\$773.93	\$515.95
75% Joint and Survivor 1.647.85	0.89257	\$764.69	\$573.52
100% Joint and Survivor 1784.33	0.86171	\$738.25	\$738.25

Formula for Benefit B : 2.75% * 12.9056 years * \$40,981.96

Monthly Benefit

Form of Payment	Factor	To Member	To Beneficiary
Normal Form	F.00000	\$1,212.05	N/A
Single Life Annuity	1.00000	\$1,212.05	N/A
10 Year Certain and Life Annuity	0.95565	\$1,158.30	N/A
50% Joint and Survivor	0.92650	\$1,122.97	\$561.48
66 2/3% Joint and Survivor	0.90435	\$1,096.12	\$730.75
75% Joint and Survivor	0.89366	\$1,083.16	\$812.37
100% Joint and Survivor	0.86307	\$1,046.08	\$1,046.08

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

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 # 105707 Date of Birth: 17/1961 Gender (circle one): M F Job Classification: Parks Sevice Technician II Department: Parks Sevice Technician II Department: Date of Hire: 11/10/2003 Division: Parks Date of Separation: Date of Separa	nonce 21,305
Spouse's Name: Majory Swatzell Spouse's Date of Birth: 428 1966 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 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 Descriptio	n: Joint and Survivo	or Annuity	
Employee's Signature:		Date:	
Dependent children under the age of 18 and	d residing in my househo	old are:	
Child's Name	Gender (M-F)	Date of Birth	Social Security#
If taking Option 2 sign below:			
	n: Life Annuity		
· · ·			
Employee's Signature:		Date:	
If taking Option 3, fill in beneficiary infor	mation and sign below	v :	
	n: 10 Year Certain		
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:	

If taking Option 4, 5, 6, or 7, 1	fill in Option Number, Description and beneficiary information and	a sign below.
Option #:	Description: 50% Joint and Survivor Annuity	
My designated beneficiary is:		
Name: Marjori	,	-
Date of Birth:	S 1960 Gender (Circle One) M F	
Address:	10-	
Phone Number:	Relationship WHC	
Employee's Signature:	my Lo Swift Date: 10-6	- 25
	n Payment, fill in Percentage and sign below:	
Option #: NA		_
	um payment in the following amount (check only one):	
10% of the actuaria	ally determined value of the normal retirement benefit	
	ally determined value of the normal retirement benefit	
	ally determined value of the normal retirement benefit	
I understand my monthly retir	ement benefit for the option selected above shall be reduced according	gly.
l	Date:	
Employee's Signature:		
	LY, fill in beneficiary information and sign below:	
If naming a beneficiary ONI My designated beneficiary is:	LY, fill in beneficiary information and sign below:	
If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name:	LY, fill in beneficiary information and sign below: Beneficiary Social Security #:	
If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth:	LY, fill in beneficiary information and sign below: Beneficiary Social Security #:	
If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth:	LY, fill in beneficiary information and sign below: Beneficiary Social Security #: Beneficiary Gender (Circle One) M F	
If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address:	LY, fill in beneficiary information and sign below: Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship	
If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number:	LY, fill in beneficiary information and sign below: Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship	
If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA	LY, fill in beneficiary information and sign below: Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship Date: The foregoing instrument was acknowledged before me this	
If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	Beneficiary Social Security #:	
If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA	LY, fill in beneficiary information and sign below: Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship Date: The foregoing instrument was acknowledged before me this	
If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship Date: The foregoing instrument was acknowledged before me this day of CHORO , 2005 by Suche N who is personally known to me or who has provided	
If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF PINELLAS	Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship Date: The foregoing instrument was acknowledged before me this day of CHORO , 2005 by Terry Swatze II	
If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF PINELLAS	Beneficiary Social Security #:	
If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF PINELLAS ALYSSA GAGLIARDI	Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship Date: The foregoing instrument was acknowledged before me this day of Choco by Suche I who is personally known to me or who has provided as identification and who did/did not take an oath. (Signature)	
If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF PINELLAS	Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship Date: The foregoing instrument was acknowledged before me this day of Choco by Suche I who is personally known to me or who has provided as identification and who did/did not take an oath. (Signature)	Notary Public
If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF PINELLAS	Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship Date: The foregoing instrument was acknowledged before me this day of Choc , 20 by Swalze II who is personally known to me or who has provided as identification and who did/did not take an oath. (Signature) Name of II	Notary Public

EMPLOYEES' SEPARATION PAY PREFERENCES

PREFEREN	CE#	1
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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, Anita Vir	ncent (Lynn)	, an employee	of the City of Cle	arwater, hereby apply for
pension benefits u	ınder the City's Employ	ees' Pension Plan.		
I hereby certify th	at I fully understand th	e preferences offe	red to me. I choos	e to retire using separation
				preference. Please use my
leave in the follow	ving manner:			
Run Out	vacation	sick	floaters	bonus hours
Lump Sum	2.2118	sick 	floaters	bonus hours
I understand that	my preference cannot	be changed once t	his form is signed	and that my decision is
irrevocable.				
	EMPL	OYEE'S SIGNATU	RE: a. Syen V.	noent
	SOCIA	AL SECURITY #:		
WITNESSES:	ADDR	ESS:		
	PHON	E:	DATE: _	9/15/25

Revised 1/02 Form #9900-0008

Member Data

Name

: ANITA L VINCENT

Social Security No.

Date of Birth

: 09/02/1964

Age at Retirement

: 61 Years 2 Months 29 Days

Beneficiary Data

Name

Social Security No.

Date of Birth

Age at Retirement

Relationship

of children under 18:

Retirement Data

Pension Start Date

: 11/14/2005

Calculation Type

: Estimate

Termination Date

: 11/14/2025

Benefit Group

: Non-Hazardous - Tier II

Effective Date

: 12/01/2025

Retirement Type

: Normal Retirement

FAC

: \$ 57,607.65

: **\$**

Option Elected

: \$0.00 (0 %)

Pre-Tax Contributions Post-Tax Contributions : \$ 0.00 0.00

Partial Lump Sum

Total Member Service: 20 Years 0 Months 1 Day

Formula for Benefit A

: 2.75% * 7.1306 years * \$57,607.65

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$941.36	N/A
Normal Form Single Life Annuity 2,640.72	1.00000	\$941.36	N/A
10 Year Certain and Life Annuity	0.97343	\$916.35	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

100% Joint and Survivor

: 2.75% * 12.8722 years * \$57,607.65

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,699.36	N/A
Single Life Annuity	1.00000	\$1,699.36	N/A
10 Year Certain and Life Annuity	0.97362	\$1,654.53	N/A
50% Joint and Survivor			
66 2/3% Joint and Survivor			AL PORTON CALL
75% Joint and Survivor			no.

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

Date of Birth:		
City of Clearwater General Employees' Pension Plan in accordance with the following: Employee ID # 106394 Date of Birth: 9/2/1944 Gender (circle one): M F Job Classification: Pourol Tech Department: Fin Once Division: Pourol Date of Hire: 11/14/2005 Benefits Effective Date: 11/14/2005 Spouse's Name: Spouse's Name: Spouse's Date of Birth: Spouse's Gender (circle one): M F The type of pension for which I am applying is (check only one): Regular Pension based on years of service		efits under the
City of Clearwater General Employees' Pension Plan in accordance with the following: Employee ID # 106394 Date of Birth: 9/2/1944 Gender (circle one): M F Job Classification: Pourol Tech Department: Fin Once Division: Pourol Date of Hire: 11/14/2005 Benefits Effective Date: 11/14/2005 Spouse's Name: Spouse's Name: Spouse's Date of Birth: Spouse's Gender (circle one): M F The type of pension for which I am applying is (check only one): Regular Pension based on years of service	(Please print name)	
Date of Birth:	City of Clearwater General Employees' Pension Plan in accordance with the following:	
Division: Pourol Tech Department: Fin Once Date of Hire: 11/14/2005 Benefits Effective Date: 11/14/2005 Spouse's Name: Spouse's Date of Birth: Spouse's Gender (circle one): M F The type of pension for which I am applying is (check only one): Regular Pension based on years of service	Employee ID # 106394 Date of Birth: 9/3 / 19 44 Gender (circle one): M (F)	
Department: Finance Date of Hire: 11/14/2005 Benefits Effective Date: 11/14/2005 Spouse's Name: Spouse's Date of Birth: Spouse's Gender (circle one): M F The type of pension for which I am applying is (check only one): Regular Pension based on years of service		
Date of Hire: 11/14/2005 Benefits Effective Date: 11/14/2005 Spouse's Name: Spouse's Date of Birth: Spouse's Gender (circle one): M F The type of pension for which I am applying is (check only one): Regular Pension based on years of service		
Spouse's Name: Spouse's Date of Birth: Spouse's Gender (circle one): The type of pension for which I am applying is (check only one): Regular Pension based on years of service		14 202S
Spouse's Name: 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		0 0 1
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	Benefits Effective Date: 11/19/2005	
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		
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	Spouse's Name:	
The type of pension for which I am applying is (check only one): Regular Pension based on years of service	Spouse's Date of Birth: Spouse's Gender (circle one): M F	
Regular Pension based on years of service		
	The type of pension for which I am applying is (check only one):	
Job-connected Disability Pension		
Non-job-connected Disability Pension	Non-job-connected Disability Pension	
	· · · · · · · · · · · · · · · · · · ·	
	1	

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_ Description:	Joint and Surviv	or Annuity	
Employee's Signature:		Date:	
Dependent children under the age of 18 and r	residing in my househ	nold are:	
Child's Name	Gender (M-F)	Date of Birth	Social Security #
If taking Option 2 sign below:			
1	: Life Annuity	-	
Employee's Signature: G. Hyun	Vinemt	Date: <i>91/151</i>	25
If taking Option 3, fill in beneficiary inform			
Option #: 3 Description:	: 10 Year Certain	and Life Annuity	
My designated beneficiary is:			
Name:	Social Secu	ırity Number:	
Date of Birth:	Gender (Ci	rcle One) M F	
Address:			
Phone Number:	Relatio	nship	
Employee's Signature:		Date:	

Option #:	5, 6,or 7, fill in Option Number, Description and beneficiary information and sign below: Description: M Joint and Survivor Annuity
My designated bene	ficiary is:
Name:	Social Security Number:
	Gender (Circle One) M F
Phone Number:	Relationship
Employee's Signatu	re: Date:
	.ump Sum Payment, fill in Percentage and sign below:
	Description: Partial Lump Sum Payment
10% of th	ne actuarially determined value of the normal retirement benefit ne actuarially determined value of the normal retirement benefit
30% of th	ne actuarially determined value of the normal retirement benefit
Lunderstand my mo	onthly retirement benefit for the option selected above shall be reduced accordingly.
i anaciotana my mt	onthly retirement benefit for the option selected above shall be reduced accordingly.
Employee's Signatu	ıre: Date:
Employee's Signatu	ciary ONLY, fill in beneficiary information and sign below:
Employee's Signatu	ciary ONLY, fill in beneficiary information and sign below:
Employee's Signatu If naming a benefit My designated benefit	ciary ONLY, fill in beneficiary information and sign below:
Employee's Signatu If naming a benefi My designated beneficiary Name:	ciary ONLY, fill in beneficiary information and sign below: eficiary is:
If naming a beneficiary Name: Beneficiary Date of	ciary ONLY, fill in beneficiary information and sign below: eficiary is: Beneficiary Social Security #:
If naming a benefit My designated beneficiary Name: Beneficiary Date of Beneficiary Address	ciary ONLY, fill in beneficiary information and sign below: eficiary is: Beneficiary Social Security #: Birth: Beneficiary Gender (Circle One) M F S: Relationship
If naming a beneficiary Name: Beneficiary Date of Beneficiary Address Beneficiary Phone I	ciary ONLY, fill in beneficiary information and sign below: eficiary is: Beneficiary Social Security #: Birth: Birth: Beneficiary Gender (Circle One) M F
If naming a beneficiary Name: Beneficiary Date of Beneficiary Address Beneficiary Phone I	ciary ONLY, fill in beneficiary information and sign below: Beneficiary Social Security #: Birth: Beneficiary Gender (Circle One) M F S: Number: Relationship Date:

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.

_							
1, Chery II	wood	, an e	employee of	the City o	f Clearwater	, hereby	apply for
pension benefits u	ınder the City's Em	ployees' Pe	nsion Plan.				
I hereby certify th	at I fully understar	d the prefer	ences offered	l to me. I c	hoose to ret	re using	separation
pay preference # _	and wis	h my benefi	ts to be calcu	lated under	this prefere	nce. Plea	se use my
leave in the follow	ving manner:						
Run Out	vacatio	n	_ sick	_ floaters		onus hou	ırs
Lump Sum	321. YIGO	1551.	7440 872	floaters) 28	ionus hou	ırs
I understand that	my preference can	.در بر not be chan	iged once this	form is sig	ned and tha	t my deci	sion is
irrevocable.	F	MPLOYFF'S	SIGNATURE	: Chesi	d (1)00	L	
				/.	,		
	S	OCIAL SEC	JRITY #:				
WITNESSES:	А	DDRESS: _	, contribute				
	P	HONE: _			ATE: <u>9-/9</u>	-25	

Member Data

Name : CHERYL WOOD Social Security No.

Date of Birth

Age at Retirement :

Beneficiary Data

Name : Social Security No. :

Date of Birth :

Age at Retirement : Relationship :

of children under 18:

Retirement Data

Pension Start Date : 04/28/1997 Calculation Type : Estimate

Termination Date : 09/30/2025 Benefit Group : Hazardous - Tier II

Effective Date : 10/01/2025 Retirement Type : Normal Retirement

FAC : \$ 104,335.13 Option Elected : \$222,454.55 (20 %)

Post-Tax Contributions : \$ 0.00 Total Member Service : 28 Years 5 Months 3 Days

Formula for Benefit A : 2.75% * 15.675 years * \$104,335.13

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00680	\$3,018.70	N/A
Single Life Annuity 5,474.01	1.00680	\$3,018.70	N/A
10 Year Certain and Life Annuity	1.00000	\$2,998.33	N/A
50% Joint and Survivor			

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

100% Joint and Survivor

Formula for Benefit B : 2.75% * 12.75 years * \$104,335.13

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00676	\$2,455.31	N/A
Single Life Annuity	1.00676	\$2,455.31	N/A
10 Year Certain and Life Annuity	1.00000	\$2,438.84	N/A
50% Joint and Survivor			
66 2/3% Joint and Survivor			
75% 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 HAZARDOUS DUTY EMPLOYEE

I, Chery I Wood (Please print name) City of Clearwater General Employees' Pension	do hereby apply to receive be	nefits under the
Employee ID # 103490 Date of Birth: Job Classification: Police Officer Department: Police Date of Hire: 428/1997 Benefits Effective Date: 428/1997	Gender (circle one): M (F) Division: PD Social Opera Date of Separation: Springer	tions Admin 210,2005
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 (c Regular Pension based on years of Job-connected Disability Pension Non-job-connected Disability Pension	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	on: <u>Joint and Survi</u>	or Annuity	
Employee's Signature:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Date:	
Dependent children under the age of 18 an	d residing in my housel	nold are:	
Child's Name	Gender (M-F)	Date of Birth	Social Security#
		Photos villa	
Marking Only of the Late			
If taking Option 2 sign below:			
	on: Life Annuity		and construction of the co
Employee's Signature: Chuy(L	Vood	Date: 9-/	9-25
If taking Option 3, fill in beneficiary infor	mation and sign belo	w:	
Option #: _3 Description	n: <u>10 Year Certain</u>	and Life Annuity	
My designated beneficiary is:			
Name:	Social Secu	ırity Number:	
Date of Birth:	Gender (Cir	rcle One) M F	
Address:			
Phone Number:	Relation	nship	
Employee's Signature:		Date:	

If taking Option 4, 5, 6,or 7,	fill in Option Number, Description and beneficiary information a	nd sign below:
Option #:	Description: % Joint and Survivor Annuity	
My designated beneficiary is:		
Name:	Social Security Number:	
Date of Birth:	Gender (Circle One) M F	
Address:		
Phone Number:	Relationship	
Employee's Signature:	Date:	
	n Payment, fill in Percentage and sign below:	
Option #: NA		
Lelect to take a partial lump s	sum payment in the following amount (check only one):	
	ally determined value of the normal retirement benefit	
	ally determined value of the normal retirement benefit	
30% of the actuaris	ally determined value of the normal retirement benefit	
I understand my monthly retir	rement benefit for the option selected above shall be reduced accordi	ngly.
Employee's Signature:	May Wood Date: 9-19-25	
	V	
	_Y, fill in beneficiary information and sign below:	
My designated beneficiary is:		
Beneficiary Name:	Beneficiary Social Security #:	
Beneficiary Date of Birth:	Beneficiary Gender (Circle One) M F	
Beneficiary Address:		
Beneficiary Phone Number: _	Relationship	
Employee's Signature:	Date:	
STATE OF FLORIDA COUNTY OF PINELLAS	The foregoing instrument was acknowledged before me this Q	Notary Public