APPLICATION FOR VESTED RIGHTS PENSION

Michael Beaver, being a person leaving employment with the City of Clearwater, Florida, and having completed five (5) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) 2/27/2012 to (date of resignation or change of status) 10/3/2025 hereby makes application to receive the vested rights pension provided for by the City Code of Ordinances. As such former employee, I understand the pension requested will be computed pursuant to the provisions of the City Code of Ordinance in effect on the date of resignation.

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

The date I will begin to receive my pension will be 3/1/2032.

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

_____ Signature	_____ Social Security Number
Police Department/Division	_____ Street Address
Police Sergeant Job Classification	_____ City, State, Zip Code

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me by means of ☑ physical presence or ☐ online notarization, this 19 day of September, 2025 by Micheal Beaver, who is personally known to me or has produced _____ as identification.

NOTARY PUBLIC STATE OF FLORIDA
ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

_____ Notary Public (Signature)

Alyssa Gagliardi (Name of Notary Printed)

Commission No. _____

APPLICATION FOR VESTED RIGHTS PENSION

Andrew Sullivan, being a person leaving employment with the City of Clearwater, Florida, and having completed five (5) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) 04/04/2015 to (date of resignation or change of status) 09/05/25 hereby makes application to receive the vested rights pension provided for by the City Code of Ordinances. As such former employee, I understand the pension requested will be computed pursuant to the provisions of the City Code of Ordinance in effect on the date of resignation.

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

The date I will begin to receive my pension will be ~~04/04/2035~~ May 1, 2035.

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

_____ Signature	_____ Social Security Number
Fire Department/Division	_____ Street Address
Fire Inspector II Job Classification	_____ City, State, Zip Code

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me by means of ☑ physical presence or ☐ online notarization, this 3 day of September, 2025 by Andrew Sullivan, who is personally known to me or has produced _____ as identification.

ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

Alyssa Gagliardi Notary Public (Signature)

_____ (Name of Notary Printed)

Commission No. _____