

CITY OF CLEARWATER
EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, Nathan Ballouz, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

Run Out	<u> </u>	vacation	<u> </u>	sick	<u> </u>	floaters	<u> </u>	bonus hours
Lump Sum	<u> </u>	vacation	<u> </u>	sick	<u> </u>	floaters	<u> </u>	<u>BANK</u> bonus hours
	<u> </u>		<u>2019.3654</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>264</u>
			<u>1009.628</u>					

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: N. Ballouz

SOCIAL SECURITY #: _____

WITNESSES:

ADDRESS: _____

PHONE: _____ DATE: 12/12/2025

City of Clearwater Employees' Retirement System Benefit Estimate

Member Data

Name : **NATHAN BALLOUZ** Social Security No. :

Date of Birth :

Age at Retirement :

Beneficiary Data

Name : **JOYCE BALLOUZ** Social Security No. :

Date of Birth :

Age at Retirement :

Relationship : **Spouse**
of children under 18 : **0**

Retirement Data

Pension Start Date	: 05/16/1994	Calculation Type	: Estimate
Termination Date	: 12/30/2025	Benefit Group	: Hazardous - Tier II
Effective Date	: 01/01/2026	Retirement Type	: Normal Retirement
FAC	: \$ 111,318.42	Option Elected	:
Pre-Tax Contributions	: \$ 0.00	Partial Lump Sum	: \$0.00 (0 %)
Post-Tax Contributions	: \$ 0.00	Total Member Service	: 31 Years 7 Months 15 Days

Formula for Benefit A : **2.75% * 18.625 years * \$111,318.42**

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form 8,067.69	1.00000	\$4,751.33	N/A
Single Life Annuity	1.11137	\$5,280.49	N/A
10 Year Certain and Life Annuity	1.06169	\$5,044.44	N/A
50% Joint and Survivor	1.04377	\$4,959.27	\$2,479.63
66 2/3% Joint and Survivor	1.02302	\$4,860.68	\$3,240.46
75% Joint and Survivor	1.01295	\$4,812.85	\$3,609.63
100% Joint and Survivor 7,942.03	0.98391	\$4,674.87	\$4,674.87

Formula for Benefit B : **2.75% * 13 years * \$111,318.42**

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$3,316.36	N/A
Single Life Annuity	1.11137	\$3,685.70	N/A
10 Year Certain and Life Annuity	1.06208	\$3,522.24	N/A
50% Joint and Survivor	1.04447	\$3,463.83	\$1,731.92
66 2/3% Joint and Survivor	1.02392	\$3,395.68	\$2,263.78
75% Joint and Survivor	1.01395	\$3,362.62	\$2,521.97
100% Joint and Survivor	0.98516	\$3,267.16	\$3,267.16

***** 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, Nathan Ballouz 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 # 102772
Date of Birth: _____ Gender (circle one): M F
Job Classification: Firefighter
Department: Fire Division: FD Suppression
Date of Hire: 5/16/1994 Date of Separation: December 30, 2025
Benefits Effective Date: 5/16/1994
Spouse's Name: Joyce Ballouz
Spouse's Date of Birth: _____ Spouse's Gender (circle one): M F

The type of pension for which I am applying is (check only one):

Regular Pension based on years of service
 Job-connected Disability Pension
 Non-job-connected Disability Pension

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit. 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 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.]

Option 6 - 100% 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 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 2/3% 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 2/3 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.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: <u>1</u>	Description: <u>Joint and Survivor Annuity</u>		
Employee's Signature: _____	Date: _____		
Dependent children under the age of 18 and residing in my household are:			
Child's Name _____ _____ _____	Gender (M-F) _____ _____ _____	Date of Birth _____ _____ _____	Social Security # _____ _____ _____

If taking Option 2 sign below:

Option #: <u>2</u>	Description: <u>Life Annuity</u>
Employee's Signature: _____	Date: _____

If taking Option 3, fill in beneficiary information and sign below:

Option #: <u>3</u>	Description: <u>10 Year Certain and Life Annuity</u>
My designated beneficiary is:	
Name: _____	Social Security Number: _____
Date of Birth: _____	Gender (Circle One) <input type="radio"/> M <input type="radio"/> F
Address: _____	
Phone Number: _____	Relationship _____
Employee's Signature: _____	Date: _____

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:

Option #: 6

Description: 100 % Joint and Survivor Annuity

My designated beneficiary is:

Name: Alyce Ballouz

Social Security Number: _____

Date of Birth: _____

Gender (Circle One) M F

Address: _____

Phone Number: _____

Relationship SPouse

Employee's Signature: N.Y. Ballouz

Date: 12/12/2025

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA

Description: Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

10% of the actuarially determined value of the normal retirement benefit
 20% of the actuarially determined value of the normal retirement benefit
 30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: _____

Date: _____

If naming a beneficiary ONLY, 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

12th day of December, 2025

by Nathan Ballouz

who is personally known to me or who has provided _____

as identification and who did/did not take an oath.

Notary Public

(Signature)

Alyssa Gagliardi

Name of Notary Printed

My Commission expires: _____



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

CITY OF CLEARWATER
EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, Thelma Catio, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 2 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

Run Out	<u> </u>	vacation	<u> </u>	sick	<u> </u>	floaters	<u> </u>	bonus hours
Lump Sum	<u> </u>	vacation	<u>176.1419</u>	sick	<u> </u>	floaters	<u> </u>	bonus hours
				<u>84.780</u>		<u> </u>	<u> </u>	
				<u>42.3915</u>		<u> </u>	<u> </u>	

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: Thelma Catio

SOCIAL SECURITY #:

WITNESSES:

ADDRESS:

PHONE: DATE:

City of Clearwater Employees' Retirement System Benefit Estimate

Member Data

Name : **THELMA CATIO** Social Security No.
Date of Birth : **02/23/1959**
Age at Retirement : **67 Years 0 Months 6 Days**

Beneficiary Data

Name : **JAY STRACHAN** Social Security No. :
Date of Birth : **06/25/1964**
Age at Retirement : **61 Years 8 Months 6 Days** Relationship : **Spouse**
of children under 18 : **0**

Retirement Data

Pension Start Date	: 12/17/2001	Calculation Type	: Estimate
Termination Date	: 02/27/2026	Benefit Group	: Non-Hazardous - Tier II
Effective Date	: 03/01/2026	Retirement Type	: Normal Retirement
FAC	: \$ 54,129.24	Option Elected	:
Pre-Tax Contributions	: \$ 0.00	Partial Lump Sum	: \$0.00 (0 %)
Post-Tax Contributions	: \$ 0.00	Total Member Service	: 24 Years 2 Months 11 Days

Formula for Benefit A : $2.75\% * 11.0389 \text{ years} * \$54,129.24$

Form of Payment	Factor	Monthly Benefit To Member	Potential To Beneficiary
Normal Form 3.00157	1.00000	\$1,369.33	N/A
Single Life Annuity	1.00000	\$1,369.33	N/A
10 Year Certain and Life Annuity 2.831.04	0.94293	\$1,291.18	N/A
50% Joint and Survivor 2.467.19	0.88794	\$1,215.88	\$607.94
66 2/3% Joint and Survivor 3.571.65	0.85596	\$1,172.09	\$781.40
75% Joint and Survivor 2.526.46	0.84082	\$1,151.36	\$863.52
100% Joint and Survivor 2.395.81	0.79846	\$1,093.36	\$1,093.36

Formula for Benefit B : $2.75\% * 13.1583 \text{ years} * \$54,129.24$

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,632.24	N/A
Single Life Annuity	1.00000	\$1,632.24	N/A
10 Year Certain and Life Annuity	0.94340	\$1,539.86	N/A
50% Joint and Survivor	0.88915	\$1,451.31	\$725.65
66 2/3% Joint and Survivor	0.85747	\$1,399.60	\$933.07
75% Joint and Survivor	0.84246	\$1,375.10	\$1,031.32
100% Joint and Survivor	0.80042	\$1,306.48	\$1,306.48

***** This is Only an Estimate *****

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

The GRS document retention policy requires destruction of all copies of this document no later than 7 years from the participant's date of retirement. You may want to retain a copy of this document in case this information is needed in the future.

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

I, Thelma Catio 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 # 102960
Date of Birth: 2/23/1959 Gender (circle one): M F
Job Classification: Recreation Leader II
Department: Parks & Rec Division: PR Ross Norton Rec
Date of Hire: 4/3/1995 Date of Separation: February 27, 2024
Benefits Effective Date: 12/17/2001

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



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.]

Option 6 - 100% 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 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 2/3% 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 2/3 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.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: <u>1</u>	Description: <u>Joint and Survivor Annuity</u>		
Employee's Signature: <u></u>	Date: <u></u>		
Dependent children under the age of 18 and residing in my household are:			
Child's Name <u></u> <u></u> <u></u>	Gender (M-F) <u></u> <u></u> <u></u>	Date of Birth <u></u> <u></u> <u></u>	Social Security # <u></u> <u></u> <u></u>

If taking Option 2 sign below:

Option #: <u>2</u>	Description: <u>Life Annuity</u>
Employee's Signature: <u>John W. Carter</u>	Date: <u>12/5/2025</u>

If taking Option 3, fill in beneficiary information and sign below:

Option #: <u>3</u>	Description: <u>10 Year Certain and Life Annuity</u>
My designated beneficiary is:	
Name: <u></u>	Social Security Number: <u></u>
Date of Birth: <u></u>	Gender (Circle One) <input type="checkbox"/> M <input type="checkbox"/> F
Address: <u></u>	
Phone Number: <u></u>	Relationship <u></u>
Employee's Signature: <u></u>	Date: <u></u>

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and 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: _____

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA Description: Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

10% of the actuarially determined value of the normal retirement benefit
 20% of the actuarially determined value of the normal retirement benefit
 30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: _____ Date: _____

If naming a beneficiary ONLY, 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

5th day of December, 2025

by Thelma Gagliardi

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



ALYSSA GAGLIARDI

Commission # HH 476578
Expires January 28, 2028

Notary Public

Name of Notary Printed

Alyssa Gagliardi
(Signature)

My Commission expires: _____

CITY OF CLEARWATER
EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, David Derrick, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # / and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

Run Out	<u> </u>	vacation	<u> </u>	sick	<u> </u>	floaters	<u> </u>	bonus hours		
Sof pe 1/2/25		Lump Sum	<u> </u>	vacation	<u> </u>	sick	<u> </u>	floaters	<u> </u>	Comp bonus hours
			<u>316.7232</u>		<u>1205.4217</u>		<u>8</u>		<u>120</u>	
					<u>602.7110</u>					

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: David

SOCIAL SECURITY #: _____

WITNESSES:

ADDRESS: _____

PHONE: _____

DATE: 12-22-25

City of Clearwater Employees' Retirement System Benefit Estimate

Member Data

Name : DAVID DERRICK Social Security No. :
 Date of Birth :
 Age at Retirement :

Beneficiary Data

Name : ANDREA DERRICK Social Security No. :
 Date of Birth :
 Age at Retirement :
 Relationship : Spouse
 # of children under 18 : 0

Retirement Data

Pension Start Date	: 07/21/1997	Calculation Type	: Estimate
Termination Date	: 01/09/2026	Benefit Group	: Hazardous - Tier II
Effective Date	: 02/01/2026	Retirement Type	: Normal Retirement
FAC	: \$ 111,356.69	Option Elected	:
Pre-Tax Contributions	: \$ 0.00	Partial Lump Sum	: \$0.00 (0 %)
Post-Tax Contributions	: \$ 0.00	Total Member Service	: 28 Years 5 Months 19 Days

Formula for Benefit A : 2.75% * 15.4444 years * \$111,356.69

Form of Payment	Monthly Benefit		
	Factor	To Member	Potential To Beneficiary
Normal Form 7,265.19	1.00000	\$3,941.31	N/A
Single Life Annuity	1.11698	\$4,402.37	N/A
10 Year Certain and Life Annuity	1.10225	\$4,344.30	N/A
50% Joint and Survivor	1.03205	\$4,067.61	\$2,033.80
66 2/3% Joint and Survivor	1.00653	\$3,967.06	\$2,644.71
75% Joint and Survivor	0.99425	\$3,918.63	\$2,938.98
100% Joint and Survivor 6,974.24	0.95912	\$3,780.18	\$3,780.18

Formula for Benefit B : 2.75% * 13.025 years * \$111,356.69

Form of Payment	Monthly Benefit		
	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$3,323.88	N/A
Single Life Annuity	1.11748	\$3,714.37	N/A
10 Year Certain and Life Annuity	1.10283	\$3,665.68	N/A
50% Joint and Survivor	1.03331	\$3,434.61	\$1,717.30
66 2/3% Joint and Survivor	1.00801	\$3,350.51	\$2,233.68
75% Joint and Survivor	0.99582	\$3,309.99	\$2,482.49
100% Joint and Survivor	0.96094	\$3,194.06	\$3,194.06

***** 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, David Derrick

(Please print name)

do hereby apply to receive benefits under the

City of Clearwater General Employees' Pension Plan in accordance with the following:

Employee ID # 103636

Gender (circle one): M F

Date of Birth: _____
Job Classification: Police Officer

Department: Police

Date of Hire: 7/21/1997

Division: PD Patrol Dist 111 Team 3

Benefits Effective Date: 7/21/1997

Date of Separation: January 9, 2026

Spouse's Name: Andrea Derrick

Spouse's Date of Birth: _____

Spouse's Gender (circle one): M F

The type of pension for which I am applying is (check only one):

Regular Pension based on years of service
 Job-connected Disability Pension
 Non-job-connected Disability Pension

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit. 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 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.]

Option 6 - 100% 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 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 2/3% 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 2/3 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.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: 1 Description: Joint and Survivor Annuity

Employee's Signature: _____ Date: _____

Dependent children under the age of 18 and residing in my household 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 beneficiary information and sign below:

Option #: 3 Description: 10 Year Certain and Life 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: _____

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:

Option #: 6 Description: 100 % Joint and Survivor Annuity

My designated beneficiary is:

Name: Andrea R. Derrick

Social Security Number: _____

Date of Birth: _____

Gender (Circle One) M F

Address: _____

Phone Number: _____

Relationship Wife

Employee's Signature: AD

Date: 12-22-25

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA Description: Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

10% of the actuarially determined value of the normal retirement benefit
 20% of the actuarially determined value of the normal retirement benefit
 30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: _____ Date: _____

If naming a beneficiary ONLY, 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

22nd day of December, 2025

by David Derrick

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



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

Notary Public

Alyssa Gagliardi
(Signature)

Name of Notary Printed

My Commission expires: _____

CITY OF CLEARWATER
EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, Darrell Ford, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

Run Out	<u> </u>	vacation	<u> </u>	sick	<u> </u>	floaters	<u> </u>	bonus hours
Lump Sum	<u> </u>	vacation	<u> </u>	sick	<u> </u>	floaters	<u> </u>	bonus hours
	<u>313.9100</u>		<u>1560</u>		<u>24</u>		<u>8</u>	
			<u>780</u>					

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: Darrell Ford

SOCIAL SECURITY:

WITNESSES:

ADDRESS:

PHONE:

DATE: 12/2/25

City of Clearwater Employees' Retirement System Benefit Estimate

Member Data

Name : **DARRELL FORD** Social Security No.
Date of Birth : **12/16/1960**
Age at Retirement : **65 Years 1 Month 16 Days**

Beneficiary Data

Name : **CHERYL FORD** Social Security No. :
Date of Birth : **07/09/1959**
Age at Retirement : **66 Years 6 Months 23 Days** Relationship : **Spouse**
of children under 18 : **0**

Retirement Data

Pension Start Date	: 09/16/1996	Calculation Type	: Estimate
Termination Date	: 01/02/2026	Benefit Group	: Non-Hazardous - Tier II
Effective Date	: 02/01/2026	Retirement Type	: Normal Retirement
FAC	: \$ 70,195.68	Option Elected	:
Pre-Tax Contributions	: \$ 0.00	Partial Lump Sum	: \$0.00 (0 %)
Post-Tax Contributions	: \$ 0.00	Total Member Service	: 29 Years 3 Months 17 Days

Formula for Benefit A : $2.75\% * 16.2917 \text{ years} * \$70,195.68$

Form of Payment	Factor	Monthly Benefit		Potential To Beneficiary
		To Member	To Beneficiary	
Normal Form	1.00000	\$2,620.76		N/A
Single Life Annuity	1.00000	\$2,620.76		N/A
10 Year Certain and Life Annuity	0.95530	\$2,503.61		N/A
50% Joint and Survivor	0.92572	\$2,426.09		\$1,213.05
66 2/3% Joint and Survivor	0.90335	\$2,367.46		\$1,578.31
75% Joint and Survivor	0.89257	\$2,339.21		\$1,754.41
100% Joint and Survivor	0.86171	\$2,258.34		\$2,258.34

Formula for Benefit B : $2.75\% * 13.0056 \text{ years} * \$70,195.68$

Form of Payment	Factor	Monthly Benefit		Potential To Beneficiary
		To Member	To Beneficiary	
Normal Life	1.00000	\$2,092.14		N/A
Single Life Annuity	1.00000	\$2,092.14		N/A
10 Year Certain and Life Annuity	0.95565	\$1,999.35		N/A
50% Joint and Survivor	0.92650	\$1,938.37		\$969.18
66 2/3% Joint and Survivor	0.90435	\$1,892.03		\$1,261.35
75% Joint and Survivor	0.89366	\$1,869.66		\$1,402.25
100% Joint and Survivor	0.86307	\$1,805.66		\$1,805.66

***** 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
NON-HAZARDOUS DUTY EMPLOYEE**

I, Darrell Ford 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 # 103318

Date of Birth: 12/16/1960

Gender (circle one): M F

Job Classification: Streets & sidewalks supervisor

Department: Public Works

Division: pw streets & sidewalks

Date of Hire: 9/16/1990

Date of Separation: January 2, 2024

Benefits Effective Date: 9/16/1990

Spouse's Name: Cheryl Ford

Spouse's Date of Birth: 7/9/1959

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 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.]

Option 6 - 100% 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 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 2/3% 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 2/3 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.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: 1 Description: Joint and Survivor Annuity

Employee's Signature: _____ Date: _____

Dependent children under the age of 18 and residing in my household 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 beneficiary information and sign below:

Option #: 3 Description: 10 Year Certain and Life 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: _____

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:

Option #: 6 Description: 100 % Joint and Survivor Annuity

My designated beneficiary is:

Name: CHERYL FORD Social Security Number: _____
Date of Birth: 7/9/59 Gender (Circle One) M F
Address: _____
Phone Number: _____ Relationship: WIFE
Employee's Signature: Darrell Ford Date: 12/2/25

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA Description: Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

10% of the actuarially determined value of the normal retirement benefit
 20% of the actuarially determined value of the normal retirement benefit
 30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: _____ Date: _____

If naming a beneficiary ONLY, 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

2nd day of December, 2025

by Darrell Ford

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



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

Notary Public

(Signature)

Alyssa Gagliardi:

Name of Notary Printed

My Commission expires: _____

CITY OF CLEARWATER
EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, Shawn Lawrence, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

as of Run Out vacation sick floaters bonus hours
Lump Sum vacation sick floaters ^{Bank} _{bonus hours}
377 0135 12 138.5068 120

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: 

SOCIAL SECURITY #: 

WITNESSES:

ADDRESS: 

PHONE:  DATE: 12/5/25

City of Clearwater Employees' Retirement System Benefit Estimate

Member Data

Name : **SHAWN LAWRENTZ** Social Security No.
Date of Birth :
Age at Retirement : -

Beneficiary Data

Name : **CHERYL LAWRENTZ** Social Security No. :
Date of Birth :
Age at Retirement : Relationship : Spouse
of children under 18 : 0

Retirement Data

Pension Start Date	:	10/31/2005	Calculation Type	:	Estimate
Termination Date	:	12/16/2025	Benefit Group	:	Hazardous - Tier II
Effective Date	:	01/01/2026	Retirement Type	:	Normal Retirement
FAC	:	\$ 143,357.53	Option Elected	:	
Pre-Tax Contributions	:	\$ 0.00	Partial Lump Sum	:	\$338,745.58 (30 %)
Post-Tax Contributions	:	\$ 0.00	Total Member Service	:	20 Years 1 Month 16 Days

Formula for Benefit A : $2.75\% * 7.1667 \text{ years} * \$143,357.53$

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form 4,428.78	1.00000	\$1,648.12	N/A
Single Life Annuity 4,909.87	1.06048	\$1,747.79	N/A
10 Year Certain and Life Annuity 4,876.88	1.05332	\$1,736.00	N/A
50% Joint and Survivor 4,706.55	1.01630	\$1,674.98	\$837.49
66 2/3% Joint and Survivor 4,642.44	1.00239	\$1,652.05	\$1,101.37
75% Joint and Survivor 4,611.10	0.99557	\$1,640.81	\$1,230.61
100% Joint and Survivor 4,519.41	0.97566	\$1,608.00	\$1,608.00

Formula for Benefit B : $2.75\% * 12.9611 \text{ years} * \$143,357.53$

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,980.66	N/A
Single Life Annuity	1.06087	\$3,162.10	N/A
10 Year Certain and Life Annuity	1.05375	\$3,140.88	N/A
50% Joint and Survivor	1.01708	\$3,031.57	\$1,515.78
66 2/3% Joint and Survivor	1.00328	\$2,990.43	\$1,993.62
75% Joint and Survivor	0.99652	\$2,970.29	\$2,227.71
100% Joint and Survivor	0.97677	\$2,911.41	\$2,911.41

***** 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, Shawn Lawrence 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 # 106379

Gender (circle one): M F

Date of Birth: _____ Job Classification: Fire Lieutenant

Department: Fire

Division: FD Suppression

Date of Hire: 10/31/2005

Date of Separation: December 16, 2005

Benefits Effective Date: 10/31/2005

Spouse's Name: Cheryl Lawrence

Spouse's Date of Birth: _____

Spouse's Gender (circle one): M F

The type of pension for which I am applying is (check only one):

Regular Pension based on years of service

Job-connected Disability Pension

Non-job-connected Disability Pension

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit. 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 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.]

Option 6 - 100% 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 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 2/3% 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 2/3 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.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: 1 Description: Joint and Survivor Annuity

Employee's Signature: _____ Date: _____

Dependent children under the age of 18 and residing in my household 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 beneficiary information and sign below:

Option #: 3 Description: 10 Year Certain and Life 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: _____

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:

Option #: 6 Description: 100 % Joint and Survivor Annuity

My designated beneficiary is:

Name: Cheryl Lawrence

Social Security Number: _____

Date of Birth: _____

Gender (Circle One) M F

Address: _____

Phone Number: _____

Relationship Spouse

Employee's Signature: SB

Date: 12/5/25

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA Description: 30% Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

10% of the actuarially determined value of the normal retirement benefit
 20% of the actuarially determined value of the normal retirement benefit
 30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: SB Date: 12/5/25

If naming a beneficiary ONLY, 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

5th day of December, 2025

by Shawn Lawrence

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

Notary Public

(Signature)

Alyssa Gagliardi Name of Notary Printed

My Commission expires: _____



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

CITY OF CLEARWATER
EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, John Llauget, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

15 of
PPO
128/25 Run Out _____ vacation _____ sick _____ floaters _____ bonus hours
Lump Sum 2660.3200 751.1383 ~~151.98~~ _____ sick _____ floaters _____ bonus hours

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE:

SOCIAL SECURITY #:

WITNESSES:

ADDRESS:

DATE: 12/10/25

City of Clearwater Employees' Retirement System Benefit Estimate

Member Data

Name : JOHN LLAUGET Social Security No.
 Date of Birth : 08/08/1961
 Age at Retirement : 64 Years 4 Months 24 Days

Beneficiary Data

Name : LYNN WATKINS Social Security No. :
 Date of Birth : 09/13/1956
 Age at Retirement : 69 Years 3 Months 18 Days Relationship : Other
 # of children under 18 : 0

Retirement Data

Pension Start Date	: 09/14/1987	Calculation Type	: Estimate
Termination Date	: 12/31/2025	Benefit Group	: Non-Hazardous - Tier II
Effective Date	: 01/01/2026	Retirement Type	: Normal Retirement
FAC	: \$ 71,273.59	Option Elected	:
Pre-Tax Contributions	: \$ 0.00	Partial Lump Sum	: \$0.00 (0 %)
Post-Tax Contributions	: \$ 0.00	Total Member Service	: 38 Years 3 Months 17 Days

Formula for Benefit A : 2.75% * 25.2972 years * \$71,273.59

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Single Life Annuity 5,939.47	1.00000	\$4,131.93	N/A
10 Year Certain and Life Annuity 5,705.89	0.96058	\$3,969.05	N/A
50% Joint and Survivor 5,615.64	0.94531	\$3,905.95	\$1,952.98
66 2/3% Joint and Survivor 5,515.44	0.92839	\$3,836.04	\$2,557.36
75% Joint and Survivor 5,466.65	0.92015	\$3,802.00	\$2,851.50
100% Joint and Survivor 5,325.31	0.89629	\$3,703.41	\$3,703.41

Formula for Benefit B : 2.75% * 13 years * \$71,273.59 (Maximum Applies)

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Single Life Annuity	1.00000	\$1,807.54	N/A
10 Year Certain and Life Annuity	0.96089	\$1,736.84	N/A
50% Joint and Survivor	0.94587	\$1,709.69	\$854.85
66 2/3% Joint and Survivor	0.92911	\$1,679.40	\$1,119.60
75% Joint and Survivor	0.92095	\$1,664.65	\$1,248.49
100% Joint and Survivor	0.89730	\$1,621.90	\$1,621.90

Maximum allowance applies: 30.433% of Final Average Compensation

***** 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, John Llauget (Please print name) do hereby apply to receive benefits under the

City of Clearwater General Employees' Pension Plan in accordance with the following:

Employee ID # 101881

Date of Birth: 8/8/1961

Gender (circle one): M F

Job Classification: Recreation Supervisor

Department: Parks & Rec

Division: P2 Long Center Rec

Date of Hire: 12/23/1985

Date of Separation: December 31, 2025

Benefits Effective Date: 9/14/1987

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

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 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.]

Option 6 - 100% 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 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 2/3% 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 2/3 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.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: 1 Description: Joint and Survivor Annuity

Employee's Signature: _____ Date: _____

Dependent children under the age of 18 and residing in my household 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: John S. Shantz Date: 12/10/25

If taking Option 3, fill in beneficiary information and sign below:

Option #: 3 Description: 10 Year Certain and Life 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: _____

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and 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: _____

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA Description: _____ Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

10% of the actuarially determined value of the normal retirement benefit
 20% of the actuarially determined value of the normal retirement benefit
 30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: _____ Date: _____

If naming a beneficiary ONLY, 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
10th day of December, 2025

by John Hauget

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

Notary Public



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

(Signature)

Alyssa Gagliardi Name of Notary Printed

My Commission expires: _____

CITY OF CLEARWATER
EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, Frank McCormick, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

Run Out	vacation	sick	floaters	bonus hours
Lump Sum	vacation	sick	floaters	bonus hours
	<u>153.9600</u>	<u>312.9201</u>	<u>8</u>	<u>771.4611</u>

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: 

SOCIAL SECURITY #: _____

WITNESSES:

ADDRESS: _____

PHONE: _____

TE: 9/10/25

City of Clearwater Employees' Retirement System Benefit Estimate

Member Data

Name : **FRANK MCCORMICK** Social Security No. **3**
Date of Birth : **11/25/1969**
Age at Retirement : **55 Years 10 Months 6 Days**

Beneficiary Data

Name	:	STEPHANIE MCCORMICK	Social Security No.	:
Date of Birth	:	10/27/1972		
Age at Retirement	:	52 Years 11 Months 5 Days	Relationship	:
			# of children under 18	:
				0

Retirement Data

Pension Start Date	:	12/15/2003	Calculation Type	:	Estimate
Termination Date	:	09/19/2025	Benefit Group	:	Non-Hazardous - Tier II
Effective Date	:	10/01/2025	Retirement Type	:	Normal Retirement
FAC	:	\$ 56,025.00	Option Elected	:	
Pre-Tax Contributions	:	\$ 0.00	Partial Lump Sum	:	\$125,976.47 (30 %)
Post-Tax Contributions	:	\$ 0.00	Total Member Service	:	21 Years 9 Months 5 Days

Formula for Benefit A : $2.75\% * 9.0444 \text{ years} * \$56,025.00$

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Term	1.00000	\$812.85	N/A
Single Life Annuity 1,955.99	1.00000	\$812.85	N/A
10 Year Certain and Life Annuity	0.98681	\$802.14	N/A
50% Joint and Survivor	0.93827	\$762.68	\$381.34
66 2/3% Joint and Survivor	0.91935	\$747.30	\$498.20
75% Joint and Survivor	0.91017	\$739.84	\$554.88
100% Joint and Survivor	0.88371	\$718.33	\$718.33

Formula for Benefit B : $2.75\% * 12.7194 \text{ years} * \$56,025.00$

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,143.14	N/A
Single Life Annuity	1.00000	\$1,143.14	N/A
10 Year Certain and Life Annuity	0.98689	\$1,128.16	N/A
50% Joint and Survivor	0.93886	\$1,073.25	\$536.63
66 2/3% Joint and Survivor	0.92011	\$1,051.81	\$701.21
75% Joint and Survivor	0.91101	\$1,041.41	\$781.06
100% Joint and Survivor	0.88476	\$1,011.40	\$1,011.40

***** This is Only an Estimate *****

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

The GRS document retention policy requires destruction of all copies of this document no later than 7 years from the participant's date of retirement. You may want to retain a copy of this document in case this information is needed in the future.

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

I, Frank McCormick 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 # 105717
Date of Birth: 11/25/1969 Gender (circle one): M F
Job Classification: Solid Waste Equipment Oper
Department: Solid Waste & Recycling Division: SR Res side loader
Date of Hire: 12/15/2003 Date of Separation: September 19, 2025
Benefits Effective Date: 12/15/2003

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



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.]

Option 6 - 100% 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 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 2/3% 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 2/3 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.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: 1 Description: Joint and Survivor Annuity

Employee's Signature: _____ Date: _____

Dependent children under the age of 18 and residing in my household 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: 7/10/25

If taking Option 3, fill in beneficiary information and sign below:

Option #: 3 Description: 10 Year Certain and Life 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: _____

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and 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: _____

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA Description: 30% Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

10% of the actuarially determined value of the normal retirement benefit

20% of the actuarially determined value of the normal retirement benefit

30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: Alyssa Gagliardi Date: 9/10/25

If naming a beneficiary ONLY, 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

10th day of September, 2025

by Frank McCormick

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

Notary Public

(Signature)

Alyssa Gagliardi Name of Notary Printed

My Commission expires: _____

CITY OF CLEARWATER
EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, Jennifer Pauley, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

250F
202
1128 Run Out vacation sick floaters bonus hours
Lump Sum vacation sick floaters Bank
 ~~858.1078~~ ~~84~~ ~~84~~ bonus hours
 429.0535 ~~84~~ ~~84~~

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: Jennifer L. Pawley

SOCIAL SECURITY #:

WITNESSES:

ADDRESS: _____

PHONE: _____ DATE: 12/16/25

Revised 1/02
Form #9900-0008

File Name: Employee Separation Pay Pref

City of Clearwater Employees' Retirement System Benefit Estimate

Member Data

Name : **JENNIFER PAULEY** Social Security No. :

Date of Birth :

Age at Retirement :

Beneficiary Data

Name : **RICK PAULEY** Social Security No. :

Date of Birth :

Age at Retirement :

Relationship : **Spouse**
of children under 18 : 0

Retirement Data

Pension Start Date	: 05/07/2001	Calculation Type	: Estimate
Termination Date	: 01/29/2026	Benefit Group	: Hazardous - Tier II
Effective Date	: 02/01/2026	Retirement Type	: Normal Retirement
FAC	: \$ 141,770.18	Option Elected	
Pre-Tax Contributions	: \$ 0.00	Partial Lump Sum	: \$411,395.25 (30 %)
Post-Tax Contributions	: \$ 0.00	Total Member Service	: 24 Years 8 Months 23 Days

Formula for Benefit A : **2.75% * 11.65 years * \$141,770.18**

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form 5,624.30	1.00000	\$2,649.48	N/A
Single Life Annuity 5,857.53	1.04132	\$2,758.95	N/A
10 Year Certain and Life Annuity 5,822.68	1.03510	\$2,742.48	N/A
50% Joint and Survivor 5,702.64	1.01365	\$2,685.65	\$1,342.82
66 2/3% Joint and Survivor 5,652.81	1.00475	\$2,662.06	\$1,774.70
75% Joint and Survivor 5,625.18	1.00035	\$2,650.42	\$1,987.81
100% Joint and Survivor 5,555.71	0.98741	\$2,616.12	\$2,616.12

Formula for Benefit B : **2.75% * 13.0806 years * \$141,770.18**

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,974.82	N/A
Single Life Annuity	1.04160	\$3,098.58	N/A
10 Year Certain and Life Annuity	1.03542	\$3,080.20	N/A
50% Joint and Survivor	1.01418	\$3,016.99	\$1,508.49
66 2/3% Joint and Survivor	1.00535	\$2,990.75	\$1,993.83
75% Joint and Survivor	1.00099	\$2,977.76	\$2,233.32
100% Joint and Survivor	0.98816	\$2,939.59	\$2,939.59

***** This is Only an Estimate *****

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

The GRS document retention policy requires destruction of all copies of this document no later than 7 years from the participant's date of retirement. You may want to retain a copy of this document in case this information is needed in the future.

**CITY OF CLEARWATER
PENSION ENTITLEMENT OPTION REQUEST FORM
HAZARDOUS DUTY EMPLOYEE**

<u>I, Jennifer Pauley</u> (Please print name)		do hereby apply to receive benefits under the City of Clearwater General Employees' Pension Plan in accordance with the following:	
Employee ID #	<u>104873</u>	Gender (circle one):	<input checked="" type="radio"/> M <input type="radio"/> F
Date of Birth:		Job Classification:	<u>Fire Medic Lieutenant</u>
Department:	<u>Fire</u>	Division:	<u>FD Suppression</u>
Date of Hire:	<u>5/7/2001</u>	Date of Separation:	<u>January 29, 2026</u>
Benefits Effective Date:	<u>5/7/2001</u>		
Spouse's Name:	<u>Rick Pauley</u>	Spouse's Date of Birth:	
		Spouse's Gender (circle one):	<input checked="" type="radio"/> M <input type="radio"/> 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. 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 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.]

Option 6 - 100% 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 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 2/3% 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 2/3 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.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: 1 Description: Joint and Survivor Annuity

Employee's Signature: _____ Date: _____

Dependent children under the age of 18 and residing in my household 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 beneficiary information and sign below:

Option #: 3 Description: 10 Year Certain and Life 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: _____

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:

Option #: 4 Description: 50% Joint and Survivor Annuity

My designated beneficiary is:

Name: Richard E. Pauley Social Security Number: _____
Date of Birth: _____ Gender (Circle One) M F
Address: _____
Phone Number _____ Relationship Husband
Employee's Signature: Jennifer Pauley Date: 12-16-2025

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA Description: 30% Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

10% of the actuarially determined value of the normal retirement benefit
 20% of the actuarially determined value of the normal retirement benefit
 30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: Jennifer Pauley Date: 12-16-2025

If naming a beneficiary ONLY, 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

16th day of December, 2025

by Jennifer Pauley

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



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

Notary Public

Name of Notary Printed

Alyssa Gagliardi
(Signature)

My Commission expires: _____

CITY OF CLEARWATER
EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

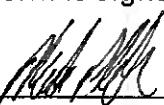
Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, Mark Plyler, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 2 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

Run Out	vacation	sick	floaters	bonus hours
Lump Sum	<u>235.3900</u>	<u>1560</u>	<u>8</u>	<u>0</u>

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: 

SOCIAL SECURITY #: _____

WITNESSES:

ADDRESS: _____

PHONE: _____

DATE: 11/20/25

City of Clearwater Employees' Retirement System Benefit Estimate

Member Data

Name : **MARK PLYLER** Social Security No.
Date of Birth : **10/20/1972**
Age at Retirement : **53 Years 7 Months 12 Days**

Beneficiary Data

Name : Social Security No. :
Date of Birth :
Age at Retirement : Relationship :
of children under 18 :

Retirement Data

Pension Start Date	: 05/28/1996	Calculation Type	: Estimate
Termination Date	: 05/29/2026	Benefit Group	: Non-Hazardous - Tier II
Effective Date	: 06/01/2026	Retirement Type	: Normal Retirement
FAC	: \$ 78,540.89	Option Elected	:
Pre-Tax Contributions	: \$ 0.00	Partial Lump Sum	: \$0.00 (0 %)
Post-Tax Contributions	: \$ 0.00	Total Member Service	: 30 Years 0 Months 2 Days

Formula for Benefit A : $2.75\% * 16.5917 \text{ years} * \$78,540.89$

Form of Payment	Factor	Monthly Benefit To Member	Potential To Beneficiary
<u>Normal Form</u>	<u>1.00000</u>	<u>\$2,986.33</u>	N/A
Single Life Annuity	1.00000	\$2,986.33	N/A
10 Year Certain and Life Annuity	0.99005	\$2,956.61	N/A
50% Joint and Survivor			
66 2/3% Joint and Survivor			
75% Joint and Survivor			
100% Joint and Survivor			

Formula for Benefit B : $2.75\% * 13.4139 \text{ years} * \$78,540.89$

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,414.36	N/A
Single Life Annuity	1.00000	\$2,414.36	N/A
10 Year Certain and Life Annuity	0.99012	\$2,390.51	N/A
50% Joint and Survivor			
66 2/3% Joint and Survivor			
75% Joint and Survivor			
100% Joint and Survivor			

***** This is Only an Estimate *****

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

The GRS document retention policy requires destruction of all copies of this document no later than 7 years from the participant's date of retirement. You may want to retain a copy of this document in case this information is needed in the future.

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

I, Mark Plyler 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 # 103204

Date of Birth: 10/20/1972

Gender (circle one): M F

Job Classification: Gas System Specialist

Department: Gas

Division: CG Maintenance

Date of Hire: 5/28/1996

Benefits Effective Date: 5/28/1996

Date of Separation: May 29, 2016

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
 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.]

Option 6 - 100% 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 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 2/3% 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 2/3 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.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: 1 Description: Joint and Survivor Annuity

Employee's Signature: _____ Date: _____

Dependent children under the age of 18 and residing in my household 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: 11/20/25

If taking Option 3, fill in beneficiary information and sign below:

Option #: 3 Description: 10 Year Certain and Life 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: _____

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and 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: _____

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA

Description: Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

10% of the actuarially determined value of the normal retirement benefit

20% of the actuarially determined value of the normal retirement benefit

30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: _____

Date: _____

If naming a beneficiary ONLY, 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

20th day of November, 20²³

by Mark Plyler

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



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

Notary Public

Alyssa Gagliardi
(Signature)

Name of Notary Printed

My Commission expires: _____

CITY OF CLEARWATER

EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, John Savage, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

as of
DPE
12/12/25 Run Out vacation sick floaters bonus hours
Lump Sum vacation sick floaters bonus hours
Bank bonus hours

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE:

WITNESSES:

ADDRESS: _____

PHONE: (214) 812-5

Revised 1/02
Form #9900-0008

File Name: Employee Separation Pay Pref

City of Clearwater Employees' Retirement System Benefit Estimate

Member Data

Name	:	JOHN SAVAGE	Social Security No.
Date of Birth	:		
Age at Retirement	:		

Beneficiary Data

Name	:	KRISTIN HOPE	Social Security No.	:
Date of Birth	:			
Age at Retirement	:		Relationship	:
			# of children under 18	0

Retirement Data

Pension Start Date	: 03/10/2003	Calculation Type	Estimate
Termination Date	: 01/04/2026	Benefit Group	Hazardous - Tier II
Effective Date	: 02/01/2026	Retirement Type	Normal Retirement
FAC	: \$ 98,913.57	Option Elected	
Pre-Tax Contributions	: \$ 0.00	Partial Lump Sum	\$237,186.34 (30 %)
Post-Tax Contributions	: \$ 0.00	Total Member Service	22 Years 9 Months 25 Days

Formula for Benefit A : $2.75\% * 9.8083 \text{ years} * \$98,913.57$

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,556.32	N/A
Single Life Annuity	1.19374	\$1,857.85	N/A
10 Year Certain and Life Annuity	1.14669	\$1,784.62	N/A
50% Joint and Survivor	1.05395	\$1,640.28	\$820.14
66 2/3% Joint and Survivor	1.01434	\$1,578.64	\$1,052.42
75% Joint and Survivor	0.99564	\$1,549.54	\$1,162.16
100% Joint and Survivor	0.94345	\$1,468.32	\$1,468.32

Formula for Benefit B : $2.75\% * 13.0111 \text{ years} * \$98,913.57$

Form of Payment	Monthly Benefit		
	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,064.52	N/A
Single Life Annuity	1.19396	\$2,464.96	N/A
10 Year Certain and Life Annuity	1.14726	\$2,368.55	N/A
50% Joint and Survivor	1.05558	\$2,179.26	\$1,089.64
66 2/3% Joint and Survivor	1.01631	\$2,098.19	\$1,398.80
75% Joint and Survivor	0.99776	\$2,059.89	\$1,544.91
100% Joint and Survivor	0.94594	\$1,952.91	\$1,952.91

***** 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, <u>John Savage</u> (Please print name)		do hereby apply to receive benefits under the City of Clearwater General Employees' Pension Plan in accordance with the following:	
Employee ID # <u>105471</u>		Gender (circle one):	<input checked="" type="radio"/> M <input type="radio"/> F
Date of Birth:		Division:	<u>FD Suppression</u>
Job Classification: <u>FireFighter</u>		Date of Separation:	<u>January 4, 2026</u>
Department: <u>Fire</u>			
Date of Hire: <u>3/10/2003</u>			
Benefits Effective Date: <u>3/10/2003</u>			
Spouse's Name: <u>Kristen Hope</u>		Spouse's Gender (circle one): <input checked="" type="radio"/> M <input type="radio"/> 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. 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 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.]

Option 6 - 100% 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 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 2/3% 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 2/3 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.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: <u>1</u>	Description: <u>Joint and Survivor Annuity</u>		
Employee's Signature: _____	Date: _____		
Dependent children under the age of 18 and residing in my household are:			
Child's Name	Gender (M-F)	Date of Birth	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If taking Option 2 sign below:

Option #: <u>2</u>	Description: <u>Life Annuity</u>
Employee's Signature: _____	Date: _____

If taking Option 3, fill in beneficiary information and sign below:

Option #: <u>3</u>	Description: <u>10 Year Certain and Life Annuity</u>
My designated beneficiary is:	
Name: _____	Social Security Number: _____
Date of Birth: _____	Gender (Circle One) <input type="checkbox"/> M <input type="checkbox"/> F
Address: _____	
Phone Number: _____	Relationship: _____
Employee's Signature: _____	Date: _____

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:

Option #: b

Description: 100 % Joint and Survivor Annuity

My designated beneficiary is:

Name: Kristen Savage

Social Security Number:

Date of Birth: _____

Gender (Circle One) M F

Address: _____

Phone Number: _____

Relationship Wife

Employee's Signature: John Savage

Date: 12/18/25

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA

Description: 30% Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

10% of the actuarially determined value of the normal retirement benefit
 20% of the actuarially determined value of the normal retirement benefit
 30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: John Savage

Date: 12/18/25

If naming a beneficiary ONLY, 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

18th day of December, 2025

by John Savage

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

Notary Public

Alyssa Gagliardi
(Signature)

Name of Notary Printed

My Commission expires: _____



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

CITY OF CLEARWATER
EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, Brian Schonborn, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

Run Out	<u> </u>	vacation	<u> </u>	sick	<u> </u>	floater	<u> </u>	bonus hours
Lump Sum	<u> </u>	vacation	<u> </u>	sick	<u> </u>	floater	<u> </u>	<u> </u>
	<u>386.154Y</u>		<u>2264.3209</u>		<u>8</u>		<u>267</u>	<u>BonK</u> <u>hours</u> <u>120</u>
			<u>1,132.1601</u>					

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: Brian Schonborn

SOCIAL SECURITY #:

WITNESSES:

ADDRESS:

City of Clearwater Employees' Retirement System Benefit Estimate

Member Data

Name : **BRIAN SCHONBORN** Social Security No. :
 Date of Birth :
 Age at Retirement :

Beneficiary Data

Name : **ELIZABETH SCHONBORN** Social Security No. :
 Date of Birth :
 Age at Retirement : Relationship : Spouse
 # of children under 18 : 0

Retirement Data

Pension Start Date	: 12/12/1994	Calculation Type	: Estimate
Termination Date	: 01/29/2026	Benefit Group	: Hazardous - Tier II
Effective Date	: 02/01/2026	Retirement Type	: Normal Retirement
FAC	: \$ 138,637.86	Option Elected	:
Pre-Tax Contributions	: \$ 0.00	Partial Lump Sum	: \$451,092.55 (30 %)
Post-Tax Contributions	: \$ 0.00	Total Member Service	: 31 Years 1 Month 18 Days

Formula for Benefit A : 2.75% * 18.0528 years * \$138,637.86

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form 6,924.01	1.00000	\$4,014.91	N/A
Single Life Annuity 7,473.88	1.07932	\$4,333.36	N/A
10 Year Certain and Life Annuity 7,301.47	1.05434	\$4,233.09	N/A
50% Joint and Survivor 7,124.91	1.02872	\$4,130.22	\$2,065.11
66 2/3% Joint and Survivor 7,015.22	1.01290	\$4,066.69	\$2,711.13
75% Joint and Survivor 6,962.50	1.00517	\$4,035.67	\$3,026.75
100% Joint and Survivor 6,807.24	0.98267	\$3,945.31	\$3,945.31

Formula for Benefit B : 2.75% * 13.0806 years * \$138,637.86

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,909.10	N/A
Single Life Annuity	1.07955	\$3,140.52	N/A
10 Year Certain and Life Annuity	1.05475	\$3,068.38	N/A
50% Joint and Survivor	1.02945	\$2,994.76	\$1,497.39
66 2/3% Joint and Survivor	1.01376	\$2,949.13	\$1,966.09
75% Joint and Survivor	1.00610	\$2,926.83	\$2,195.13
100% Joint and Survivor	0.98380	\$2,861.95	\$2,861.95

***** 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**

Brian Schonborn

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 # 102889

Gender (circle one): M F

Date of Birth:

Job Classification: Fire District Commander

Department: Fire

Division: FD Suppression

Date of Hire: 12/12/1994

Date of Separation: January 29, 2024

Benefits Effective Date: 12/12/1994

Spouse's Name: Elizabeth Schonborn

Spouse's Date of Birth: _____

Spouse's Gender (circle one): M F

The type of pension for which I am applying is (check only one):



Regular Pension based on years of service



Job-connected Disability Pension



Non-job-connected Disability Pension

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit. 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 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.]

Option 6 - 100% 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 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 2/3% 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 2/3 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.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: 1 Description: Joint and Survivor Annuity

Employee's Signature: _____ Date: _____

Dependent children under the age of 18 and residing in my household 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 beneficiary information and sign below:

Option #: 3 Description: 10 Year Certain and Life 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: _____

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and sign below:

Option #: 6 Description: 100 % Joint and Survivor Annuity

My designated beneficiary is:

Name: ELIZABETH SCHONBORN Social Security Number: _____

Date of Birth: _____ Gender (Circle One) M F

Address: _____

Phone Number: _____ Relationship wife

Employee's Signature: Brian Schonborn Date: 12-15-25

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA Description: 30 Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

10% of the actuarially determined value of the normal retirement benefit

20% of the actuarially determined value of the normal retirement benefit

30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: Brian Schonborn Date: 12-15-25

If naming a beneficiary ONLY, 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

15th day of December, 2025

by Brian Schonborn

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

Notary Public

(Signature)

Alyssa Osgard

Name of Notary Printed

My Commission expires: _____

CITY OF CLEARWATER

EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

I, Chris VanOpdorp, an employee of the City of Clearwater, hereby apply for pension benefits under the City's Employees' Pension Plan.

I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # 1 and wish my benefits to be calculated under this preference. Please use my leave in the following manner:

<u>IS OF</u> <u>PPB</u> <u>1/125</u>	Run Out	<u> </u> vacation	<u> </u> sick	<u> </u> floaters	<u> </u> bonus hours
	Lump Sum	<u> </u> vacation	<u> </u> sick	<u> </u> floaters	<u> </u> bonus hours
		<u> </u>	<u>175.6142</u>	<u>72</u>	<u> </u>
			<u>87.8071</u>		<u> </u>

I understand that my preference cannot be changed once this form is signed and that my decision is irrevocable.

EMPLOYEE'S SIGNATURE: Chris

SOCIAL SECURITY #: _____

WITNESSES: ADDRESS: _____

PHONE: _____ DATE: 11/13/25

City of Clearwater Employees' Retirement System Benefit Estimate

Member Data

Name : **CHRISTOPHER VAN
OPDORP** Social Security No.

Date of Birth :
Age at Retirement :

Beneficiary Data

Name : **HEATHER VAN OPDORP** Social Security No. :
Date of Birth :
Age at Retirement : Relationship : **Spouse**
of children under 18 : **0**

Retirement Data

Pension Start Date	: 10/31/2005	Calculation Type	: Estimate
Termination Date	: 12/14/2025	Benefit Group	: Hazardous - Tier II
Effective Date	: 01/01/2026	Retirement Type	: Normal Retirement
FAC	: \$ 99,304.46	Option Elected	:
Pre-Tax Contributions	: \$ 0.00	Partial Lump Sum	: \$79,911.46 (10 %)
Post-Tax Contributions	: \$ 0.00	Total Member Service	: 20 Years 1 Month 14 Days

Formula for Benefit A : **2.75% * 7.1667 years * \$99,304.46**

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form 4,121.35	1.00000	\$1,467.85	N/A
Single Life Annuity	1.03597	\$1,520.64	N/A
10 Year Certain and Life Annuity	1.03152	\$1,514.12	N/A
50% Joint and Survivor	1.03597	\$1,520.64	\$760.32
66 2/3% Joint and Survivor	1.03597	\$1,520.64	\$1,013.76
75% Joint and Survivor	1.03597	\$1,520.64	\$1,140.48
100% Joint and Survivor	1.03597	\$1,520.64	\$1,520.64

Formula for Benefit B : **2.75% * 12.9556 years * \$99,304.46**

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,653.50	N/A
Single Life Annuity	1.03757	\$2,753.19	N/A
10 Year Certain and Life Annuity	1.03315	\$2,741.46	N/A
50% Joint and Survivor	1.03757	\$2,753.19	\$1,376.60
66 2/3% Joint and Survivor	1.03757	\$2,753.19	\$1,835.47
75% Joint and Survivor	1.03757	\$2,753.19	\$2,064.89
100% Joint and Survivor	1.03757	\$2,753.19	\$2,753.19

***** 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.

**CITY OF CLEARWATER
PENSION ENTITLEMENT OPTION REQUEST FORM
HAZARDOUS DUTY EMPLOYEE**

I, Christopher Van Opdorp 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 # 106383

Gender (circle one): M F

Date of Birth: _____ Job Classification: Driver-Operator

Department: Fire

Division: FD Suppression

Date of Hire: 10/31/2005

Date of Separation: December 14, 2005

Benefits Effective Date: 10/31/2005

Spouse's Name: Heather van Opdorp

Spouse's Date of Birth: _____

Spouse's Gender (circle one): M F

The type of pension for which I am applying is (check only one):

Regular Pension based on years of service
 Job-connected Disability Pension
 Non-job-connected Disability Pension

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit. 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 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.]

Option 6 - 100% 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 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 2/3% 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 2/3 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.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:

Option #: 1 Description: Joint and Survivor Annuity

Employee's Signature: Ch. Vangs Date: 11/13/25

Dependent children under the age of 18 and residing in my household are:

Child's Name	Gender (M-F)	Date of Birth	Social Security #
<u>Cody Van Oordorp</u>	<u>M</u>		

If taking Option 2 sign below:

Option #: 2 Description: Life Annuity

Employee's Signature: _____ Date: _____

If taking Option 3, fill in beneficiary information and sign below:

Option #: 3 Description: 10 Year Certain and Life 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: _____

If taking Option 4, 5, 6, or 7, fill in Option Number, Description and beneficiary information and 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: _____

If taking a Partial Lump Sum Payment, fill in Percentage and sign below:

Option #: NA Description: 10 Partial Lump Sum Payment

I elect to take a partial lump sum payment in the following amount (check only one):

10% of the actuarially determined value of the normal retirement benefit
 20% of the actuarially determined value of the normal retirement benefit
 30% of the actuarially determined value of the normal retirement benefit

I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.

Employee's Signature: Christine Van Oordorp Date: 11/13/25

If naming a beneficiary ONLY, 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

13th day of November, 2025

by Christine Van Oordorp

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



ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

Notary Public

Alyssa Gagliardi (Signature) Name of Notary Printed

My Commission expires: _____