

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	_____ vacation	_____ sick	_____ floaters	_____ bonus hours
Lump Sum	<input checked="" type="checkbox"/> vacation	<u>2019.3656</u> sick	<input checked="" type="checkbox"/> floaters	<u>204</u> ^{Bank} bonus hours
		<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: Nathan 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, <u>Nathan Ballouz</u> 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 # <u>10272</u>	Gender (circle one): <u>(M)</u> F
Date of Birth: _____	Job Classification: <u>Firefighter</u>
Department: <u>Fire</u>	Division: <u>FD suppression</u>
Date of Hire: <u>5/16/1994</u>	Date of Separation: <u>December 30, 2025</u>
Benefits Effective Date: <u>5/16/1994</u>	
Spouse's Name: <u>Joyce Ballouz</u>	
Spouse's Date of Birth: _____	Spouse's Gender (circle one): M <u>(F)</u>

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 ⅔% 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 ⅔ 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) 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: Nancy Ballou Social Security Number: _____
Date of Birth: _____ Gender (Circle One) M F
Address: _____
Phone Number: _____ Relationship SPOUSE
Employee's Signature: N. Ballou 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 Ballou
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

(Signature) Notary Public
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, 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	_____ vacation	_____ sick	_____ floaters	_____ bonus hours
Lump Sum	<u>176.1419</u> vacation	<u>84.7820</u> sick	<u>0</u> floaters	<u>0</u> bonus hours
		<u>42.3915</u>		

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

EMPLOYEE'S SIGNATURE: Thelma M. 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 years * \$54,129.24

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,369.33	N/A
Single Life Annuity 3.00157	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 2.667.19	0.88794	\$1,215.88	\$607.94
66 2/3% Joint and Survivor 2.571.65	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 2.399.81	0.79846	\$1,093.36	\$1,093.36

Formula for Benefit B : 2.75% * 13.1583 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, <u>Thelma Cotto</u> 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 # <u>1029600</u>	
Date of Birth: <u>2/23/1959</u>	Gender (circle one): M <u>(F)</u>
Job Classification: <u>Recreation Leader II</u>	
Department: <u>Parks & Rec</u>	Division: <u>Rob Ross Norton Rec</u>
Date of Hire: <u>4/3/1995</u>	Date of Separation: <u>February 27, 2026</u>
Benefits Effective Date: <u>12/17/2001</u>	
Spouse's Name: _____	
Spouse's Date of Birth: _____	Spouse's Gender (circle one): <u>(M)</u> 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 ⅔% 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 ⅔ 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.]

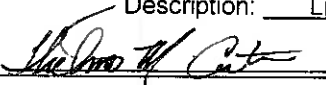
I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

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: <u></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: _____	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

5th day of December, 2025

by Thelma Oatis

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

(Signature) Notary Public

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, 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 # 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 316.7232 vacation 1205.4217 sick 602.7110 floaters 120 ^{Comp} bonus hours

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

EMPLOYEE'S SIGNATURE: [Signature]

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	Factor	Monthly Benefit	
		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	Factor	Monthly Benefit	
		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 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 # 103636

Date of Birth: _____

Gender (circle one): (M) F

Job Classification: Police Officer

Department: Police

Division: PD Retrol Dist III Team J

Date of Hire: 7/21/1997

Date of Separation: January 9, 2006

Benefits Effective Date: 7/21/1997

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 ⅔% 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 ⅔ 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) 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: [Signature] 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

[Signature] Notary Public

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, 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 _____ vacation _____ sick _____ floaters _____ bonus hours

Lump Sum _____ vacation _____ sick _____ floaters _____ bonus hours

313.9100

1560
780

24

0

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: 12/2/25

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 years * \$70,195.68**

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,620.76	N/A
Single Life Annuity 4,712.90	1.00000	\$2,620.76	N/A
10 Year Certain and Life Annuity 4,502.96	0.95530	\$2,503.61	N/A
50% Joint and Survivor 4,364.46	0.92572	\$2,426.09	\$1,213.05
66 2/3% Joint and Survivor 4,259.49	0.90335	\$2,367.46	\$1,578.31
75% Joint and Survivor 4,208.87	0.89257	\$2,339.21	\$1,754.41
100% Joint and Survivor 4,064.-	0.86171	\$2,258.34	\$2,258.34

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

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	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, <u>Darrell Ford</u> 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 # <u>103318</u>	
Date of Birth: <u>12/16/1960</u>	Gender (circle one): <u>(M)</u> F
Job Classification: <u>Streets & Sidewalks Supervisor</u>	
Department: <u>Public Works</u>	Division: <u>PW Streets & Sidewalks</u>
Date of Hire: <u>9/16/1996</u>	Date of Separation: <u>January 2, 2026</u>
Benefits Effective Date: <u>9/16/1996</u>	
Spouse's Name: <u>Cheryl Ford</u>	
Spouse's Date of Birth: <u>7/9/1955</u>	Spouse's Gender (circle one): M <u>(F)</u>

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 ⅔% 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 ⅔ 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) 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: CHARYL FORD Social Security Number: _____

Date of Birth: 7/9/59 Gender (Circle One) M F

Address: _____

Phone Number: _____ Relationship WIFE

Employee's Signature: [Signature] 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

(Signature)
Alyssa Gagliardi Name of Notary Printed
My Commission expires: _____

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 4,628.78	1.00000	\$1,648.12	N/A
Single Life Annuity 4,909.89	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 4,642.48	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.

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

I, Shawn Laurentz 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 # 1060379
Date of Birth: _____ Gender (circle one): (M) F
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 Laurentz
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 ⅔% 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 ⅔ 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) 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: [Signature] 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: [Signature] 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.

(Signature) _____ Notary Public

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 Laughey, 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

15 of PPE 12/8/25 266,320.00 751.1383 375.5692 120

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

EMPLOYEE'S SIGNATURE: John S. Laughey

SOCIAL SECURITY #: _____

WITNESSES: _____

ADDRESS: _____

PHONE: _____

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 : $2.75\% * 25.2972 \text{ years} * \$71,273.59$

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 : $2.75\% * 13 \text{ years} * \$71,273.59$ (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 Llauguet 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 # 101881
Date of Birth: 8/8/1961 Gender (circle one): (M) F
Job Classification: Recreation Supervisor
Department: Parks & Rec Division: PR 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 ⅔% 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 ⅔ 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: <u>John S. Shung</u>	Date: <u>12/10/25</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: _____	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 Clauget

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

(Signature) Notary Public

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

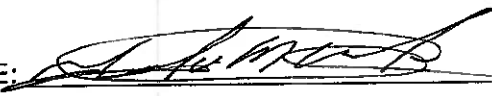
Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. 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>342.9221</u>		<u>0</u>			
			<u>171.4611</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. :
 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 : Spouse
 # 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 years * \$56,025.00

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	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 years * \$56,025.00

Monthly Benefit

Form of Payment	Factor	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, <u>Frank McCormick</u> 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 # <u>105717</u>	
Date of Birth: <u>11/25/1969</u>	Gender (circle one): <u>(M)</u> F
Job Classification: <u>Solid waste Equipment Oper</u>	
Department: <u>Solid waste & Recycling</u>	Division: <u>S2 Res side loader</u>
Date of Hire: <u>12/15/2003</u>	Date of Separation: <u>September 19, 2025</u>
Benefits Effective Date: <u>12/15/2003</u>	
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: _____	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: <u>7/10/25</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: _____	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: [Signature] 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

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

[Signature] Notary Public

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:

2508	Run Out	_____	vacation	_____	sick	_____	floaters	_____	bonus hours
2092	Lump Sum	<u>Q</u>	vacation	<u>858.1078</u>	sick	<u>Q</u>	floaters	<u>Bank</u>	bonus hours
1128				<u>429.0539</u>				<u>84</u>	

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

EMPLOYEE'S SIGNATURE: Jennifer Pauley

SOCIAL SECURITY #: _____

WITNESSES:

ADDRESS: _____

PHONE: _____ DATE: 12/16/25

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

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form <i>5,624.30</i>	1.00000	\$2,649.48	N/A
Single Life Annuity <i>5,857.53</i>	1.04132	\$2,758.95	N/A
10 Year Certain and Life Annuity <i>5,822.68</i>	1.03510	\$2,742.48	N/A
50% Joint and Survivor <i>5,702.64</i>	1.01365	\$2,685.65	\$1,342.82
66 2/3% Joint and Survivor <i>5,652.81</i>	1.00475	\$2,662.06	\$1,774.70
75% Joint and Survivor <i>5,628.18</i>	1.00035	\$2,650.42	\$1,987.81
100% Joint and Survivor <i>5,553.71</i>	0.98741	\$2,616.12	\$2,616.12

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

Monthly Benefit

Form of Payment	Factor	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**

I, Jennifer Pauley 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 # 104873
Date of Birth: _____ Gender (circle one): M (F)
Job Classification: Fire Medic Lieutenant
Department: Fire Division: FD suppression
Date of Hire: 5/7/2001 Date of Separation: January 29, 2026
Benefits Effective Date: 5/7/2001

Spouse's Name: Rick Pauley
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 ⅔% 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 ⅔ 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) 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

X 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.

(Signature)

Notary Public

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, 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>235,390.00</u> vacation	<u>1560</u> sick	<u>0</u> floaters	<u>0</u> bonus hours
		<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: [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 years * \$78,540.89

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,986.33	N/A
Single Life Annuity 5,400.69	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 years * \$78,540.89

Monthly Benefit

Form of Payment	Factor	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, <u>Mark Plyler</u> 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 # <u>103204</u>	
Date of Birth: <u>10/20/1972</u>	Gender (circle one): <u>(M)</u> F
Job Classification: <u>Gas System Specialist</u>	
Department: <u>Gas</u>	Division: <u>CG Maintenance</u>
Date of Hire: <u>5/28/1996</u>	Date of Separation: <u>May 29, 2026</u>
Benefits Effective Date: <u>5/28/1996</u>	
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 ⅔% 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 ⅔ 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: <u></u>	Date: <u>11/29/25</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: _____	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, 2025
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

(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, 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:

Run Out	_____	vacation	_____	sick	_____	floaters	_____	bonus hours
Lump Sum	_____	vacation	_____	sick	_____	floaters	_____	bonus hours

as of
DPE
12/12/25

Q

59.0399
29.5199

Q

168

Bank

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: 12/18/25

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 : Spouse
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 years * \$98,913.57

Monthly Benefit

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 years * \$98,913.57

Monthly Benefit

Form of Payment	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> _____ 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 # <u>105471</u> _____	
Date of Birth: _____	Gender (circle one): <u>(M)</u> F
Job Classification: <u>FireFighter</u>	
Department: <u>Fire</u>	Division: <u>FD Suppression</u>
Date of Hire: <u>3/10/2003</u>	Date of Separation: <u>January 4, 2026</u>
Benefits Effective Date: <u>3/10/2003</u>	
Spouse's Name: <u>Kristen Hope</u>	
Spouse's Date of Birth: _____	Spouse's Gender (circle one): M <u>(F)</u>

The type of pension for which I am applying is (check only one):	
<input checked="checked" type="checkbox"/>	Regular Pension based on years of service
<input type="checkbox"/>	Job-connected Disability Pension
<input type="checkbox"/>	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 ⅔% 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 ⅔ 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) 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: Kristin Savage Social Security Number: _____

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

Address: _____

Phone Number: _____ Relationship Wife

Employee's Signature: [Signature] 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: [Signature] 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.



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, 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	_____ vacation	_____ sick	_____ floaters	_____ bonus hours
Lump Sum	_____ vacation	_____ sick	_____ floaters	_____ bonus hours
	386.1548	2264.3209 1,132.1601	8	267 Bonus 120

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 _____

PHONE: _____ DATE: 12-15-25

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	To Member	Monthly Benefit
			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 7,124.98	1.02872	\$4,130.22	\$2,065.11
66 2/3% Joint and Survivor 7,015.82	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	To Member	Monthly Benefit
			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**

I, 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
Date of Birth: _____ Gender (circle one): (M) F
Job Classification: Fire District Commander
Department: Fire Division: FD Suppression
Date of Hire: 12/12/1994 Date of Separation: January 29, 2026
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 ⅔% 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 ⅔ 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) 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
X 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.

(Signature) Notary Public

Alyssa Agliardi 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 Van Opdorp, 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 PPE 11/125

Run Out	_____	vacation	_____	sick	_____	floaters	_____	bonus hours
Lump Sum	<u>Q</u>	vacation	<u>175.6142</u>	sick	<u>87.8011</u>	floaters	<u>72</u>	<u>Bank</u> bonus hours

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

EMPLOYEE'S SIGNATURE: Chris Van Opdorp

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.

year with vesting

**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

Date of Birth: _____ Gender (circle one): (M) F

Job Classification: Driver-Operator

Department: Fire

Division: FD suppression

Date of Hire: 10/31/2005

Date of Separation: December 14, 2025

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 ⅔% 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 ⅔ 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>[Signature]</u>	Date: <u>11/13/25</u>		
Dependent children under the age of 18 and residing in my household are:			
Child's Name <u>Cody Van Opekerp</u>	Gender (M-F) <u>M</u>	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) 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: [Signature] 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 Christopher Van Oplorp

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

(Signature) Notary Public

Alyssa Gagliardi Name of Notary Printed

My Commission expires: _____