APPLICATION FOR VESTED RIGHTS PENSION

Scott E. Adam, being a person leaving employment with the City of Clearwater, Florida, and having completed five (5) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) 8/26/2013 to (date of resignation or change of status) 8/6/2026 hereby makes application to receive the vested rights pension provided for by the City Code of Ordinances. As such former employee, I understand the pension requested will be computed pursuant to the provisions of the City Code of Ordinance in effect on the date of resignation.

I hereby further certify that my date of birth is 4/10/1972.

The date I will begin to receive my pension will be 5/1/2037.

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

Signature

Social Security Number

GAS
Department/Division

Street Address

GAS TECH 3
Job Classification

City, State, Zip Code

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me
by means of ☑ physical presence or ☐ online notarization,
this 10th day of July, 2026
by Scott Adam,
who is personally known to me or has produced
FL DL as identification.

ALYSSA GAGLIARDI
Commission # HH 476578
Expires January 28, 2028

Notary Public (Signature)

Alyssa Gagliardi (Name of Notary Printed)

Commission No. _____

APPLICATION FOR VESTED RIGHTS PENSION

Leah Caitlin Murray, being a person leaving employment with the City of Clearwater, Florida, and having completed five (5) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) 09/14/2020 to (date of resignation or change of status) 07/24/2026 hereby makes application to receive the vested rights pension provided for by the City Code of Ordinances. As such former employee, I understand the pension requested will be computed pursuant to the provisions of the City Code of Ordinance in effect on the date of resignation.

I hereby further certify that my date of birth is April 13, 1988.

The date I will begin to receive my pension will be May 1, 2048.

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

Leah Murray
Signature

Social Security Number

Human Resources / Benefits
Department/Division

Street Address

SAMP classified exempt
Job Classification

City, State, Zip Code

STATE OF FLORIDA
COUNTY OF PINELLAS

ALYSSA ALLEN
Notary Public
State of Florida
Comm# HH506093
Expires 3/20/2028

The foregoing instrument was acknowledged before me
by means of ☑ physical presence or ☐ online notarization,
this 16th day of July, 2026
by Leah Murray,
who is personally known to me or has produced
Drivers License as identification.

Alyssa Allen
Notary Public (Signature)

Alyssa Allen
(Name of Notary Printed)

Commission No. HH506093