

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

I, Michael Quillen 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 # 2501  
 Date of Birth: 3/27/53 Gender (circle one):  M  F  
 Job Classification: Engineering Director  
 Department: Engineering Division: Production  
 Date of Hire: 11/18/91 Date of Separation: 11/23/17  
 Benefits Effective Date: 11/18/91

Spouse's Name: Sonia Quillen  
 Spouse's Date of Birth: 8/3/45 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.]

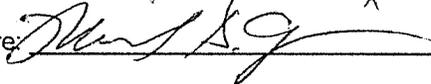
**Partial Lump Sum Payment Option**

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: <u>10-24-17</u>		
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 #: \_\_\_\_\_ 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: \_\_\_\_\_

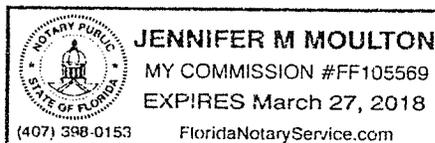
STATE OF FLORIDA  
COUNTY OF  
PINELLAS

The foregoing instrument was acknowledged before me this  
          24           day of           October          , 20          17            
by           Michael Quillen          

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

          Jennifer M. Moulton           Notary Public  
(Signature)  
          Jennifer M. Moulton           Name of Notary Printed

My Commission expires: \_\_\_\_\_



#12501

# 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, Michael Quillen, 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:

ASOB PPE 10/3/17	Run Out	_____	vacation	_____	sick	_____	floaters	_____	bonus hours
	Lump Sum	<u>683</u>	vacation	<u>683.17</u>	sick	<u>2</u>	floaters	<u>8</u>	bonus hours
								<u>120</u>	Bonus Leave 7.5??

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: 2071 Butternut Cir E  
Clearwater, FL 33763

PHONE: (727) 467-9280 DATE: 10-24-17



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

I, Timothy Sparrow 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 # 6430  
Date of Birth: \_\_\_\_\_ Gender (circle one): (M) F  
Job Classification: Fire Assistant Chief - 56hrs  
Department: Fire Division: Five Operations  
Date of Hire: 1/3/06 Date of Separation: 12/30/17  
Benefits Effective Date: 1/3/06

Spouse's Name: \_\_\_\_\_  
Spouse's Date of Birth: \_\_\_\_\_ Spouse's Gender (circle one): \_\_\_\_\_

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

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

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit. The other optional forms (#2- #7) shall be computed to be the Actuarial Equivalent of the respective normal benefit.

**Option 1 - Joint and Survivor Annuity**

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

**Option 2 - Life Annuity**

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

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

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

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

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

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

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

**Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)**

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

**Option 7 - 66 2/3% Joint & Survivor Annuity - (must designate a beneficiary)**

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 2/3 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

**Partial Lump Sum Payment Option**

A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump sum distribution, then the monthly retirement benefit for the option selected shall be reduced accordingly thereafter. [Section 2.424 (b) (2) a. 4.]

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

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

**If taking Option 1 sign below:**

Option #: <u>1</u>	Description: <u>Joint and Survivor Annuity</u>		
Employee's Signature: <u>Tim Sparrow</u>	Date: <u>10/2/17</u>		
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 #: \_\_\_\_\_ 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:           Fe           Beneficiary Social Security #: \_\_\_\_\_

Beneficiary Date of Birth: \_\_\_\_\_ Beneficiary Gender (Circle One) M F

Beneficiary Address: \_\_\_\_\_

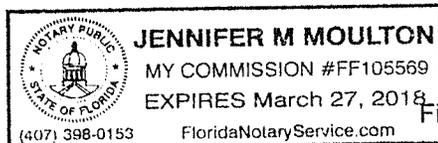
Beneficiary Phone Number: \_\_\_\_\_ Relationship \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF  
PINELLAS

The foregoing instrument was acknowledged before me this  
          2           day of           October          , 20          17            
by           Timothy Sparrow            
who is personally known to me or who has provided           FDU            
as identification and who did/did not take an oath.  
          Jennifer M. Moulton           Notary Public  
          Jennifer M. Moulton           (Signature)  
          Jennifer M. Moulton           Name of Notary Printed  
My Commission expires: \_\_\_\_\_

Rev. 04/13  
Form #9900-0009



File Name: Pension Entitlement Option Form

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, Timothy Sparrow, 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:

ppc 2/15/17	Run Out	_____	vacation	_____	sick	_____	floaters	_____	<del>bonus hours</del>
	Lump Sum	_____	vacation	_____	sick	_____	floaters	_____	<del>bonus hours</del>
		218,22			1065.42	22.2			

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

EMPLOYEE'S SIGNATURE: Tim Sparrow

SOCIAL SECURITY #: \_\_\_\_\_

WITNESSES:

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE: 10/2/17

## City of Clearwater Employees' Retirement System Benefit Estimate

### Member Data

Name : **TIMOTHY SPARROW** Social Security No. :  
 Date of Birth :  
 Age at Retirement :

### Beneficiary Data

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

### Retirement Data

Pension Start Date : **01/03/2006** Calculation Type : **Estimate**  
 Termination Date : **12/30/2017** Benefit Group : **Hazardous - Tier II**  
 Effective Date : **01/01/2018** Retirement Type : **Normal Retirement**  
 FAC : \$ **87,458.87** Option Elected :  
 Pre-Tax Contributions : \$ **0.00** Partial Lump Sum : **\$0.00 (0 %)**  
 Post-Tax Contributions : \$ **0.00** Total Member Service : **11 Years 11 Months 27 Days**

Formula for Benefit A : **2.75% \* 6.9944 years \* \$87,458.87**

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,401.87	N/A
Single Life Annuity	1.07521	\$1,507.31	N/A
10 Year Certain and Life Annuity	1.05644	\$1,481.00	N/A
50% Joint and Survivor	1.02578	\$1,438.02	\$719.00
66 2/3% Joint and Survivor	1.01030	\$1,416.31	\$944.21
75% Joint and Survivor	1.00274	\$1,405.72	\$1,054.29
100% Joint and Survivor	0.98070	\$1,374.82	\$1,374.82

Formula for Benefit B : **2.75% \* 4.9972 years \* \$87,458.87**

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,001.58	N/A
Single Life Annuity	1.06786	\$1,069.55	N/A
10 Year Certain and Life Annuity	1.04846	\$1,050.11	N/A
50% Joint and Survivor	1.02410	\$1,025.71	\$512.86
66 2/3% Joint and Survivor	1.01030	\$1,011.90	\$674.60
75% Joint and Survivor	1.00355	\$1,005.13	\$753.85
100% Joint and Survivor	0.98379	\$985.34	\$985.34

This calculation is subject to correction. If you are or become aware of errors in the data that was used, the calculations that were made, or the plan provisions that were applied, it is your responsibility to contact the plan administrator. The plan has the right to recover from you amounts that were paid to you in error.

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