## **APPLICATION FOR VESTED RIGHTS PENSION**

| a, and having completed five (5) of during the period from (of ate of resignation or change of some to receive the vested rights permer employee, I understand the confidence is of the City Code of Ordinance in | nsion provided for by the City Code of<br>pension requested will be computed<br>n effect on the date of resignation.   |
|---|--|
|   |  |
| tify that I have made no applica<br>nto the Pension Fund during the<br>onvicted of a felony during my p<br>f pension from the City  | tion seeking to obtain a return of the e period of my employment set forth period of employment, and I have not  |
| M_  | Social Socurity Number   |
|   | Social Security Number   |
| sion  | Street Address   |
|   |  |
| ion   | City, State, Zip Code  |
|   |  |
|   |  |
| The foregoing instrument was a  | acknowledged before me   |
| by means of ☑ physical preser   | ice or □ online notarization,  |
| ,   | ice or □ online notarization,  |
| by means of physical preser<br>this day of Man  | nce or □ online notarization,<br>1 20 24   |
| by means of physical presenthis day of Man  | nce or □ online notarization,<br>1 20 24   |
|   | and having completed five (5) of during the period from (6 ate of resignation or change of second to receive the vested rights permer employee, I understand the sof the City Code of Ordinance is the my date of birth is March ceive my pension will be served my pension will be served that I have made no applicant to the Pension Fund during the pension from the City. |

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## **APPLICATION FOR VESTED RIGHTS PENSION**

| The date I will begin to receive my pension will be September 1, 2031.  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  Social Security Number  Consumic Deschapment & Housing (E) Humings from the City.  Signature  Social Security Number  Consumic Deschapment & Housing (E) Humings from the City.  The foregoing instrument was acknowledged before me by means of ID physical presence or □ online notarization, this 23 yrd day of July 2024 by Who is personally known to me or has produced as identification.  Notary Public (Signature)  MAYVALYA THAN CONFIDENTIAL Pension Form  Rev. 10/2022  | service having occurre August 1, 2011 to (description of the provisions occurred to the provisions occ | a, and having completed five<br>d during the period from<br>late of resignation or chang<br>n to receive the vested right<br>mer employee, I understant<br>s of the City Code of Ordina  | ng a person leaving employment with the e(5) or more years of credited service, such m (date of entry into Pension Plan) e of status) 18,2024 is pension provided for by the City Code of d the pension requested will be computed ince in effect on the date of resignation. |  |  |
|--|--|--|---|--|--|
| 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  Social Security Number  Social Security Number  Consuming Development & Housing ED Maning pragrage  Department/Division  Street Address  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 23 rd day of July 2024 by Charles Loune who is personally known to me or has produced as identification.  Notary Public (Signature)  MAYVALYA T. Ma W. Mathy Public (Signature)  MAYVALYA T. Ma W. Mathy Public (Signature)  Commission No.  **MANUNIT. MALCOLA-SAITH**  **MARVALINET. State of Fisher and Parting States of Fisher  |  |  |   |  |  |
| 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  Social Security Number  Social Security Number  Consumic Development € Housing €D Administration  Department/Division  Street Address  City, State, Zip Code  STATE OF FLORIDA  COUNTY OF PINELLAS  The foregoing instrument was acknowledged before me by means of □ physical presence or □ online notarization, this □ 3 yrd day of □ July □ 20 2 they □ Char es □ Loune who is personally known to me or has produced  as identification.  MAYVALY THAN WIN MINISTRALCOU-SMITH  Notary Public (Signature)  Commission No. MARVALINET, MALCOU-SMITH  Notary Printed)  Commission No. MARVALINET, MALCOU-SMITH  Notary Printed)  | The date I will begin to re  | ceive my pension will be   | September 1, 2031.  |  |  |
| Department/Division  Street Address   Cot Dev & Housing Ast Director  Job Classification  City, State, Zip Code  STATE OF FLORIDA  COUNTY OF PINELLAS  The foregoing instrument was acknowledged before me by means of ☑ physical presence or ☐ online notarization, this ☐ 3 rd day of ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  | 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.   |  |   |  |  |
| STATE OF FLORIDA  COUNTY OF PINELLAS  The foregoing instrument was acknowledged before me by means of IV physical presence or I online notarization, this 23 rd day of July 2024 by  | Signature  | the latest the second s | Social Security Number  |  |  |
| STATE OF FLORIDA  COUNTY OF PINELLAS  The foregoing instrument was acknowledged before me by means of IV physical presence or I online notarization, this 23 rd day of July 2024 by  | Francis Dulcom + of Ha   | FILL   |   |  |  |
| STATE OF FLORIDA  COUNTY OF PINELLAS  The foregoing instrument was acknowledged before me by means of IV physical presence or I online notarization, this 23 rd day of July 2024 by  | Department/Divi  | sion   | Street Address  |  |  |
| STATE OF FLORIDA  COUNTY OF PINELLAS  The foregoing instrument was acknowledged before me by means of IV physical presence or I online notarization, this 23 rd day of July 2024 by  |  | 1 . 5  |   |  |  |
| STATE OF FLORIDA  COUNTY OF PINELLAS  The foregoing instrument was acknowledged before me by means of IV physical presence or I online notarization, this 23 rd day of July 2024 by  | Geo Dev & Housing  | 195t. Director   |   |  |  |
| The foregoing instrument was acknowledged before me by means of physical presence or □ online notarization, this 23 rd day of July , 20 2 d by   | Job Classificat  | tion   | City, State, Zip Code   |  |  |
| by means of physical presence or online notarization, this 23 rd day of July, 20 24 by Charles Loune, who is personally known to me or has produced as identification.  Notary Public (Signature)  MARVALYNT. MALCOLM-SMITH Notary Public - State of Florida Commission No.  Notary Public - State of Florida Commission 4 H1 24/280 ANY COMM. Express May 1, 2026   |  |  |   |  |  |
| by means of physical presence or online notarization, this 23 rd day of July, 20 24 by Charles Loune, who is personally known to me or has produced as identification.  Notary Public (Signature)  MARVALYNT. MALCOLM-SMITH Notary Public - State of Florida Commission No.  Notary Public - State of Florida Commission 4 H1 24/280 ANY COMM. Express May 1, 2026   |  | The foregoing instrument   | was acknowledged before me  |  |  |
| this   |  |  |   |  |  |
| who is personally known to me or has produced  as identification.  Notary Public (Signature)  MARVALYN T. MALCOLA-SMITH Notary Public - State of Florida Commission No.  MARVALYN T. MALCOLA-SMITH Notary Public - State of Florida Commission # HH 244280  Commission # HH 244280  Marvalyn T. Malcola-Smith Notary Public - State of Florida Commission # HH 244280  Commission # HH 244280  |  | 20 1   |   |  |  |
| who is personally known to me or has produced  as identification.  Notary Public (Signature)  MARVALYN T. MALCOLA-SMITH Notary Public - State of Florida Commission No.  MARVALYN T. MALCOLA-SMITH Notary Public - State of Florida Commission # HH 284280  Wy Comm. Expires May 1, 2026   |  | $\sim$ 1   |   |  |  |
| as identification.  Notary Public (Signature)  MARVALYN T. MALCOLM-SMITH Notary Public - State of Florida Commission # HH 24/280  Rev. 10/2022   |  |  |   |  |  |
| Notary Public (Signature)  MARVALYN T. MALCOLM-SMITH Notary Public - State of Florida Commission # HH 24/280  Rev. 10/2022   |  | who is personally known to   | •   |  |  |
| Commission No.  MARVALYN T. MALCOLM-SMITH Notary Public - State of Florida Commission Florida Commission Florida Commission Florida Commission Florida Commission Florida Commission Florida Rev. 10/2022  |  |  | as identification.  |  |  |
| Rev. 10/2022  Notary Public - State of Florida  We commission # HH 24/280  Aw Comm. Expires May 1, 2026  |  | Marvalyn T. Ma   | []. (0//  |  |  |
| A DOUGH HILANDER CONTRACTOR CONTR | Rev. 10/2022   | Commission No  | Notary Public - State of Florida Commission # HH 2 4280 My Comm. Expires May 1, 2026  |  |  |

## **APPLICATION FOR VESTED RIGHTS PENSION**

| service having occurred to (d hereby makes application Ordinances. As such for  | being a person leaving employing and having completed five (5) or more years of credited during the period from (date of entry into leate of resignation or change of status)  to receive the vested rights pension provided for by the mer employee, I understand the pension requested with soft the City Code of Ordinance in effect on the date of | Pension Plan) 2024  ne City Code of Il be computed |
|---|--|--|
| I hereby further certify tha  | t my date of birth is 8/5/1961   | <del>-</del>                                       |
| The date I will begin to red  | ceive my pension will be 9-1-2026  | <del>.</del>                                       |
| contributions that I paid in above, I have not been conceived any other type of | tify that I have made no application seeking to obtain not the Pension Fund during the period of my employ onvicted of a felony during my period of employment, f pension from the City.   | ment set forth                                     |
| Signature   | Social Security I  | Number   |
| PARKTH G PU   | blic Works   |  |
| Department/Divis  |  | ess  |
| TECHNICIAN  |  | <u>.</u>   |
| Job Classificat   | ion City, State, Zip   | Code   |
| STATE OF FLORIDA COUNTY OF PINELLAS   |  |  |
|   | The foregoing instrument was acknowledged before n   | ne   |
|   | by means of ☑ physical presence or ☐ online notariza   | ation,   |
|   | this 17th day of July, 2024<br>by Robert Shi was   |  |
|   | who is personally known to me or has produced  |  |
| ALYSSA GAGLIARDI  * Commission # HH 476578  Expires January 28, 2028            | as identifica  | ation.   |
| rog. Cybus and  | Notary Pub   | olic (Signature)                                   |
|   | Alysse Gegliard: (Name of N  | Notary Printed)                                    |
|   | Commission No  |  |

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