

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

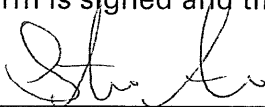
Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck.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

I, Stephen Avise, 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	<u>240</u>	vacation	<u>103.5414</u>	sick	<u>94</u>	floaters	<u>0</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: 

SOCIAL SECURITY #: _____

WITNESSES:

ADDRESS: _____

PHONE: _____ DATE: 2-8-2024

City of Clearwater Employees' Retirement System

Benefit Estimate

Member Data

Name : **STEPHEN AVISE** Social Security No. :
 Date of Birth :
 Age at Retirement : 7

Beneficiary Data

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

Retirement Data

Pension Start Date : **02/09/2004** Calculation Type : **Estimate**
 Termination Date : **02/15/2024** Benefit Group : **Hazardous - Tier II**
 Effective Date : **03/01/2024** Retirement Type : **Normal Retirement**
 FAC : \$ **83,837.32** Option Elected :
 Pre-Tax Contributions : \$ **0.00** Partial Lump Sum : **\$209,172.98 (30 %)**
 Post-Tax Contributions : \$ **0.00** Total Member Service : **20 Years 0 Months 22 Days**

Formula for Benefit A : **2.75% * 8.8944 years * \$83,837.32**

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,196.20	N/A
Single Life Annuity <i>2,804.39</i>	1.05035	\$1,256.44	N/A
10 Year Certain and Life Annuity	1.04665	\$1,252.00	N/A
50% Joint and Survivor	1.01449	\$1,213.54	\$606.77
66 2/3% Joint and Survivor	1.00308	\$1,199.89	\$799.93
75% Joint and Survivor	0.99747	\$1,193.17	\$894.88
100% Joint and Survivor <i>2,648.12</i>	0.98100	\$1,173.48	\$1,173.48

Formula for Benefit B : **2.75% * 11.1667 years * \$83,837.32**

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,501.79	N/A
Single Life Annuity	1.05071	\$1,577.95	N/A
10 Year Certain and Life Annuity	1.04702	\$1,572.41	N/A
50% Joint and Survivor	1.01515	\$1,524.55	\$762.27
66 2/3% Joint and Survivor	1.00382	\$1,507.54	\$1,005.02
75% Joint and Survivor	0.99826	\$1,499.17	\$1,124.38
100% Joint and Survivor	0.98192	\$1,474.64	\$1,474.64

***** **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, Stephen Avise 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 # 105765

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

Job Classification: firefighter Driver/oper.

Department: Fire

Division: Suppression

Date of Hire: 2/9/2004

Date of Separation: February 15, 2024

Benefits Effective Date: 2/9/2004

Spouse's Name: Nicolette Avise

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

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

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

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

Option 1 - Joint and Survivor Annuity

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

Option 2 - Life Annuity

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

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

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

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

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

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

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

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

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

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

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

Partial Lump Sum Payment Option

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

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

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

If taking Option 1 sign below:

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

If taking Option 2 sign below:

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

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

Option #: <u> 3 </u>	Description: <u> 10 Year Certain and Life Annuity </u>
My designated beneficiary is:	
Name: _____	Social Security Number: _____
Date of Birth: _____	Gender (Circle One) 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: Micolette A. Avise Social Security Number: _____
Date of Birth: _____ Gender (Circle One) M F
Address: _____
Phone Number: _____ Relationship wife
Employee's Signature: [Signature] Date: 8 Feb. 2024

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: 8 Feb. 2024

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
8th day of February, 2024
by Stephen Avise
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: _____



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, Heath Brenner, 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	<u>264</u>	vacation	<u>151.02</u>	sick	<u>75.81</u>	floaters	<u>96</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: [Signature]

SOCIAL SECURITY #: _____

WITNESSES:

ADDRESS: _____

PHON _____ DATE: 1/4/24

City of Clearwater Employees' Retirement System

Benefit Estimate

Member Data

Name : **HEATH BRENNER** Social Security No. : _____
 Date of Birth : _____
 Age at Retirement : _____

Beneficiary Data

Name : **IVY BRENNER** Social Security No. : _____
 Date of Birth : _____
 Age at Retirement : _____ Relationship : **Spouse**
 # of children under 18 : **2**

Retirement Data

Pension Start Date : **02/09/2004** Calculation Type : **Estimate**
 Termination Date : **02/11/2024** Benefit Group : **Hazardous - Tier II**
 Effective Date : **03/01/2024** Retirement Type : **Normal Retirement**
 FAC : \$ **126,735.92** Option Elected : _____
 Pre-Tax Contributions : \$ **0.00** Partial Lump Sum : **\$299,845.03 (30.%)**
 Post-Tax Contributions : \$ **0.00** Total Member Service : **20 Years 0 Months 3 Days**

Formula for Benefit A : **2.75% * 8.8944 years * \$126,735.92**

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form <i>4,067.59</i>	1.00000	\$1,808.29	N/A
Single Life Annuity	1.06348	\$1,923.08	N/A
10 Year Certain and Life Annuity	1.05630	\$1,910.09	N/A
50% Joint and Survivor <i>4,147.59</i>	1.01917	\$1,842.96	\$921.48
66 2/3% Joint and Survivor	1.00522	\$1,817.73	\$1,211.82
75% Joint and Survivor	0.99838	\$1,805.37	\$1,354.02
100% Joint and Survivor <i>3,982.56</i>	0.97842	\$1,769.27	\$1,769.27

Formula for Benefit B : **2.75% * 11.1139 years * \$126,735.92**

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,259.52	N/A
Single Life Annuity	1.06389	\$2,403.87	N/A
10 Year Certain and Life Annuity	1.05675	\$2,387.74	N/A
50% Joint and Survivor	1.01997	\$2,304.63	\$1,152.32
66 2/3% Joint and Survivor	1.00613	\$2,273.36	\$1,515.57
75% Joint and Survivor	0.99935	\$2,258.05	\$1,693.54
100% Joint and Survivor	0.97954	\$2,213.29	\$2,213.29

***** **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, Heath Bremer 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 # 105763
Date of Birth: _____ Gender (circle one): (M) F
Job Classification: Fire Lieutenant
Department: Fire Division: Suppression
Date of Hire: 2/9/2004 Date of Separation: 2/11/2024
Benefits Effective Date: 2/9/2004
Spouse's Name: Ivy Bremer
Spouse's Date of Birth: _____ Spouse's Gender (circle one): M (F)

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

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

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

Option 1 - Joint and Survivor Annuity

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

Option 2 - Life Annuity

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

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

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

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

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

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

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

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

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

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

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

Partial Lump Sum Payment Option

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

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

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

If taking Option 1 sign below:

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

If taking Option 2 sign below:

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

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

Option #: <u> 3 </u>		Description: <u> 10 Year Certain and Life Annuity </u>	
My designated beneficiary is:			
Name: _____		Social Security Number: _____	
Date of Birth: _____		Gender (Circle One) 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: Ivy Brenner Social Security Number: _____

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

Address: _____

Phone Number _____ Relationship wife

Employee's Signature: _____ Date: 1/4/24

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: _____ Date: 1/4/24

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
4th day of January, 2024
by Heath Brenner
who is personally known to me or who has provided DL
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 # GG 952165
Expires January 28, 2024
Bonded Thru Budget Notary Services

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, Regina Dewitt, 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

is of PE 1/12/24

244,752.1

228,238.7

14

120

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

EMPLOYEE'S SIGNATURE: Regina Dewitt

SOCIAL SECURITY #:

WITNESSES:

ADDRESS:

PHONE:

DATE: 1/18/2024

City of Clearwater Employees' Retirement System

Benefit Estimate

Member Data

Name : REGINA DEWITT Social Security No. :
 Date of Birth :
 Age at Retirement :

Beneficiary Data

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

Retirement Data

Pension Start Date : 11/27/1995 Calculation Type : Estimate
 Termination Date : 03/22/2024 Benefit Group : Non-Hazardous - Tier II
 Effective Date : 04/01/2024 Retirement Type : Normal Retirement
 FAC : \$ 92,521.59 Option Elected :
 Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$0.00 (0 %)
 Post-Tax Contributions : \$ 0.00 Total Member Service : 28 Years 3 Months 26 Days

Formula for Benefit A : 2.75% * 17.0944 years * \$92,521.59

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$3,624.51	N/A
Single Life Annuity <i>6,005.12</i>	1.00000	\$3,624.51	N/A
10 Year Certain and Life Annuity <i>5,926.10</i>	0.98681	\$3,576.70	N/A
50% Joint and Survivor <i>5,670.36</i>	0.94404	\$3,421.68	\$1,710.84
66 2/3% Joint and Survivor <i>5,566.92</i>	0.92675	\$3,359.02	\$2,239.35
75% Joint and Survivor <i>5,516.61</i>	0.91835	\$3,328.57	\$2,496.43
100% Joint and Survivor <i>5,370.95</i>	0.89401	\$3,240.35	\$3,240.35

Formula for Benefit B : 2.75% * 11.2278 years * \$92,521.59

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,380.61	N/A
Single Life Annuity	1.00000	\$2,380.61	N/A
10 Year Certain and Life Annuity	0.98689	\$2,349.40	N/A
50% Joint and Survivor	0.94458	\$2,248.68	\$1,124.34
66 2/3% Joint and Survivor	0.92745	\$2,207.90	\$1,471.93
75% Joint and Survivor	0.91911	\$2,188.04	\$1,641.03
100% Joint and Survivor	0.89498	\$2,130.60	\$2,130.60

***** 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, Regina Dewitt 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 # 103072
Date of Birth: _____ Gender (circle one): M F
Job Classification: Legal Office Admin
Department: City Attorney Division: City Attorney Office
Date of Hire: 11/27/1995 Date of Separation: March 22, 2024
Benefits Effective Date: 11/27/1995

Spouse's Name: Brian Dewitt
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: _____

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 #: 5 Description: 75 % Joint and Survivor Annuity

My designated beneficiary is:

Name: Brian Dewitt Social Security Number: _____

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

Address: _____

Phone Number: _____ Relationship Spouse

Employee's Signature: Brian Dewitt Date: 1/18/24

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
18 day of January, 2024
by Rosina Dewitt
who is personally known to me or who has provided DL
as identification and who did/did not take an oath.

(Signature) Alyssa Gagliardi Notary Public
Name of Notary Printed

My Commission expires: _____



ALYSSA GAGLIARDI
Commission # GG 952165
Expires January 28, 2024
Bonded Thru Budget Notary Services

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, Randy Foltz, 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
<i>as of 2/19/24</i>	<u>257,441</u>		<u>188,547.4</u>		<u>16</u>			

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

EMPLOYEE'S SIGNATURE: Randy Foltz

SOCIAL SECURITY #: _____

WITNESSES:

ADDRESS: _____

PHONE: _____ DATE: 2/20/2024

City of Clearwater Employees' Retirement System

Benefit Estimate

Member Data

Name : **RANDY FOLTZ** Social Security No. :
 Date of Birth : **08/29/1959**
 Age at Retirement : **64 Years 6 Months 3 Days**

Beneficiary Data

Name : **CHERYL FOLTZ** Social Security No. :
 Date of Birth : **10/09/1962**
 Age at Retirement : **61 Years 4 Months 23 Days** Relationship : **Spouse**
 # of children under 18 : **0**

Retirement Data

Pension Start Date : **10/30/1995** Calculation Type : **Estimate**
 Termination Date : **02/16/2024** Benefit Group : **Non-Hazardous - Tier II**
 Effective Date : **03/01/2024** Retirement Type : **Normal Retirement 40,467**
 FAC : **\$ 67,237.22** Option Elected :
 Pre-Tax Contributions : **\$ 0.00** Partial Lump Sum : **\$50,584.06 (10 %)**
 Post-Tax Contributions : **\$ 0.00** Total Member Service : **28 Years 3 Months 17 Days**

Formula for Benefit A : **2.75% * 17.1694 years * \$67,237.22**

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,381.00	N/A
Single Life Annuity 3,924.17	1.00000	\$2,381.00	N/A
10 Year Certain and Life Annuity	0.95530	\$2,274.57	N/A
50% Joint and Survivor	0.90279	\$2,149.54	\$1,074.77
66 2/3% Joint and Survivor	0.87445	\$2,082.07	\$1,388.04
75% Joint and Survivor	0.86094	\$2,049.90	\$1,537.43
100% Joint and Survivor 3,231.32	0.82280	\$1,959.09	\$1,959.09

Formula for Benefit B : **2.75% * 11.1278 years * \$67,237.22**

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,543.17	N/A
Single Life Annuity	1.00000	\$1,543.17	N/A
10 Year Certain and Life Annuity	0.95565	\$1,474.72	N/A
50% Joint and Survivor	0.90377	\$1,394.67	\$697.33
66 2/3% Joint and Survivor	0.87568	\$1,351.31	\$900.88
75% Joint and Survivor	0.86227	\$1,330.62	\$997.97
100% Joint and Survivor	0.82443	\$1,272.23	\$1,272.23

***** 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>Randy Foltz</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>103066</u>	
Date of Birth: <u>8/29/1959</u>	Gender (circle one): <input checked="" type="radio"/> M <input type="radio"/> F
Job Classification: <u>Utilities Maintenance Supv.</u>	
Department: <u>Public Utilities</u>	Division: <u>Infrastructure Maint</u>
Date of Hire: <u>10/30/1995</u>	Date of Separation: <u>February 16, 2024</u>
Benefits Effective Date: <u>10/30/1995</u>	
Spouse's Name: <u>Cheryl Foltz</u>	
Spouse's Date of Birth: <u>10/9/1962</u>	Spouse's Gender (circle one): <input type="radio"/> M <input checked="" type="radio"/> F

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

<input 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 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: CHERYL ANN FOLTZ Social Security Number: 264-63-4465

Date of Birth: 10/09/1962 Gender (Circle One) M F

Address: 14833 ELMONT AVE. SPRINGHILL FL. 34610

Phone Number: (727) 226-7196 Relationship WIFE

Employee's Signature: Randy T. Foltz Date: 2/20/2024

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: _____ 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 February, 2024

by Randy Foltz
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, John Garakop, 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>250,770</u>	<u>281,351</u>	<u>24</u>	
		<u>140,779</u>		

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

EMPLOYEE'S SIGNATURE: John Garakop

SOCIAL SECURITY #: _____

WITNESSES: _____ ADDRESS: _____

PHONE: _____ DATE: 2-21-2024

City of Clearwater Employees' Retirement System

Benefit Estimate

Member Data

Name : JOHN GARAKOP Social Security No. :
 Date of Birth : 10/08/1957
 Age at Retirement : 66 Years 6 Months 24 Days

Beneficiary Data

Name : MARY GARAKOP Social Security No. :
 Date of Birth : 11/02/1962
 Age at Retirement : 61 Years 5 Months 29 Days Relationship : Spouse
 # of children under 18 : 0

Retirement Data

Pension Start Date : 11/28/2005 Calculation Type : Estimate
 Termination Date : 04/26/2024 Benefit Group : Non-Hazardous - Tier II
 Effective Date : 05/01/2024 Retirement Type : Normal Retirement
 FAC : \$ 53,367.67 Option Elected :
 Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$0.00 (0 %)
 Post-Tax Contributions : \$ 0.00 Total Member Service : 18 Years 4 Months 29 Days

Formula for Benefit A : 2.75% * 7.0917 years * \$53,367.67

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$867.32	N/A
Single Life Annuity <i>2,252.04</i>	1.00000	\$867.32	N/A
10 Year Certain and Life Annuity <i>2,124.16</i>	0.94293	\$817.82	N/A
50% Joint and Survivor <i>1,989.12</i>	0.88247	\$765.38	\$382.69
66 2/3% Joint and Survivor <i>1,914.62</i>	0.84920	\$736.53	\$491.02
75% Joint and Survivor <i>1,879.42</i>	0.83349	\$722.90	\$542.18
100% Joint and Survivor <i>1,781.19</i>	0.78966	\$684.89	\$684.89

Formula for Benefit B : 2.75% * 11.3222 years * \$53,367.67

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,384.72	N/A
Single Life Annuity	1.00000	\$1,384.72	N/A
10 Year Certain and Life Annuity	0.94340	\$1,306.34	N/A
50% Joint and Survivor	0.88375	\$1,223.74	\$611.87
66 2/3% Joint and Survivor	0.85078	\$1,178.09	\$785.39
75% Joint and Survivor	0.83520	\$1,156.52	\$867.39
100% Joint and Survivor	0.79171	\$1,096.30	\$1,096.30

***** 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, John Garakop 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 # 106405
Date of Birth: 10/8/1957 Gender (circle one): M F
Job Classification: Welder / Manufacturer
Department: Solid Waste & Recycling Division: Container Maintenance
Date of Hire: 11/28/2005 Date of Separation: April 26, 2021
Benefits Effective Date: 11/28/2005

Spouse's Name: Mary Garakop
Spouse's Date of Birth: 11/2/1962 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: _____	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 #: 5 Description: 75 % Joint and Survivor Annuity

My designated beneficiary is:

Name: Mary J. Garakop Social Security Number: _____

Date of Birth: Nov. 2, 1962 Gender (Circle One) M F

Address: _____

Phone Number: _____ Relationship Spouse

Employee's Signature: [Signature] Date: 02/21/2024

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

21 day of February 21, 2024

by John Garakop

who is personally known to me or who has provided DL

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, Carol McAnally, 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	<u>64,749.5</u> vacation	<u>29,091.0</u> sick	<u>15</u> floaters	_____ bonus hours

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

EMPLOYEE'S SIGNATURE: Carol McAnally

SOCIAL SECURITY #: _____

WITNESSES:

ADDRESS: _____

PHONE: _____ DATE: 02/01/2024

City of Clearwater Employees' Retirement System

Benefit Estimate

Member Data

Name : CAROL MCANALLY Social Security No. :
 Date of Birth :
 Age at Retirement :

Beneficiary Data

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

Retirement Data

Pension Start Date : 05/11/1998 Calculation Type : Estimate
 Termination Date : 02/29/2024 Benefit Group : Non-Hazardous - Tier II
 Effective Date : 03/01/2024 Retirement Type : Normal Retirement
 FAC : \$ 42,372.93 Option Elected :
 Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$0.00 (0 %)
 Post-Tax Contributions : \$ 0.00 Total Member Service : 25 Years 9 Months 20 Days

Formula for Benefit A : 2.75% * 14.6389 years * \$42,372.93

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form 2,505.84	1.00000	\$1,421.50	N/A
Single Life Annuity	1.00000	\$1,421.50	N/A
10 Year Certain and Life Annuity	0.95530	\$1,357.96	N/A
50% Joint and Survivor	0.92572	\$1,315.91	\$657.96
66 2/3% Joint and Survivor	0.90335	\$1,284.12	\$856.08
75% Joint and Survivor	0.89257	\$1,268.79	\$951.59
100% Joint and Survivor	0.86171	\$1,224.92	\$1,224.92

Formula for Benefit B : 2.75% * 11.1667 years * \$42,372.93

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,084.34	N/A
Single Life Annuity	1.00000	\$1,084.34	N/A
10 Year Certain and Life Annuity	0.95565	\$1,036.24	N/A
50% Joint and Survivor	0.92650	\$1,004.64	\$502.32
66 2/3% Joint and Survivor	0.90435	\$980.62	\$653.75
75% Joint and Survivor	0.89366	\$969.03	\$726.77
100% Joint and Survivor	0.86307	\$935.86	\$935.86

***** 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, Carol McAnally 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 # 103853
 Date of Birth: _____ Gender (circle one): M (F)
 Job Classification: Police Records Spec.
 Department: Police Division: Intelligence Unit
 Date of Hire: 5/11/1998 Date of Separation: 2/29/2024
 Benefits Effective Date: 5/11/1998

Spouse's Name: David McAnally
 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: <u>Carol L McAnally</u>	Date: <u>02/01/2024</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
1st day of February, 2024
by Carol McAnally
who is personally known to me or who has provided _____
as identification and who 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, Howard Macchesney, 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	<u>362.47</u>	vacation	<u>253.37</u>	sick	<u>24</u>	floaters	_____	bonus hours

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

EMPLOYEE'S SIGNATURE: Howard Macchesney

SOCIAL SECURITY # _____

WITNESSES:

ADDRESS _____

PHONE: _____ DATE: 12-27-23

City of Clearwater Employees' Retirement System

Benefit Estimate

Member Data

Name : HOWARD MCCHESENEY Social Security No. :
 Date of Birth : 11/29/1954
 Age at Retirement : 69 Years 4 Months 2 Days

Beneficiary Data

Name : BRIAN MCCHESENEY Social Security No. :
 Date of Birth : 04/07/1992
 Age at Retirement : 31 Years 11 Months 24 Days Relationship : Child
 # of children under 18 : 0

Retirement Data

Pension Start Date : 06/12/1995 Calculation Type : Estimate
 Termination Date : 03/29/2024 Benefit Group : Non-Hazardous - Tier II
 Effective Date : 04/01/2024 Retirement Type : Normal Retirement
 FAC : \$ 100,113.33 Option Elected :
 Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$0.00 (0 %)
 Post-Tax Contributions : \$ 0.00 Total Member Service : 28 Years 9 Months 18 Days

Formula for Benefit A : 2.75% * 17.5528 years * \$100,113.33 (Forms of Payment limited due to IRC 401(a)(9))
 Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Single Life Annuity <i>6,607.48</i>	1.00000	\$4,027.07	N/A
10 Year Certain and Life Annuity	0.92743	\$3,734.83	N/A
50% Joint and Survivor	0.74698	\$3,008.14	\$1,504.07
66 2/3% Joint and Survivor			
75% Joint and Survivor			
100% Joint and Survivor			

Formula for Benefit B : 2.75% * 11.2472 years * \$100,113.33 (Forms of Payment limited due to IRC 401(a)(9))
 Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Single Life Annuity	1.00000	\$2,580.41	N/A
10 Year Certain and Life Annuity	0.92807	\$2,394.80	N/A
50% Joint and Survivor	0.74953	\$1,934.09	\$967.05
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, Howard Mchesney 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 # 103990
Date of Birth: 11/29/1954 Gender (circle one): (M) F
Job Classification: Senior Network Engineer
Department: Information Technology Division: Network Architecture
Date of Hire: 6/12/1995 Date of Separation: 3/29/2004
Benefits Effective Date: 6/12/1995

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: <u>Howard McSherry</u>	Date: <u>12-27-23</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
27th day of December, 2023

by Howard Mcchesney

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 # GG 952165
Expires January 28, 2024
Bonded Thru Budget Notary Services

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, Christian Schuele, 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>16</u>	<u>143.0502</u>	<u>32</u>	<u>116.20</u>

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

EMPLOYEE'S SIGNATURE:  12/27/23

SOCIAL SECURITY #: _____

WITNESSES:

ADDRESS _____

PHONE: _____ DATE: 12/27/23

City of Clearwater Employees' Retirement System Benefit Estimate

Member Data

Name : CHRISTIAN SCHUELE 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 : 03/10/2003 Calculation Type : Estimate
 Termination Date : 12/27/2023 Benefit Group : Hazardous - Tier II
 Effective Date : 01/01/2024 Retirement Type : Normal Retirement
 FAC : \$ 100,034.61 Option Elected :
 Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$149,749.11 (20 %)
 Post-Tax Contributions : \$ 0.00 Total Member Service : 20 Years 9 Months 18 Days

Formula for Benefit A : 2.75% * 9.8083 years * \$100,034.61

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.01005	\$1,816.89	N/A
Single Life Annuity 3,852.85	1.01005	\$1,816.89	N/A
10 Year Certain and Life Annuity	1.00000	\$1,798.82	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% * 10.9917 years * \$100,034.61

Form of Payment	Factor	Monthly Benefit	
		To Member	Potential To Beneficiary
Normal Form	1.00998	\$2,035.96	N/A
Single Life Annuity	1.00998	\$2,035.96	N/A
10 Year Certain and Life Annuity	1.00000	\$2,015.84	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
HAZARDOUS DUTY EMPLOYEE**

I, Christian Schuele 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 # 105475
Date of Birth: _____ Gender (circle one): (M) F
Job Classification: Fire Inspector
Department: Fire Division: Fire Prevention & Inspection
Date of Hire: 3/10/2003 Date of Separation: 1/5/2024
Benefits Effective Date: 3/10/2003
Spouse's Name: _____
Spouse's Date of Birth: _____ Spouse's Gender (circle one): M F

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

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

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

Option 1 - Joint and Survivor Annuity

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

Option 2 - Life Annuity

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

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

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

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

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

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

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

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

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

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

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

Partial Lump Sum Payment Option

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

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

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

If taking Option 1 sign below:

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

If taking Option 2 sign below:

Option #: <u> 2 </u>	Description: <u> Life Annuity </u>
Employee's Signature: _____	Date: <u> 12/27/73 </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: 20% 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: 12/27/23

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
27 day of December, 2023

by Christian Schuete
who is personally known to me or who has provided DL
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 # GG 952165
Expires January 28, 2024
Bonded Thru Budget Notary Services

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, Laurie Sullivan, 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:

25 DPE	Run Out	_____	vacation	_____	sick	_____	floaters	_____	bonus hours
219/24	Lump Sum	27.6322	vacation	8.61	sick	<input checked="" type="checkbox"/>	floaters	_____	bonus hours

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

EMPLOYEE'S SIGNATURE: Laurie Sullivan

SOCIAL SECURITY #: _____

WITNESSES:

ADDRESS: _____

PHONE: _____ DATE: 2/12/24

City of Clearwater Employees' Retirement System

Benefit Estimate

Member Data

Name : LAURIE SULLIVAN Social Security No. :
 Date of Birth : 04/23/1959
 Age at Retirement : 65 Years 0 Months 8 Days

Beneficiary Data

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

Retirement Data

Pension Start Date : 08/21/2006 Calculation Type : Estimate
 Termination Date : 04/24/2024 Benefit Group : Non-Hazardous - Tier II
 Effective Date : 05/01/2024 Retirement Type : Normal Retirement
 FAC : \$ 34,957.88 Option Elected :
 Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$0.00 (0 %)
 Post-Tax Contributions : \$ 0.00 Total Member Service : 17 Years 8 Months 4 Days

Formula for Benefit A : 2.75% * 6.3611 years * \$34,957.88

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$509.60	N/A
Single Life Annuity <i>1,416.26</i>	1.00000	\$509.60	N/A
10 Year Certain and Life Annuity	0.95530	\$486.82	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% * 11.3167 years * \$34,957.88

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$906.60	N/A
Single Life Annuity	1.00000	\$906.60	N/A
10 Year Certain and Life Annuity	0.95565	\$866.39	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, Laurie Sullivan 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 # 105559
Date of Birth: 4/23/1959 Gender (circle one): M F
Job Classification: Library Assistant
Department: Library Division: Main Circulation
Date of Hire: 5/19/2003 Date of Separation: April 24 2024
Benefits Effective Date: 8/21/2006

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: <u> Laurie J. Sullivan </u>		Date: <u> 2/12/24 </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

12th day of February, 2024

by Laurie Sullivan

who is personally known to me or who has provided DL

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

(Signature) Notary Public

Alyssa Gagliardi Name of Notary Printed

My Commission expires: _____

