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.

1, Stephen Avise	, an employe	ee of the City of Cle	arwater, hereby apply for
pension benefits under the City's E			
I hereby certify that I fully understand			
pay preference # and w	ish my benefits to be	calculated under this	preference. Please use my
leave in the following manner:			
Run Out vacat	on sick	floaters	bonus hours
Lump Sum vacati	on sick	floaters	bonus hours
240	107,5414	74	S.
I understand that my preference ca	innot be changed onc	e this form is signed a	and that my decision is
irrevocable.			
	EMPLOYEE'S SIGNA	TURE:	
	SOCIAL SECURITY #:		•
MUTNECCEC	4.000000		•
WITNESSES:	ADDRESS:	a e e e e e e e e e e e e e e e e e e e	
	<u> </u>	57 L	
	PHONE: '	DATE	2-8-2024

Revised 1/02 Form #9900-0008

Member Data

Name

: STEPHEN AVISE

Social Security No.

Date of Birth

Age at Retirement

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 Option Elected Normal Retirement

FAC

: \$ 83,837.32

: \$209,172.98 (30 %)

Pre-Tax Contributions Post-Tax Contributions : \$: \$ 0.00 Partial Lump Sum 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 え, をつづ. つう	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 2,648,12	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

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,	do hereby apply to receive benefits under the ecordance with the following:
Job Classification: tire fighter Driver Department: Fire	(circle one): M F Oper- Division: Suppression Date of Separation: 4th Mary 15, 2024
Spouse's Name: Name: Name: Name: 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 <u>before</u> 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 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 3/3% 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 % 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.)

If taking Option 1 sign below:			
Option #: _1	escription: <u>Joint and Surviv</u>	or Annuity	
Employee's Signature:		Date:	
Dependent children under the age o	f 18 and residing in my househ	old are:	
Child's Name	Gender (M-F)	Date of Birth	Social Security #
If taking Option 2 sign below:			
Option #: _2 De	escription: Life Annuity	-	
Employee's Signature:		Date:	
If taking Option 3, fill in beneficiar	y information and sign belov	v:	
	scription: 10 Year Certain		
My designated beneficiary is:			
Name:	Social Secur	rity Number:	
Date of Birth:	Gender (Circ	cle One) M F	
Address:			
Phone Number:	Relation	ship	
Employee's Signature:		Date:	

If taking Option 4, 5, 6,or 7	7, fill in Option Number, Description and beneficiary information and sign below:
Option #:6	Description: _/00 % Joint and Survivor Annuity
My designated beneficiary is	S:
Name: Micolette A.	Avise Social Security Number:
Date of Birth:	Gender (Circle One) M F
Address:	
Phone Number:	Relationship hite
Employee's Signature:	Date: 8 Feb. Zory
If taking a Partial Lump Si	um 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 actua	rially determined value of the normal retirement benefit
	rially determined value of the normal retirement benefit
30% of the actua	rially determined value of the normal retirement benefit
I understand my monthly rej	tirement benefit for the option selected above shall be reduced accordingly.
Employee's Signature:	Date: 8 Feb. 2024
Leave the second	
	ILY, fill in beneficiary information and sign below:
My designated beneficiary is	5.
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 day of ACDYUCY by Stophen 100 who is personally known to me or who has provided as identification and who did/did not take an oath. Notary Public My Commission expires: ALYSSA GAGLIARDI



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.

1, Heath E	Sænner	, an employe	ee of the City of Cl	earwater, hereby apply for
pension benefits u	nder the City's Er	nployees' Pension Pl	an.	
I hereby certify tha	nt I fully understa	nd the preferences o	offered to me. I choo	se to retire using separation
pay preference#_	and wi	sh my benefits to be	calculated under this	s preference. Please use my
leave in the followi	ng manner:			
Run Out	vacatio	on sick	floaters	bonus hours
Lump Sum	vacatio ਹਿਪ	on $\frac{\text{sick}}{ S \cdot S }$	floaters	bonus hours
l understand that r	ny preference ca		ce this form is signed	l and that my decision is
irrevocable.		EMPLOYEE'S SIGNA	<	
	•	SOCIAL SECURITY #		
WITNESSES:	,	ADDRESS.		
	F	PHON	DATE:	1/4/24

Revised 1/02 Form #9900-0008

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

: \$

Total Member Service (20 Years 0 Months 3 Days

Formula for Benefit A

: 2.75% * 8.8944 years * \$126,735.92

0.00

Monthly Benefit

Form of Payment	Factor	To Member		Potential Beneficiary
Normal Form 4, Oce 7, 81	1.00000	\$1,808.29		N/A
Single Life Annuity	1.06348	\$1,923.08	. 0	N/A
10 Year Certain and Life Annuity	1.05630	\$1,910.09	COLA	N/A
50% Joint and Survivor 4, 147, 59	1.01917	\$1,842.96	<u> </u>	\$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 3, 5 82.50	0.97842	\$1,769.27		\$1,769.27

Formula for Benefit B

: 2.75% * 11.1139 years * \$126,735.92

Monthly Benefit

Form of Payment	Factor	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	Syear N/A
50% Joint and Survivor	1.01997	\$2,304.63	delay \$1,152.32 \$1,515.57
66 2/3% Joint and Survivor	1.00613	\$2,273.36	<u> </u>
75% Joint and Survivor	0.99935	\$2,258.05	Cul 51,693.54
100% Joint and Survivor	0.97954	\$2,213.29	\$2,213.29

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

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CITY OF CLEARWATER PENSION ENTITLEMENT OPTION REQUEST FORM HAZARDOUS DUTY EMPLOYEE

I, Heath Brench (Please print name) City of Clearwater General Employees' Pension Plan in a	do hereby apply to receive benefits under the accordance with the following:
Employee ID # 105763 Date of Birth: Gender Job Classification: Five Liquitenant Department: Fire Date of Hire: 2/9/2004 Benefits Effective Date: 2/9/2004	Division: Suppression: 2/11/2024
Spouse's Name: Brenner Spouse's Date of Birth:	Spouse's Gender (circle one): M (F)
The type of pension for which I am applying is (check onlock on the context of th	ly one):

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 <u>before</u> 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 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 3/3% 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 ¾ 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

If taking Option 1 sign below:

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.)

Option #: 1	Description:	Joint and Survivo	or Annuity	
Employee's Signature:		***	Date:	·····
Dependent children under the a	age of 18 and re	siding in my househ	old are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#
				
If taking Option 2 sign below:				
		Life Annuity	-	
Employee's Signature:			Date:	
If taking Option 3, fill in benef	iciary informat	tion and sign below	<i>r</i> :	
Option #: 3			and Life Annuity	
My designated beneficiary is:				
Name:		Social Secur	ity Number:	Action to the second se
Date of Birth:		Gender (Circ	cle One) M F	
Address:		was and the second seco		
Phone Number:			ship	
Employee's Signature:			Date:	

	fill in Option Number, Description and beneficiary information and sign below:
Option #:	Description: Joint and Survivor Annuity
My designated beneficiary is:	
Name: Ty B Co	Social Security Number:
Date of Birth:	Gender (Circle One) M F
Address:	
Phone Number	Relationship Wite
Employee's Signature:	Date: 1 4 24
	m Payment, fill in Percentage and sign below:
Option #: NA	Description: 30% Partial Lump Sum Payment
I elect to take a partial lump s	sum payment in the following amount (check only one):
10% of the actuari	ally determined value of the normal retirement benefit
	ally determined value of the normal retirement benefit
l /	ally determined value of the normal retirement benefit
I understand my monthly retir	rement benefit for the option selected above shall be reduced accordingly.
Employee's Signature:	Date: 1 / 4 / 2 4
If naming a beneficiary ONI	LY, 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:	
	N-14-14-14-14-14-14-14-14-14-14-14-14-14-
Beneficiary Phone Number: _	
Beneficiary Phone Number: _ Employee's Signature:	Relationship
	Relationship Date:
Employee's Signature: STATE OF FLORIDA COUNTY OF	Relationship
Employee's Signature:	Relationship
Employee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing instrument was acknowledged before me this day of January , 2034
Employee's Signature: STATE OF FLORIDA COUNTY OF	Relationship
Employee's Signature: STATE OF FLORIDA COUNTY OF	Relationship
Employee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing instrument was acknowledged before me this day of January , 2034 by Heath Brence who is personally known to me or who has provided as identification and who did/did not take an oath.
Employee's Signature: STATE OF FLORIDA COUNTY OF	Relationship
Employee's Signature: STATE OF FLORIDA COUNTY OF	Relationship

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

Revised 1/02 Form #9900-0008 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.

1, Keging L	XWitt, an emplo	yee of the City of Clearw	ater, hereby apply for
pension benefits und	der the City's Employees' Pension	Plan.	
	I fully understand the preferences		
pay preference #	and wish my benefits to I	be calculated under this pre	ference. Please use my
leave in the followin	g manner:		
Run Out	vacation sick	floaters	bonus hours
. Of Lump Sum	vacation sick	floaters	bonus hours
E1/12/24 2	44.7251 358.338	14 120	
I understand that my	preference cannot be changed o	nce this form is signed and	that my decision is
irrevocable.			
	EMPLOYEE'S SIGN	ATURE: 1) LOC VIL	us
	SOCIAL SECURITY	#:	
WITNESSES:	ADDRESS		
			· A
		.1.	2/2011
	PHONE	DATE: _\	8/2024

Member Data

Name

: REGINA DEWITT

Social Security No.

Date of Birth

Age at Retirement

Beneficiary Data

Name

FAC

BRIAN DEWITT

Social Security No.

Date of Birth

Age at Retirement

Relationship

of children under 18 : 0

Retirement Data

Pension Start Date

: 11/27/1995

Termination Date : 03/22/2024 Effective Date : 04/01/2024

Calculation Type

: Estimate

Benefit Group

: Non-Hazardous - Tier II

Retirement Type Option Elected

: Normal Retirement

: \$ 92,521.59

Partial Lump Sum

: \$0.00 (0 %)

Pre-Tax Contributions Post-Tax Contributions

: \$ 0.00 : \$ 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	\$3,624.5 1	N/A
Single Life Annuity (0, OCS 1)	1.00000	\$3,624.51	N/A
10 Year Certain and Life Annuity	0.98681	\$3,576.70	N/A
50% Joint and Survivor S. G. 10.5 ~	0.94404	\$3,421.68	\$1,710.84
66 2/3% Joint and Survivor 5,566 . 52	0.92675	\$3,359.02	\$2,239.35
[75% Joint and Survivor 5, 516, 6]	0.91835	\$3,328.57	\$2,496.43
100% Joint and Survivor 5, 370 55	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

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

1, Keging Jourt	do hereby apply to receive benefits under the
(Please print name) City of Clearwater General Employees' Pension Plan in a	accordance with the following:
Employee ID # 10367 2 Date of Birth: Gender Job Classification: Legal Office Admi Department: C1+4 (PH-0004) Date of Hire: 11/27/1955 Benefits Effective Date: 11/27/1955	Division: C1+4 Afterney Gefice Date of Separation: March 22, 2024
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 on	ly 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 <u>before</u> 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 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 3/3 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 % 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

If taking Ontion 1 sign below:

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.)

ii taking option i sign below	•					
Option #: _1_	Description: _	Joint and Surviv	or Annuity			
Employee's Signature:			_ Date:			
Dependent children under the a	age of 18 and re	siding in my housel	nold are:			
Child's Name		Gender (M-F)	Date of Birth	h	Social Security #	
If taking Option 2 sign below:				•		
Option #: 2		Life Annuity				
Employee's Signature:	• –				-	
If taking Option 3, fill in benef	iciary informat	ion and sign belov	₩ :			
Option #: _ 3		10 Year Certain				
My designated beneficiary is:						
Name:		Social Secu	rity Number:			
Date of Birth:			cle One) M	F		
Address:						
Phone Number:						
Employee's Signature:			ר	ate.		

ir taking Option 4, 5, 6, or 7,	Till in Option Number, Description and beneficiary information and sign below.
Option #:	Description: 75 % Joint and Survivor Annuity
My designated beneficiary is:	
Name: Brian le	Social Security Number.
Date of Birth:	Gender (Circle One) (M) F
Address	
Phone Number:	
Employee's Signature:	Relationship Stoust Date: 1/18/24
Option #: NA	m Payment, fill in Percentage and sign below: Description: Partial Lump Sum Payment
- Tari	2 dried Editip Oditi i dyment
I elect to take a partial lump s	sum payment in the following amount (check only one):
10% of the actuari	ally determined value of the normal retirement benefit
20% of the actuari	ally determined value of the normal retirement benefit
30% of the actuari	ally determined value of the normal retirement benefit
I understand my monthly retir	rement benefit for the option selected above shall be reduced accordingly.
Employee's Signature:	Date:
	LY, fill in beneficiary information and sign below:
My designated beneficiary is:	
Beneficiary Name:	Beneficiary Social Security #:
Beneficiary Date of Birth:	
Beneficiary Address:	
Beneficiary Phone Number: _	
Employee's Signature:	Date:
STATE OF FLORIDA COUNTY OF PINELLAS	The foregoing instrument was acknowledged before me this day of

Bonded Thru Budget Notary Services

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.

			<u> </u>	· · · · · · · · · · · · · · · · · · ·
1, Kandy F	017	, an employee	of the City of Cle	arwater, hereby apply for
pension benefits (under the City's Emplo	oyees' Pension Pla	n.	
I hereby certify th pay preference # _ leave in the follow	$\underline{\mathcal{I}}_{\underline{}}$ and wish r	the preferences of my benefits to be o	fered to me. I choose alculated under this	e to retire using separation preference. Please use my
Run Out	vacation	sick _	floaters	bonus hours
as of Lump Sum	257,44	sick _ 8४.5474	floaters	bonus hours
I understand that	my preference canno	t be changed once	this form is signed a	and that my decision is
irrevocable.	EMP	LOYEE'S SIGNAT	URE: Landy	A TAR
		IAL SECURITY #: _		
WITNESSES:	ADD	RESS:	• • • • • • • • • • • • • • • • • • •	
	PHO	NE	DATE:	2/20/2024

Revised 1/02 Form #9900-0008

Member Data

Name : RANDY FOLTZ
Date of Birth : .08/29/1959

RANDY FOLTZ Social Security No. 408/29/1959

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 \(\mathcal{Q} \), \(\mathcal{Y} \omega \) \(\mathcal{Y} \omega \)

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	-\$2,381.0 0	-N/A
Normal-Form 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	-1.000 00	\$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

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

1, Kandy toHz	do hereby apply to receive benefits under the
'(Please print name)	
City of Clearwater General Employees' Pension Plan in a	accordance with the following:
Employee ID # 103000 Date of Birth: 8/25 11959 Gender	(circle one): (M) F
Job Classification: Utilities Maintenance	SUPV.
Department: Public Utilities	Division: Infrastructure Maint
Date of Hire: 10/30/1995	Date of Separation: 16 Drug rul 11, 2021
Benefits Effective Date: 10/30/1995	1
Bellottis Ellootive Bate. 101.011115	
Spouse's Name: Chery 1 Foltz	
Spouse's Date of Birth: 10/9/1962	Spouse's Gender (circle one): M(F)
The type of pension for which I am applying is (check on	ly 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 <u>before</u> 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 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 3/3% 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 % 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.)

if taking Option 1 sign below	•			
Option #: _1_	Description:	Joint and Surviv	or Annuity	
Employee's Signature:			Date:	4.00
Dependent children under the a	age of 18 and re	siding in my househ	old are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#
If taking Option 2 sign below				
Option #: _2_	Description: _	Life Annuity	_	
Employee's Signature:			Date:	
If taking Option 3, fill in bene	ficiary informat	tion and sign below	v:	
Option #: 3			and Life Annuity	<u> </u>
My designated beneficiary is:				
Name:		Social Secu	rity Number:	
Date of Birth:		Gender (Cire	cle One) M F	
Address:				
Phone Number:		Relation	nship	
Employee's Signature:			Date:	

If taking Option 4, 5, 6,or 7	, fill in Option Number, Description and beneficiary info	rmation and sign below:
Option #:6	Description: 🖊 🖒 🧭 % Joint and Survivor Annuity	
My designated beneficiary is	s:	
Name: CHERYL	ANN FOLTZ Social Security Number: 26 11962 Gender (Circle One) MF	4-63-4465
Date of Birth: 10/09	Gender (Circle One) M F	
Address: 1483.3 E	LMONT AVE. SPRINGHILL FL. 3461	<u>'O</u>
Phone Number: (727)	1226-7196 A Relationship WIFE	5/-/-
Employee's Signature:	andy T, tot Date:	2/20/2024
If taking a Partial Lump Sເ	/ ⟨	(
Option #: NA	Description: 10% Partial Lump Sum Payment	
I elect to take a partial lump	sum payment in the following amount (check only one):	
	rially determined value of the normal retirement benefit	
	rially determined value of the normal retirement benefit	
	rially determined value of the normal retirement benefit	
	iany accommod value of the normal residence and the	
I understand my monthly ret	irement benefit for the option selected above shall be reduc	ed accordingly.
Employee's Signature:	Date:	
If naming a beneficiary ON	ILY, fill in beneficiary information and sign below:	
My designated beneficiary is		
Beneficiary Name:	Beneficiary Social Security #	•
Beneficiary Date of Birth:		M F
Beneficiary Address:		
Beneficiary Phone Number:	Relationship	
Employee's Signature:	Date:	
STATE OF FLORIDA COUNTY OF	The foregoing instrument was acknowledged before me	- · ·
PINELLAS	De de Villa	_, 20 <u>2</u> 4
	who is personally known to me pr who has provided	
	as identification and who gid/did not take an oath.	
ALYSSA GAGLIARDI	as identification and who did did not take an oath.	
*** TALYOOM GAGEINIE		Notary Public
2 * Commission # HH 476578	Aluss Goliandi	•
	Auscasian expires:	-

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.

, -	
1, John Go	an employee of the City of Clearwater, hereby apply for
pension benefits u	nder the City's Employees' Pension Plan.
	t I fully understand the preferences offered to me. I choose to retire using separation
pay preference #	2 and wish my benefits to be calculated under this preference. Please use my
leave in the followi	ng manner:
Run Out	vacation sick floaters bonus hours
Lump Sum	vacation sick floaters bonus hours 250, 7700 281,3581 24
I understand that n	ny preference cannot be changed once this form is signed and that my decision is
irrevocable.	EMPLOYEE'S SIGNATURE: Jack Bar Bay
	SOCIAL SECURITY #:
WITNESSES:	ADDRESS:
	PHONE:

Revised 1/02 Form #9900-0008

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 : 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

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$867.32	N/A
Normal Form Single Life Annuity 2, 252.04	1.00000	\$867.32	N/A
10 Year Certain and Life Annuity $\langle 129.19 \rangle$	0.94293	\$817.82	N/A
50% Joint and Survivor 1,989,12	0.88247	\$765.38	\$382.69
66 2/3% Joint and Survivor 1 9 14 Ce 2	0.84920	\$736.53	\$491.02
75% Joint and Survivor (x) 9 42	0.83349	\$722.90	\$542.18
100% Joint and Survivor	0.78966	\$684.89	\$684.89

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

Monthly Benefit

Form of Payment	Factor	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

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

1	(A) = (A) / (A)	
1, <u>Joh</u>	in Garakop	do hereby apply to receive benefits under the
	(Please print name)	
City of Clea	arwater General Employees' Pension Plan in a	accordance with the following:
Date of Bir Job Classif Departmer Date of Hir	fication: Welder/Manufacture nt: Solid waste & Reacher	Division: Container Maintenance Date of Separation: April 24, 2024
Spouse's M	Name: Mary Garakop	
Spouse's [Date of Birth: 11/2/10/22	Spouse's Gender (circle one): M F
The type of	f pension for which I am applying is (check on	ily 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 <u>before</u> 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 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 3/3% 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 % 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.)

If taking Option 1 sign below:					
Option #: _1_	Description: _	Joint and Survive	or Annuity		
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 #: _2_		Life Annuity	-		
Employee's Signature:			Date:		
If taking Option 3, fill in benef	iciary informat	ion and sign below	v:		
		10 Year Certain			
My designated beneficiary is:					
Name:		Social Secur	ity Number:		
Date of Birth:		Gender (Circ	cle One) M F		
Address:					
Phone Number:			ship		
Employee's Signature:			Date:		

Option #:	Description: 75 % Joint and Survivor Annuity
My designated beneficiary is	s:
Name: Mary J.	Garakop_ Social Security Number:
Name: <u>Mary J.</u> Date of Birth: <u>No V.</u> 2	Gender (Circle One) M(F)
Address:	
Phone Number:	Relationship 3DOUSE
Employee's Signature:	Relationship <u>Spouse</u> Date: <u>02/21/2024</u>
r taking a Partial Lump Su Option #: NA	m Payment, fill in Percentage and sign below: Description: Partial Lump Sum Payment
elect to take a partial lump	sum payment in the following amount (check only one):
10% of the actuar	ially determined value of the normal retirement benefit
20% of the actuar	ially determined value of the normal retirement benefit
30% of the actuar	ially determined value of the normal retirement benefit
understand my monthly ret	irement benefit for the option selected above shall be reduced accordingly.
•	irement benefit for the option selected above shall be reduced accordingly. Date:
Employee's Signature:	Date:
Employee's Signature: f naming a beneficiary ON	Date: ILY, fill in beneficiary information and sign below:
Employee's Signature: f naming a beneficiary ON My designated beneficiary is	Date: ILY, fill in beneficiary information and sign below:
Employee's Signature: f naming a beneficiary ON Ny designated beneficiary is Beneficiary Name:	Date: ILY, fill in beneficiary information and sign below: : Beneficiary Social Security #:
Employee's Signature: f naming a beneficiary ON My designated beneficiary is Beneficiary Name: Beneficiary Date of Birth:	Date: ILY, fill in beneficiary information and sign below: : Beneficiary Social Security #:
Employee's Signature: f naming a beneficiary ON Ny designated beneficiary is Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address:	Date:
Employee's Signature: f naming a beneficiary ON My designated beneficiary is Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number:	Date:
Employee's Signature: f naming a beneficiary ON My designated beneficiary is Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number:	Date:
Employee's Signature: f naming a beneficiary ON My designated beneficiary is Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature:	Date:
Employee's Signature: f naming a beneficiary ON My designated beneficiary is Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	Date:
Employee's Signature: f naming a beneficiary ON My designated beneficiary is Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Beneficiary Phone Number: Beneficiary Phone Number: BENATE OF FLORIDA COUNTY OF	Date:
Employee's Signature: f naming a beneficiary ON My designated beneficiary is Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	Date:
Employee's Signature: f naming a beneficiary ON My designated beneficiary is Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF PINELLAS	Date:
Employee's Signature: f naming a beneficiary ON My designated beneficiary is Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Bene	Date:
Employee's Signature: f naming a beneficiary ON My designated beneficiary is Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF PINELLAS	Date:

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.

			· ·	C. a make many many many many many many many many
1, <u>Carol M</u>	CAnally	, an employee	of the City of Clea	arwater, hereby apply for
	ınder the City's Emplo			
I become				
	•	-		to retire using separation
pay preference # _	$\underline{1}$ and wish n	ny benefits to be ca	alculated under this p	preference. Please use my
leave in the follow	ing manner:			
Run Out	vacation	sick	floaters	bonus hours
Lump Sum	vacation	sick 고역, OS(O	floaters	bonus hours
understand that i	my preference cannot	be changed once	this form is signed a	nd that my decision is
irrevocable.			1	A 6
	EMP	LOYEE'S SIGNATU	IRE: (arably	ncAnalle
			and programme and the second s	(\
WITNESSES:	ADD	RESS:		The Control of the Co
		•		
	PHOI	NE:	DATE:	02/01/2024

Revised 1/02 Form #9900-0008

Member Data

Name : CAROL MCANALLY

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

Social Security No.

Retirement Data

Pension Start Date : 05/11/1998 Calculation Type : Estimate

Termination Date : 02/29/2024 Benefit Group : Non-Hazardous - Tier II Effective Date Retirement Type : 03/01/2024 : 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 Single Life Annuity	-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

1, 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: Holice Records Spec. Department: Police Division: Intelligence unit Date of Hire: 5/11/1998 Benefits Effective Date: 5/11/1998				
Spouse's Name: TOVIC MCANCILY 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 <u>before</u> 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 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 3/3% 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 ¾ 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.)

If taking Option 1 sign below:				
Option #: _1_		Joint and Surviv	or Annuity	
Employee's Signature:			_ Date:	
Dependent children under the a	ige of 18 and re	siding in my househ	old are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#
If taking Option 2 sign below:				
Option #: _2_		Life Annuity	-	
Employee's Signature:	& IM	Analla		1/2024
If taking Option 3, fill in benef		()	•	<i>'</i>
Option #: _ 3_			and Life Annuity	
My designated beneficiary is:				
Name:		Social Secu	rity Number:	
Date of Birth:		Gender (Cir	cle One) M F	
Address:				
Phone Number:		Relation	nship	
Employee's Signature:			Date:	

If taking Option 4, 5, 6,or 7,	fill in Option Numbe	r, Description and beneficiary info	ormation 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 Sun	n Daymont fill in Per	rcentage and sign helow:	
Option #: NA		Partial Lump Sum Payment	
	,		
l elect to take a partial lump si	um payment in the fol	llowing amount (check only one):	
10% of the actuaria	ally determined value	of the normal retirement benefit	
20% of the actuaria	ally determined value	of the normal retirement benefit	
30% of the actuaria	ally determined value	of the normal retirement benefit	
Lunderstand my monthly retire	ement henefit for the	option selected above shall be reduc	ed accordingly
Employee's Signature:	1 10 10 10 10 10 10 10 10 10 10 10 10 10	Date:	
If naming a beneficiary ONL	Y, 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	by Carol	ument was acknowledged before m y of February MCAnally nown to melor who has provided	e this , 202
* ALYSSA GAGLIARDI * Commission # HH 476578 Expires January 28, 2028		who did slid not take an oath. (Signature)	Notary Public _ Name of Notary Printed

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.

_				
1, Howard Ma	horay	_, an employee	of the City of Clea	arwater, hereby apply for
pension benefits unde	r the City's Employ	ees' Pension Plan	•	
				e to retire using separation
pay preference #	and wish my	/ benefits to be ca	alculated under this	preference. Please use my
leave in the following	manner:			
Run Out	vacation	sick	floaters	bonus hours
Lump Sum	vacation y	sick 253.37h	floaters ユー	bonus hours
I understand that my p	reference cannot l	oe changed once	this form is signed a	and that my decision is
irrevocable.	EMPL	OYEE'S SIGNATU	JRE: Goward	Mi Thebrey
•	SOCIA	AL SECURITY#	e e e e e e e e e e e e e e e e e e e	· _ ·
WITNESSES:	ADDR	ESS		A. * * * * * * * * * * * * * * * * * * *
	 PHON		DATE:	12-27-23

Revised 1/02 Form #9900-0008

Member Data

Name : HOWARD MCCHESNEY

Date of Birth : 11/29/1954

Age at Retirement : 69 Years 4 Months 2 Days

Beneficiary Data

Name : BRIAN MCCHESNEY 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

Option Elected

Social Security No.

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

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

Potential

Form of Payment	Factor	To Member	To Beneficiary
Single Life Annuity (0, (0 07, 4)	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

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			

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

2 3 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
i, Haward Michesney	do hereby apply to receive benefits under the
(Please print name)	
City of Clearwater General Employees' Pension Plan in a	ccordance with the following:
Job Classification: Senior Deturk Ed Department: Market Tachnology	(circle one): (M) F CI NECT AICHTECTURE Division: 129/29/207
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	y 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 <u>before</u> 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 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 3/3 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 % 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.)

If taking Option 1 sign belo	w:			
Option #: _1_	Description: _	Joint and Survivo	or Annuity	
Employee's Signature:			Date:	
Dependent children under the	e age of 18 and re	siding in my househ	old are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#
	-			
If taking Option 2 sign belo				
Option #: <u>2</u>	Description: _	Life Annuity		
Employee's Signature:	ward gur	Shebred	Date: <u>/2-7</u>	27-23
If taking Option 3, fill in ber	neficiary informat	tion and sign below	v:	
Option #: _ 3_			and Life Annuity	
My designated beneficiary is:				
Name:		Social Secur	rity Number:	
Date of Birth:		Gender (Circ	cle One) M F	
Address:				
Phone Number:		Relation	ship	
Employee's Signature:			Date:	

Option #:	Description:	% Joint and Survivor Annuity
My designated beneficiary is	:	
Name:		Social Security Number:
Date of Birth:		
Address:		
Phone Number:		
Employee's Signature:		Date:
		ercentage and sign below:
Option #:NA		Partial Lump Sum Payment
	•	
l elect to take a partial lump	sum payment in the fo	ollowing amount (check only one):
10% of the actuar	ially determined value	e of the normal retirement benefit
20% of the actuar	ially determined value	e of the normal retirement benefit
30% of the actuar	ially determined value	e of the normal retirement benefit
l d		antian related above aboll be reduced accordingly
l understand my monthly reti	rement benefit for the	e option selected above shall be reduced accordingly.
Employee's Signature:		Date:
lf naming a beneficiary ON	LY, fill in beneficiary	y information and sign below:
If naming a beneficiary ON My designated beneficiary is	LY, fill in beneficiary	y information and sign below:
If naming a beneficiary ON My designated beneficiary is Beneficiary Name:	LY, fill in beneficiary	y information and sign below: Beneficiary Social Security #:
If naming a beneficiary ON My designated beneficiary is Beneficiary Name: Beneficiary Date of Birth:	LY, fill in beneficiary	y information and sign below: Beneficiary Social Security #: Beneficiary Gender (Circle One) M F
If naming a beneficiary ON My designated beneficiary is Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address:	LY, fill in beneficiary	y information and sign below: Beneficiary Social Security #: Beneficiary Gender (Circle One) M F
If naming a beneficiary ON My designated beneficiary is Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number:	LY, fill in beneficiary	y information and sign below: Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship
	LY, fill in beneficiary	y information and sign below: Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship
If naming a beneficiary ON My designated beneficiary is Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number:	LY, fill in beneficiary	y information and sign below: Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship
If naming a beneficiary ON My designated beneficiary is Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	LY, fill in beneficiary	y information and sign below: Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship Date:
If naming a beneficiary ON My designated beneficiary is Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature:	LY, fill in beneficiary	y information and sign below: Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship Date: rument was acknowledged before me this ay of, 20)
If naming a beneficiary ON My designated beneficiary is Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing instr	y information and sign below: Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship Date: rument was acknowledged before me this ay of, 20)
If naming a beneficiary ON My designated beneficiary is Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing instruction do by Howard who is personally keeps	y information and sign below: Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship Date: rument was acknowledged before me this ay of, 20 =) by McChesrey
If naming a beneficiary ON My designated beneficiary is Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing instruction do by Howard who is personally keeps	Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship rument was acknowledged before me this ay of DCCC DC, 20 known/o me or who has provided and who did/did not take an oath. Notary Public
If naming a beneficiary ON My designated beneficiary is Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing instruction do by Howard who is personally keeps	Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship rument was acknowledged before me this ay of, 20 known/to me or who has provided and who did/did not take an oath.
If naming a beneficiary ON My designated beneficiary is Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing instruction of the foregoing in	Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship rument was acknowledged before me this ay of DCCC DC, 20 known/to me or who has provided and who did/did not take an oath. Notary Public Name of Notary Printed
If naming a beneficiary ON My designated beneficiary is Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing instruction do by Howard who is personally keeps	Beneficiary Social Security #: Beneficiary Gender (Circle One) M F Relationship rument was acknowledged before me this ay of known/to me or who has provided and who did/did not take an oath. Notary Public Name of Notary Printed

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

Revised 1/02 Form #9900-0008 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.

, Christic	in Schuele	_, an employee	of the City of Cle	earwater, hereby apply for
	nder the City's Employ			
				se to retire using separation
pay preference # _	and wish my	benefits to be c	alculated under this	preference. Please use my
leave in the followi	ng manner:			
Run Out	vacation	sick	floaters	bonus hours
Lump Sum	vacation	sick 43.0562	floaters	bonus hours
I understand that n				and that my decision is
	EMPLO	DYEE'S SIGNATU	JRE:	n/27/23
	SOCIA	L SECURITY #: _		ige sa
WITNESSES:	ADDRI	ESS		
	PHONI		DATE:	2/27/23

Member Data

Name Date of Birth Age at Retirement

: CHRISTIAN SCHUELE

Social Security No.

Beneficiary Data

Name Date of Birth

Social Security No.

Relationship

of children under 18:

Retirement Data

Age at Retirement

Pension Start Date Termination Date Effective Date

: 03/10/2003 : 12/27/2023 : 01/01/2024 : \$

Calculation Type Benefit Group Retirement Type Option Elected

: Estimate

Hazardous - Tier II : Normal-Retirement

FAC Pre-Tax Contributions Post-Tax Contributions

100,034.61 : \$ 0.00 : **\$** 0.00

Partial Lump Sum

\$149,749.11 (20 %) Total Member Service : 20 Years 9 Months 18 Days

Formula for Benefit A

: 2.75% * 9.8083 years * \$100,034.61

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form Single Life Annuity 3, 8 52. \$\infty\$ 10 Year Certain and Life Annuity 50% Joint and Survivor 66 2/3% Joint and Survivor	1.01005	\$1,816.89	N/A
	1.01005	\$1,816.89	N/A
	1.00000	\$1,798.82	N/A

75% Joint and Survivor 100% Joint and Survivor

Formula for Benefit B

100% Joint and Survivor

: 2.75% * 10.9917 years * \$100,034.61

Monthly Benefit

			,
Form of Payment	Factor	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		7-,010.0	IVA
66 2/3% Joint and Survivor			
75% Joint and Survivor			

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 (Please print name) City of Clearwater General Employees' Pension Plan in acc	do hereby apply to receive benefits under the cordance with the following:
11.01 15 11.05	circle one): MF ivision: Five Prevention & Inspection rate of Separation: _ 1/5/2027
Spouse's Name:	
Spouse's Date of Birth: S	pouse's Gender (circle one): M F
The type of pension for which I am applying is (check only of the control of the	one):

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 <u>before</u> 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 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 3/3% 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 % 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.)

If taking Option 1 sign belo	ow:			
Option #: _1_	Description: _	Joint and Surviv	or Annuity	
Employee's Signature:			_ Date:	
Dependent children under th	e age of 18 and re	siding in my housel	nold are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#
If taking Option 2 sign belo				
Option #: 2	Description: _	Life Annuity		
Employee's Signature:	[]		Date: 12/032	>/3 _
If taking Option 3, fill in be	neficiary informat	ion and sign belo	w:	
Option #:3			and Life Annuity	
My designated beneficiary is	:			
Name:		Social Secu	rity Number:	
Date of Birth:		Gender (Cir	cle One) M F	
Address:				
Phone Number:		Relation	nship	
Employee's Signature:			Date:	

Option #:	Description:	per, Description and beneficiary inf % Joint and Survivor Annuity	
My designated beneficiary is			
Name:		Social Security Number:	
Date of Birth:			
Address:			
Phone Number:		Relationship	
Employee's Signature:		Date:	
If taking a Partial Lump Su		ercentage and sign below:	
Option #: NA	Description:	Partial Lump Sum Payment	<u>t</u>
l elect to take a partial lump :	sum payment in the f	following amount (check only one):	
/ 10% of the actuari	ally determined value	e of the normal retirement benefit	
	·	e of the normal retirement benefit	
•		e of the normal retirement benefit	
understand my monthly reti	ement benefit for the	e option selected above shall be redu	ced accordingly.
Employee's Signature:	(the	Date: <u>ル (</u> ひ	123
	LY, fill in beneficiar	y information and sign below:	
My designated beneficiary is:			
		Beneficiary Social Security #	# :
Beneficiary Date of Birth:		Beneficiary Gender (Circle One)	M F
Beneficiary Address:			
Beneficiary Phone Number: _		Relationship	
Employee's Signature:	17 MAY	Date:	
STATE OF FLORIDA	The foregoing instr	rument was acknowledged before m	e this
COUNTY OF PINELLAS	dda	ay of 10ccember	_, 20 <u>2</u> 3
	by <u>Christ</u>	tion Schuete	
	who is personally k	known to me or who has provided	DL
	as identification an	d who did/did not take an oath.	
		(Signatura)	Notary Public
	Alyssa	Gastiardi	_ Name of Notary Printed
	My Commission ex	xpires:	
		ALYSSA GAGLIA Commission # GG 9	RDI 152165

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

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.

6				
1, Laurie	<u>sullivan</u> ,	in employee	of the City of Cl	earwater, hereby apply fo
	under the City's Employees			
I hereby certify the pay preference #	nat I fully understand the pr and wish my be	eferences off nefits to be c	ered to me. I choo alculated under this	se to retire using separations preference. Please use my
	_	sick	floaters	bonus hours
Lump Sum	vacation vacation 27.6322 \& \cdot \cdo	sick	floaters	bonus hours
I understand that	my preference cannot be c	hanged once	this form is signed	and that my decision is
irrevocable.	EMPLOYE	E'S SIGNATU	JRE Laurés	Sulfrain
	SOCIAL S	ECURITY #: _		A.S.
WITNESSES:	ADDRESS			
	PHONE:		DATE:	2/12/24

Revised 1/02 Form #9900-0008

Member Data

Name : LAURIE SULLIVAN

Date of Birth : 04/23/1959

Age at Retirement : 65 Years 0 Months 8 Days

Beneficiary Data

Name

Date of Birth

Age at Retirement

Social Security No.

Social Security No.

Relationship

of children under 18:

Retirement Data

Pension Start Date : 08/21/2006

Termination Date : 04/24/2024 Effective Date : 05/01/2024

FAC

: \$ 34,957.88

Pre-Tax Contributions Post-Tax Contributions

: \$ 0.00 · \$ 0.00 Calculation Type

Benefit Group Retirement Type

Option Elected

Partial Lump Sum

: \$0.00 (0 %)

: Estimate

Total Member Service: 17 Years 8 Months 4 Days

: Non-Hazardous - Tier II

: Normal Retirement

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 1,416,26	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

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, LOUNC SULLIVAN (Please print name) City of Clearwater General Employees' Pension Plan in a	do hereby apply to receive benefits under the accordance with the following:
Employee ID # 105559 Date of Birth: 4/23/1959 Gender Job Classification: Library Assistant Department: Library Date of Hire: 5/19/2003 Benefits Effective Date: 8/21/2006	Division: MGN Circulation Date of Separation: April 24, 2024
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 on Regular Pension based on years of service Job-connected Disability Pension Non-job-connected Disability Pension	ly one):

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 <u>before</u> 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 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 3/3% 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 % 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.)

If taking Option 1 sign below	v:			
Option #: _1_		Joint and Surviv	or Annuity	
Employee's Signature:			_ Date:	·
Dependent children under the	age of 18 and re	esiding in my housel	nold are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#
If taking Option 2 sign below	v:			
Option #: 2	Description:	Life Annuity	- /	
Employee's Signature:	nice I Su	lluin	_ Date:	2/24
If taking Option 3, fill in bene	•			
Option #:3		10 Year Certain		
My designated beneficiary is:				
Name:		Social Secu	rity Number:	
Date of Birth:			cle One) M F	
Address:				
Phone Number:		Relation	nship	
Employee's Signature:			Date:	

Option #:	Description:	% Joint and Survivor Annuity
My designated beneficiary	is:	
Name:		Social Security Number:
Date of Birth:		
Address:		
Phone Number:		Relationship
Employee's Signature:		Date:
f taking a Partial Lump S	Sum Pavment, fill in Po	ercentage and sign below:
Option #: NA		Partial Lump Sum Payment
elect to take a partial lumr	o sum navment in the fo	ollowing amount (check only one):
	•	e of the normal retirement benefit
	•	e of the normal retirement benefit
30% of the actua	ırially determined value	of the normal retirement benefit
understand my monthly re	tirement benefit for the	option selected above shall be reduced accordingly.
, ,		
mployee's Signature:		Date:
naming a beneficiary O	NLY, fill in beneficiary	y information and sign below:
ly designated beneficiary i	s:	
eneficiary Name:		Beneficiary Social Security #:
eneficiary Date of Birth:		
eneficiary Phone Number:		Relationship
	,	
eneficiary Phone Number: mployee's Signature:	,	
mployee's Signature:		
mployee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing instr	Date:
mployee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing instr	ument was acknowledged before me this
mployee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing instruction day Laurie	ument was acknowledged before me this
mployee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing instruction day day duric	ument was acknowledged before me this ay of Achruary, 2024
	The foregoing instruction day day duric	ument was acknowledged before me this ay of Chrua , 2021 Suliva , 2021 nown to me or who has provided the diddid not take an oath. Notary Public
mployee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing instruction day day duric	nown to me or who has provided Support to the control of the cont
mployee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing instruction day day duric	nown to me or who has provided

