

APPLICATION FOR VESTED RIGHTS PENSION

Matthew Carter, being a person leaving employment with the City of Clearwater, Florida, and having completed five (5) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) 12/5/2011 to (date of resignation or change of status) June 27, 2023 hereby makes application to receive the vested rights pension provided for by the City Code of Ordinances. As such former employee, I understand the pension requested will be computed pursuant to the provisions of the City Code of Ordinance in effect on the date of resignation.

I hereby further certify that my date of birth is November 4, 1988.

The date I will begin to receive my pension will be January 1, 2042

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

[Signature]
Signature

Social Security Number

General Services/GS Night Crew
Department/Division

Street Address

Skilled tradesworker
Job Classification

City, State, Zip Code

STATE OF FLORIDA
COUNTY OF PINELLAS

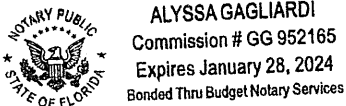
The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 1st day of June, 2023 by Matthew Carter who is personally known to me or has produced

_____ as identification.

[Signature]
Notary Public (Signature)

Alyssa Gagliardi
(Name of Notary Printed)

Commission No. _____



APPLICATION FOR VESTED RIGHTS PENSION

Kelly Hemming, being a person leaving employment with the City of Clearwater, Florida, and having completed five (5) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) 2/5/2018 to (date of resignation or change of status) 9/5/2023 hereby makes application to receive the vested rights pension provided for by the City Code of Ordinances. As such former employee, I understand the pension requested will be computed pursuant to the provisions of the City Code of Ordinance in effect on the date of resignation.

I hereby further certify that my date of birth is June 9, 1964.

The date I will begin to receive my pension will be July 1, 2024.

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

Kelly Hemming
Signature

Social Security Number

IT - Telecom.
Department/Division

Street Address

Sr. Telecom. Analyst
Job Classification

Clearwater, FL 34615
City, State, Zip Code

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 25th day of August, 2023 by Kelly Hemming who is personally known to me or has produced _____ as identification.

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

Alyssa Gagliardi Notary Public (Signature)

(Name of Notary Printed)

Commission No. ALYSSA GAGLIARDI
Commission # GG 952165
Expires January 28, 2024
Bonded Thru Budget Notary Services

APPLICATION FOR VESTED RIGHTS PENSION

Donald Packer, being a person leaving employment with the City of Clearwater, Florida, and having completed five (5) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) 11/8/1999 to (date of resignation or change of status) September 11, 2023 hereby makes application to receive the vested rights pension provided for by the City Code of Ordinances. As such former employee, I understand the pension requested will be computed pursuant to the provisions of the City Code of Ordinance in effect on the date of resignation.

I hereby further certify that my date of birth is March 20 1978.

The date I will begin to receive my pension will be December 1, 2023.

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

[Signature]
Signature

Social Security Number

GAS / SALES
Department/Division

Street Address

GAS SALES REP
Job Classification

City, State, Zip Code

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 28th day of August, 2023 by Donald Packer, who is personally known to me or has produced _____ as identification.



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

[Signature]
Notary Public (Signature)

Alyssa Gagliardi
(Name of Notary Printed)

Commission No. _____