(Please print name) City of Clearwater General Employees' Pension Plan in a	do hereby apply to receive benefits under the
Employee ID# 2083 Date of Birth: 11/30/60 Gender Job Classification: Bldg + Main+ Supv. Department: Soli D Waste Gen SV4	
Spouse's Name: Nanda Fitzpatrick Spouse's Date of Birth: 10/27/58	Spouse's Gender (circle one): M (F)
The type of pension for which I am applying is (check onlocation) Regular Pension based on years of service Job-connected Disability Pension Non-job-connected Disability Pension	

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit for Participants eligible to retire prior to January 1, 2013. Option 2 below represents the standard or normal form of retirement benefit for Participants eligible to retire after December 31, 2012. The other optional forms (#3- #7) shall be computed to be the Actuarial Equivalent of the respective normal benefit.

Option 1 - Joint and Survivor Annuity (ONLY if eligible to retire prior to January 1, 2013)

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

Option 2 - Life Annuity

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

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

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

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

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

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

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

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		Joint and Survive	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 #
	; 			4m - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
If taking Option 2 sign below	· •			
Option #2_	Description:	Life Annuity	-	
Employee's Signature:			Date:	
If taking Option 3, fill in bene	ficiary informa	tion and sign belov	N:	
			and Life Annuity	
My designated beneficiary is:				
Name:	,,	Social Secu	ırity Number:	
Date of Birth:			rcle One) M F	
Address:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Phone Number:		Relation	nship	
Employee's Signature			Date:	

	fill in Option Number, Description and beneficiary information and sign below:
Option #:6	Description: 100 % Joint and Survivor Annuity
My designated beneficiary is:	
Name: WANDA FIT	2PATRICK Social Security Number:
Date of Birth: 10 - 3	1-1958 Gender (Circle One) M (F)
Address: P O B	TPOPE IT MIDBULL EHT X
Phone Number: (727) 4	-59-6225 Relationship Spause
Employee's Signature:	Date: 7-11-160
If taking a Partial Lump Sun	n Payment, fill in Percentage and sign below:
Option #: NA	Description: Partial Lump Sum Payment
I elect to take a partial lump so	um payment in the following amount (check only one):
10% of the actuaria	ally determined value of the normal retirement benefit
	ally determined value of the normal retirement benefit
	ally determined value of the normal retirement benefit
i understand my monthly retire	ement benefit for the option selected above shall be reduced accordingly.
Employee's Signature:	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	The foregoing instrument was acknowledged before me this
	MY COMMISSION #FF105569

Rev. 04/13 Form #9900-0009 EXPIRES March 27, 2018
[407] 398-0153 FloridaNotaryService.com File Name: Pension Entitlement Option Form

#2083

File Name: Employee Separation Pay Pref

CITY OF CLEARWATER

EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

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, Dale Fit	zpatrick.	an employee o	f the City of Clear	water, hereby apply for pension
benefits under the Cit	ty's Employees' Pension	Plan.		
				se to retire using separation pay
following manner:			•	
Run Out	vacation	sick	floaters	bonus hours
Lump Sum	vacation vacation	sick	floaters _	bonus hours
I understand that my irrevocable.	preference cannot be c		s form is signed a	· Ms
	EMPLC	YEE'S SIGNATI	URE!	g g/u/
		L SECURITY #:		
WITNESSES:	ADDRE		6 Crosle	
		Du	nedin	£ 34698
	PHONE	(727)73	3-5603DAT	TE: Jala 11th 2016

Member Data

Name

: DALE FITZPATRICK

Social Security No.

Date of Birth

: 11/30/1960

Age at Retirement

: 55 Years 8 Months 1 Day

Beneficiary Data

Name

: WANDA FITZPATRICK

Social Security No.

Date of Birth

: 10/27/1958

Age at Retirement

: 57 Years 9 Months 5 Days

Relationship

: Spouse

of children under 18 : 0

Retirement Data

Pension Start Date

: 10/19/1987

Calculation Type

: Estimate

Termination Date

: 07/30/2016

Benefit Group

: Non-Hazardous - Tier H

Effective Date

: 08/01/2016

Retirement Type Option Elected

: Normal Retirement

FAC

: \$ 61,612.21 : \$ 0.00

Partial Lump Sum

: \$0.00 (0 %)

Pre-Tax Contributions Post-Tax Contributions

: \$ 06.0

Total Member Service: 28 Years 9 Months 11 Days

Formula for Benefit A : 2.75% * 25.2 years * \$61,612.21

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	00000.1	\$3,558.11	N/A
Single Life Annuity	00000.1	\$3,558.11	N/A
10 Year Certain and Life Annuity	0.98681	\$3,511.17	N/A
50% Joint and Survivor	0.95251	\$3,389.13	\$1,694.57
66 2/3% Joint and Survivor	0.93767	\$3,336.33	\$2,224.22
75% Joint and Survivor	0.93042	\$3,310.53	\$2,482.90
100% Joint and Survivor	0.90933	- \$3,235.49	\$3,235.49

Formula for Benefit B

: 2.75% * 3.5806 years * \$61,612.21

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$505.56	N/A
Single Life Annuity	1.00000	\$505.56	N/A
10 Year Certain and Life Annuity	0.98689	\$498.93	N/A
50% Joint and Survivor	0.95297	\$481.78	\$240.89
66 2/3% Joint and Survivor	0.93826	\$474.34	\$316.23
75% Joint and Survivor	0.93107	\$470.71	\$353.03
100% Joint and Survivor	0,91016	\$460.14	\$460.14

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

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

1. Debora Kendall	do hereby apply to receive benefits under the
(Please print name)	
City of Clearwater General Employees' Pension Plan in a	ccordance with the following:
	_
Employee ID# 213	
Date of Birth: 9/14/61 Gender	(circle one): M (F)
Job Classification: Parks Service Tech III	
Department: Parks & Rec	Division: P+B Sid Lickton Tm
Date of Hire: 2/8/88	Date of Separation: 9/15/16
Benefits Effective Date: 288	, - ,
1 1 0	
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	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 75 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

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 bel	ow:			
Option #: _1_	Description:	Joint and Surviv	vor Annuity	
Employee's Signature:			Date:	
Dependent children under th	ne age of 18 and re	asiding in my housel	hold are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#

If taking Option 2 sign bel				
Option #: _2_		Life Annuity	- .	
Employee's Signature:	Dhu a	'n Kholel	Date: 7-6	20-16
If taking Option 3, fill in be	eneficiary informa	ation and sign belo	w:	
		·····	and Life Annuity	
My designated beneficiary is	s:			
Name:	_ <u></u>	Social Secu	urity Number:	
Date of Birth:		Gender (Ci	rcle One) M F	
Address:	,,-			· · · · · · · · · · · · · · · · · · ·
Phone Number:		Relatio	nship	
Employee's Signature:			Date: _	

Option #:	Description:	per, Description and beneficiary information and sign below: % Joint and Survivor Annuity
My designated beneficiary is:	:	
Name:		Social Security Number:
Date of Birth:		
Address:		
Phone Number:		
Employee's Signature:		Date:
if taking a Partial Lump Sur	m Pavment, fill in P	ercentage and sign below:
		Partial Lump Sum Payment
elect to take a partial lump s	sum payment in the f	ollowing amount (check only one):
	-	e of the normal retirement benefit
		e of the normal retirement benefit
30% of the actuari	ally determined value	e of the normal retirement benefit
understand my monthly retir	rement benefit for the	e option selected above shall be reduced accordingly.
Employee's Signature:		Date:
		Date:
		y 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	The foregoing inst	rument was acknowledged before me this
COUNTY OF PINELLAS	<u> 20</u> d	lay of <u>July</u> , 2015
FINELLAS	by Dek	ora Kendall
	who is personally	known to me or who has provided
	as identification ar	nd who didteld not take an oath.
	(12	for M. Notary Public
	Jennif	er M Mou (+ > Name of Notary Printed
	My Commission e	The state of the s
	And the state of t	
	• • · · · · · · · · · · · · · · · · · ·	FER M MOULTON MMISSION #FF105569
Rev. 04/13	EXPIR	ES March 27, 2018
Form #9900-0009	(407) 398-0153 Flor	idaNotaryService.com File Name: Pension Entitlement Option Fo

#2113

File Name: Employee Separation Pay Pref

CITY OF CLEARWATER

EMPLOYEES' SEPARATION PAY PREFERENCES

Ы	R	Ε	F	Ε	R	Ε	N	C	E	#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, Debora	Kendall	, an employee	of the City of Clea	rwater, hereby apply for pension
benefits under the Cit	ty's Employees' Pensi			
t tangalan ang titu ting t	l fully and and and the			
^				se to retire using separation pay
preference #	_ and wish my benefi	ts to be calculated	under this prefere	nce. Please use my leave in the
following manner:				
Run Out	vacation		<u> </u>	bonus hours
Ava Lump Sum	vacation	sick _	floaters _	bonus hours
Alte	10,70	13.16	Ø	170
I understand that my	preference cannot be	e changed once th	nis form is signed a	nd that my decision is
irrevocable.	EMP	LOYEE'S SIGNAT	TURE: Noto	u an Kendall
		IAL SECURITY #:		
WITNESSES:	ADDI	ress: <u>455</u>	A1+195	Apt 170
		Palm	Harbor	£34683
	PHO	NE: (727) 36	5-6499 DAT	ге: <u>7-20-16</u>

Member Data

Name

: DEBORA KENDALL

Social Security No.

Date of Birth

: 09/14/1961

Age at Retirement

: 55 Years 0 Months 17 Days

Beneficiary Data

Name

Social Security No.

Date of Birth

Age at Retirement

Relationship

of children under 18 :

Retirement Data

Pension Start Date

: 02/08/1988

Calculation Type

: Estimate

Termination Date

: 09/15/2016

: \$

Benefit Group Retirement Type : Non-Hazardous - Tier II : Normal Retirement

Effective Date FAC

: 10/01/2016

Option Elected

Pre-Tax Contributions

: S 46,941.86 : \$ 0.00

Partial Lump Sum : \$0.00 (0 %)

Post-Tax Contributions

Total Member Service : 28 Years 7 Months 7 Days

Formula for Benefit A

: 2.75% * 24.8972 years * \$46,941.86

0.00

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,678.32	N/A
Single Life Annuity	1.00000	\$2,678.32	N/A
10 Year Certain and Life Annuity	0.98855	\$2,647.65	N/A

20% Joint and Survivor

66.23° (Joint and Survivor

75% Joint and Survivor 100% Joint and Survivor

Formula for Benefit B

: 2.75% * 3.7056 years * \$46,941.86

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$398.63	N/A
Single Life Annuity	1.00000	\$398.63	N/A
10 Year Certain and Life Annuity	0.98862	\$394.09	N/A

50% Jon t and Sup (year 66/2 2% Joint and Services. 75% Joint and Susymon 100% Joint and Standard

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

1. Elamerieuis	do hereby apply to receive benefits under the
(Please print name)	
1 ' ' '	
City of Clearwater General Employees' Pension Plan in	accordance with the following:
Employee ID #4/56	
Date of Birth: Gend	er (circle one): M (E)
Date of Bitti.	er (circle one). Write
Job Classification: POLICE OFFICE 50	C(4657
Department: 10166	Division: Special Operations Date of Separation: 10/11/4
Date of Hire: 3 1 99	Date of Separation: 10/1/6
Benefits Effective Date: 1077 82	
Deficitis Enective Date	
1.1.	
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 of	only one):
1136	•
Denvier Densies based on years of conjug	
Regular Pension based on years of service	
Job-connected Disability Pension	
Non-job-connected Disability Pension	
1	

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

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 3/9% 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_		Joint and Survi	vor Annuity	
Employee's Signature:			Date:	
Dependent children under the	age of 18 and re	esiding in my house	hold are:	
Child's Name		• •	Date of Birth	Social Security#
				
		<u> </u>		
If taking Option 2 sign below	N:			
Option #: 2	Description:	Life Annuity	- / 1	
Employee's Signature:	le VFX2		_ Date: づいり	14,20/6
	<i>U-1</i> -)	•	•	
If taking Option 3, fill in ben Option #: _ 3_			n and Life Annuity	
Option # <u>5</u>	Description,	10 Tear Certain	Tand Life Millionty	
My designated beneficiary is:				
Name:		Social Sec	urity Number:	
Date of Birth:			ircle One) M F	
Address:			***	1. · · · · · · · · · · · · · · · · · · ·
Phone Number:		Relation	onship	······
Employee's Signature:			Date: _	

Option #:		per, Description and beneficiary information and sign below: % 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 Sur	n Payment, fill in P	ercentage and sign below:
Option #: NA		Partial Lump Sum Payment
l elect to take a partial lump s	um payment in the f	ollowing amount (check only one):
·		, , ,
	-	e of the normal retirement benefit
	•	e of the normal retirement benefit
30% of the actuana	aliy determined value	e of the normal retirement benefit
understand my monthly retir	ement benefit for the	e option selected above shall be reduced accordingly.
Employee's Signature:		Date:
		y information and sign below:
My designated beneficiary is:		y who what on and ong it seriow.
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	19	trument was acknowledged before me this lay of

Rev. 04/13 Form #9900-0009

EXPIRES March 27, 2018 | FluindaNotaryService.com | File Name: Pension Entitlement Option Form

#4156

CITY OF CLEARWATER

EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

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

<u></u>			<u> </u>	
1. Elaine 1	ewis	, an employee	of the City of Clearwat	er, hereby apply for pension
	ity's Employees' Pensio			
	1.5 %			
	·			retire using separation pay
preference #	and wish my benefits	to be calculate	d under this preference.	Please use my leave in the
following manner:				
Run Out	vacation	sick	floaters	bonus hours
Lump Sum	/_ vacation	sick	floaters	bonus hours
. A.	्रह्मु, पत्	170.1322	floaters	
I understand that my	preference cannot be	changed once t	his form is signed and t	hat my decision is
irrevocable.			GA SA	Q_{0} .
	EMPL	OYEE'S SIGNA	TURE:	Qu'
	SOCIA	AL SECURITY #	ŧ:	<u></u>
WITNESSES:	ADDR	ESS:		
,.,,				
		. '		١ ،
	PHON	ΙΕ:	DATE:	July 19, 2016

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

Member Data

Name

: ELAINE LEWIS

Social Security No.

Date of Birth

Age at Retirement

Beneficiary Data

Name Date of Birth

Social Security No.

Relationship

: Other

of children under 18 : 0

Retirement Data

Pension Start Date Termination Date

Effective Date

FAC

Age at Retirement

: 10/07/2002

Calculation Type

: Estimate

: 10/01/2016

Benefit Group Retirement Type

: Non-Hazardous - Grandfathered : Normal Retirement

: 10/01/2016

40,724.81

Option Elected

Pre-Tax Contributions Post-Tax Contributions

: \$: \$ 0.00

Partial Lump Sum

: \$0.00 (0 %)

: \$

0.00

Total Member Service: 13 Years 11 Months 24 Days

Formula for Benefit A : 2.75% * 13.9833 years * \$40,724.81

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Single Life Annuity	1.00000	\$1,305.03	N/A
10 Year Certain and Life Annuity	0.92441	\$1,206.38	N/A
50% Joint and Survivor	0.94063	\$1,227.55	\$613.78
66 2/3% Joint and Survivor	0.92238	\$1,203.74	\$802.49
75% Joint and Survivor	0.91351	\$1,192.16	\$894.12
100% Joint and Survivor	0.88791	\$1,158.75	\$1,158.75

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

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

t. <u>Margarita Lyons</u> (Please pfint name) City of Clearwater General Employees' Pension Plan in	do hereby apply to receive benefits under the accordance with the following:
Employee ID # 2863 Date of Birth: 12/18/43 Gend Job Classification: Library Assistant F Department: Library Date of Hire: 10/17/94	er (circle one): Μ (Ε) Division: <u>Central Services</u> Date of Separation: <u>10/1/19</u>
Spouse's Name: Pichard Lyons Spouse's Date of Birth: 12/24/41	Spouse's Gender (circle one): M F
The type of pension for which I am applying is (check of the connected Disability Pension Non-job-connected Disability Pension	

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit for Participants eligible to retire prior to January 1, 2013. Option 2 below represents the standard or normal form of retirement benefit for Participants eligible to retire after December 31, 2012. The other optional forms (#3- #7) shall be computed to be the Actuarial Equivalent of the respective normal benefit.

Option 1 - Joint and Survivor Annuity (ONLY if eligible to retire prior to January 1, 2013)

An annuity paid monthly for the life of the Participant, with a 100% survivor annuity paid monthly for a period of five years following the death of the Participant to the beneficiary, provided that following such five year period the survivor annuity shall be reduced to 50% of the original survivor annuity amount. [See section 2 397 (a) (3) (A)] The Participant's surviving spouse receives the designated amount for the rest of his/her life or until he/she remarries. If no surviving spouse, dependent children under the age of 18 shall be deemed to be the beneficiary and receive the designated amount until the age of 18. [Section 2.397 (a) (3) and Section 2.398 (b) (1)]

Option 2 - Life Annuity

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

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

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

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

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

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

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 75 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2,424 (b) (2) a. 3.]

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

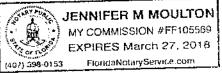
A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump 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_		Joint and Survivo	or Annuity	
Employee's Signature:			Date:	
Dependent children under the a	ge of 18 and re	siding in my househo	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		
Option #; _ 3			and Life Annuity	
My designated beneficiary is:				
Name:		Social Secur	ity Number:	
Date of Birth:		0 1 (0) (1 0 A N F		
Address:				
Phone Number:		Relation	ship	
Employee's Signature:			Date:	

If taking Option 4, 5, 6, or 7,	fill in Option Number, Description and beneficiary information and sign below:
Option #:	Description: 50 % Joint and Survivor Annuity
My designated beneficiary is:	
Name: RICHARD L	Social Security Number: Gender (Circle One) M F
Date of Birth: _ /パ/ タタ	Gender (Circle One) (M) F
Address: 5 / 6/3 5/H	ZLION LAKE UK. FALM HARBOR FLA 24685
Phone Number: 727-7	784 - 8577 Relationship SP0057=
Employee's Signature: 200	184-8517 Relationship SPOUSE Agaila L Lyon- Date: 7/27/16
Option #: NA	n Payment, fill in Percentage and sign below: Description: Partial Lump Sum Payment
I elect to take a partial lump s	um payment in the following 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 actuaris	ally determined value of the normal retirement benefit
understand my monthly retir	ement benefit for the option selected above shall be reduced accordingly.
Employee's Signature:	Date:
If naming a honoficiary ONI	Y, fill in beneficiary information and sign below:
My designated beneficiary is:	-1, mean beneficiary anomation and sign below.
Beneficiary Name:	Beneficiary Social Security #:
Beneficiary Date of Birth:	
Beneficiary Address:	
Beneficiary Phone Number:	
· -	Date:
STATE OF FLORIDA	The foregoing instrument was acknowledged before me this
COUNTY OF	
PINELLAS	by Margarita Lyons
	who is personally known to me or who has provided FD D
	as identification and who did/did/not take an oath.
	Notary Public
	(Signature)
	V Jenniter M. Moulton Name of Notary Printed
	My Commission expires:
	JENNIFER M MOULTON MY COMMISSION #FF105569

Rev. 04/13 Form #9900-0009



File Name: Pension Entitlement Option Form

File Name: Employee Separation Pay Pref

CITY OF CLEARWATER

EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

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, margarita	Lyons	_, an employee	of the City of Clearwa	ater, hereby apply for pension
benefits under the City	y's Employees' Pensio	n Plan.		
I hereby certify that I	fully understand the	preferences offe	red to me. I choose	to retire using separation pay
preference#/	_ and wish my benefits	s to be calculate	d under this preference	e. Please use my leave in the
following manner:				
Run Out	vacation	sick	floaters	bonus hours
Lump Sum	vacation	sick	floaters	bonus hours
1. Clean	1/8,50	548,45 tz	floaters floaters floaters	
			his form is signed and	
îrrevocable.			7	· 4 D
	EMPL	OYEE'S SIGNA	TURE:/// alyan	ita L. Lyon
		AL SECURITY #	• • •	
	A 170 170 170	5U	95 Stallion	La Ma Da
WITNESSES:	ADDR			
		1/12	in Harbon.	12 57685
	PHON	1E. (737) UR	4-8517 DATE	9/21/16

Member Data

Name : MARGARITA LYONS Social Security No. :

Date of Birth ; 12/18/1943

Age at Retirement : 72 Years 9 Months 14 Days

Beneficiary Data

Name : RICHARD LYONS Social Security No. :

Date of Birth : 12/24/1941

Age at Retirement : 74 Years 9 Months 8 Days Relationship : Spouse

of children under 18 : 0

Option Elected

Retirement Data

Pension Start Date : 10/17/1994 Calculation Type : Estimate

Termination Date : 10/01/2016 Benefit Group : Non-Hazardous - Grandfathered

Effective Date : 10/01/2016 Retirement Type : Normal Retirement

FAC : \$ 34,897.73

Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$0.00 (0 %)

Post-Tax Contributions : \$ 0.00 Total Member Service : 21 Years 11 Months 14 Days

Formula for Benefit A : 2.75% * 21.9556 years * \$34,897.73

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,755.87	N/A
Single Life Annuity	1.16100	\$2,038.56	N/A
10 Year Certain and Life Annuity	1.02094	\$1,792.65	N/A
50% Joint and Survivor	1.05626	\$1,854.67	\$927.33
66 2/3% Joint and Survivor	1.02543	\$1,800.52	\$1,200.34
75% Joint and Survivor	1.01068	\$1,774.63	\$1,330,96
100% Joint and Survivor	0.96886	\$1,701.19	\$1,701.19

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

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

1,_ Julia Type Gield	do hereby apply to receive benefits under the
(Please print name)	
1	
City of Clearwater General Employees' Pension Plan in	accordance with the following:
1	
Employee ID # <u>4770</u>	
	(A)
Date of Birth: 4/7/48 Gende	er (circle one): M (F)
Job Classification: Personnel Payroll To	e chinician
Department: Pucks + Rec	Division: Administration
	· · · · · · · · · · · · · · · · · · ·
	Date of Separation: 9/24/16
Benefits Effective Date: 1 16 9 1	
Spouse's Name: Λ / Λ	
	Constant Constant Constant
Spouse's Date of Birth:	Spouse's Gender (circle one): M F
The type of pension for which I am applying is (check of	ny 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 75 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

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 3/4 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:	********************************
Dependent children under the a	ge of 18 and re	siding in my housel	nold are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#
V.,				
If taking Option 2 sign below:				
Option #: _2	Description:	Life Annuity	_	1./
Employee's Signature:	Typefic	ld_		F/16
0	V			
If taking Option 3, fill in benef				
Option #:3	Description:	10 Year Certair	and Life Annuity	
My designated beneficiary is:				
Name:		Social Sec	urity Number:	
Date of Birth:		Gender (Ci	rcle One) M F	
Address:		·	· · · · · · · · · · · · · · · · · · ·	,
Phone Number:	<u> </u>	Relatio	nship	
Employee's Signature:			Date: _	

	Description:	% Joint and Survivor Annuity
My designated beneficiary is	5.	
Vame:		Social Security Number:
Date of Birth:		· · ·
\ddress:	44,444	
Phone Number:		
Employee's Signature:		Date:
f taking a Partial Lump Si	um Pavment, fill in P	ercentage and sign below:
Option #: NA	· · · · · · · · · · · · · · · · · · · 	Partial Lump Sum Payment
elect to take a partial lump	sum payment in the f	ollowing amount (check only one);
	•	e of the normal retirement benefit
	•	e of the normal retirement benefit
30% of the actua	rially determined value	e of the normal retirement benefit
understand my monthly ret	tirement benefit for the	e option selected above shall be reduced accordingly.
		· ·
mployee's Signature:		Date:
f naming a beneficiary Of	NLY, fill in beneficiar	y information and sign below:
My designated beneficiary is	5.	
		Beneficiary Social Security #:
Beneficiary Name:		• • • • • • • • • • • • • • • • • • • •
Beneficiary Name:Beneficiary Date of Birth:		Beneficiary Gender (Circle One) M F
Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address:		Beneficiary Gender (Circle One) M F
Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number:		Beneficiary Gender (Circle One) M F Relationship
My designated beneficiary is Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature:		Beneficiary Gender (Circle One) M F Relationship
Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature:		Beneficiary Gender (Circle One) M F Relationship Date:
Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing inst	Beneficiary Gender (Circle One) M F Relationship Date: trument was acknowledged before me this
Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing inst	Beneficiary Gender (Circle One) M F Relationship Date: trument was acknowledged before me this day of
Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA	The foregoing inst	Beneficiary Gender (Circle One) M F Relationship Date: trument was acknowledged before me this gay of
Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing inst	Beneficiary Gender (Circle One) M F Relationship Date: trument was acknowledged before me this lay of July 20/6 Con Tune Gield knowed to me or who has provided
Beneficiary Name:	The foregoing inst	Beneficiary Gender (Circle One) M F Relationship Date: trument was acknowledged before me this day of
Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing inst	Beneficiary Gender (Circle One) M F Relationship Date: trument was acknowledged before me this day of
Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing inst	Beneficiary Gender (Circle One) M F Relationship Date: trument was acknowledged before me this day of
Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	The foregoing inst	Beneficiary Gender (Circle One) M F Relationship Date: trument was acknowledged before me this day of July 20/6 Ca The Field known to me or who has provided Ind who did/dic not take an oath. (Signature) Notary Public Notary Printed

Rev. 04/13 Form #9900-0009 MY COMMISSION #FF105569 EXPIRES March 27, 2018

(407) 398-0153

FloridaNotaryService Eille Name: Pension Entitlement Option Form

¥ 4170

CITY OF CLEARWATER

EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

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

-				
1. Julia Typef			the City of Clearwat	er, hereby apply for pension
benefits under the City's Emp	loyees' Pension Pla	an.		
I hereby certify that I fully ur	nderstand the prefe	erences offered	I to me. I choose to	retire using separation pay
preference #/ and w	ish my benefits to b	oe calculated u	nder this preference.	Please use my leave in the
following manner:				
Run Out	_ vacation	sick	floaters	bonus hours
Lump Sum	_ vacation	sick	floaters	bonus hours
254	o_{ol} (2)	8212	rS .	
i understand that my prefere		L "		
irrevocable.			04	. 10 /
	EMPLOYE	E'S SIGNATU	RE: Jun	efull
	SOC!AL S	ECURITY #: _		
VARITME OCEO.	ANNRESS	: 1760	o Druid R	and F.
WITNESSES:	ADDITEC			£ 33756
			1-DLGO DATE	

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

Member Data

Name

: JULIA TYNEFIELD

Social Security No.

Social Security No.

Date of Birth

: 04/07/1948

Age at Retirement

: 68 Years 5 Months 24 Days

Beneficiary Data

Name

: JOHN TYNEFIELD

Date of Birth

: 01/29/1971

Age at Retirement

: 45 Years 8 Months 3 Days

Relationship

: Child

of children under 18 : 0

Retirement Data

Pension Start Date

: 01/16/2001

Calculation Type

: Estimate

Termination Date

: 09/24/2016

Benefit Group Retirement Type

: Non-Hazardous - Tier II

Effective Date

: 10/01/2016

Option Elected

: Normal Retirement

FAC

: \$ 31,423.84

Partial Lump Sum : \$0.00 (0 %)

Pre-Tax Contributions Post-Tax Contributions

: S : S

0.000.00

Total Member Service : 15 Years 8 Months 8 Days

Formula for Benefit A : 2.75% * 11.9583 years * \$31,423.84

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Single Life Annuity	1.00000	\$861.16	N/A
10 Year Certain and Life Annuity	0.93564	\$805.73	N/A
50% Joint and Survivor	0,79878	\$687.87	\$343.94
66 2/3% Joint and Survivor	0.74857	\$644.63	\$429.76
75% Joint and Survivor	0.72576	\$624,99	\$468.74
100% Joint and Survivor	0.66498	\$572.65	\$572.65

Formula for Benefit B

: 2.75% * 3.7306 years * \$31,423.84

Monthly Benefit

Form of Payment	Factor	To Member	To Beneficiary
Single Life Annuity	1.00000	\$268.65	N/A
10 Year Certain and Life Annuity	0.93618	\$251.50	N/A
50% Joint and Survivor	0.80088	\$215.16	\$107.58
66 2/3% Joint and Survivor	0.75103	\$201.76	\$134.51
75% Joint and Survivor	0.72836	\$195.67	\$146.75
100% Joint and Survivor	0.66789	\$179.43	\$179.43

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