

5-718

APPLICATION FOR VESTED RIGHTS PENSION

RECEIVED

JUL 28 2016

H.R. DEPT.

Allison Cox, being a person leaving employment with the City of Clearwater, Florida, and having completed ten (10) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) 12/15/03 to (date of resignation or change of status) 05/12/2016 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 2/17/1965  
The date I will begin to receive my pension will be 12/30/2024 1/1/2024

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.

[Signature]  
Signature  
Park & Rec  
Department/Division  
PST II  
Job Classification

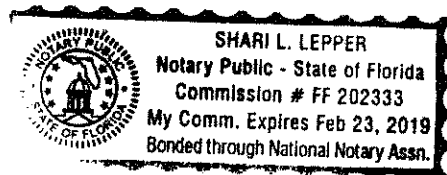
-  
Social Security Number  
5113 Tangerine Ave S  
Street Address  
Gulfport, AL 33707  
City, State, Zip Code

STATE OF FLORIDA  
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 28<sup>th</sup> day of July, 2016 by Allison Cox who is personally known to me or who has provided FDDL as identification and who did/did not take an oath.

Shari Lepper Notary Public  
Shari Lepper Name of Notary Printed

My commission expires: \_\_\_\_\_



# APPLICATION FOR VESTED RIGHTS PENSION

Suzanne Hamilton, being a person leaving employment with the City of Clearwater, Florida, and having completed ten (10) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) January 27, 2001 to (date of resignation or change of status) September 30, 2016 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 July 26, 1953.

The date I will begin to receive my pension will be August 7, 2018.

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.

Suzanne J Hamilton  
Signature

Library  
Department/Division

Sr. Library Assistant  
Job Classification

\_\_\_\_\_  
Social Security Number

1850 Springtime Ave  
Street Address

Clearwater, FL 33755  
City, State, Zip Code

STATE OF FLORIDA  
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 12 day of August, 2016 by Suzanne Hamilton

who is personally known to me or who has provided FL DL as identification and who did/~~did not~~ take an oath.

Jennifer M Moulton Notary Public  
Jennifer M. Moulton Name of Notary Printed

My commission expires:



2017

## APPLICATION FOR VESTED RIGHTS PENSION

Barry LeCavalier, being a person leaving employment with the City of Clearwater, Florida, and having completed ten (10) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) July 11, 2005 to (date of resignation or change of status) August 26, 2016 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 \_\_\_\_\_

The date I will begin to receive my pension will be December 1, 2033

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

Public Utilities / WPC Lab Ops  
Department/Division

\_\_\_\_\_  
Street Address

Senior Utilities Chemist  
Job Classification

\_\_\_\_\_  
City, State, Zip Code

STATE OF FLORIDA  
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 22 day of August, 2016 by Barry Martin LeCavalier II who is personally known to me or who has provided Colorado DL as identification and who did/did not take an oath.

Jennifer M. Moulton Notary Public

Jennifer M. Moulton Name of Notary Printed

My commission expires:

