1, I'm othy Charles	do hereby apply to receive benefits under the
(Please print name)	and the state of t
City of Clearwater General Employees' Pension Plan in a	iccordance with the following:
Job Classification: Public Utilities Superior Department: Public Utilities Date of Hire: 11 09 1987 Benefits Effective Date: 11 09 1987	(circle one): M F /iSar II Division: W W Collection Date of Separation: 11 10 17
Spouse's Name: Tori Charles	
Spouse's Date of Birth: 1 18/71	Spouse's Gender (circle one): M (F)
The type of pension for which I am applying is (check only Regular Pension based on years of service Job-connected Disability Pension Non-job-connected Disability Pension	y 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 3/3/4 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

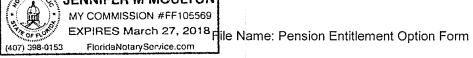
A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump 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#	:
If taking Option 2 sign below:			:		
Option #: _2_		Life Annuity	-		
Employee's Signature:			Date:		
If taking Option 3, fill in benef	iciary informat	tion and sign belo	w:		
		10 Year Certain			
My designated beneficiary is:					1
Name:		Social Secu	urity Number:		
Date of Birth:			rcle One) M F		1
Address:			<u> </u>		
Phone Number:		Relatio	nship		
Employee's Signature:			Dat	e:	

If taking Option 4, 5, 6,or 7	, fill in Option Number, Description and beneficiary information and sign below:
Option #:	Description: _/00 % Joint and Survivor Annuity
My designated beneficiary is	
Name: Tori Char	Social Security Number:
Date of Birth: 1-18	- 71 Gender (Circle One) M (E)
Address: 1507 (8	edar St. Sifety Harbor 34195
Phone Number: (777)	724-3803 Relationship (2) fe
Employee's Signature:	Gender (Circle One) M & Gender
	m Payment, fill in Percentage and sign below:
	Description: Partial Lump Sum Payment
Telectio 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
Lunderstand my monthly reti	rement benefit for the option selected above shall be reduced accordingly.
Employee's Signature:	Date:
If naming a beneficiary ON	LY, fill in beneficiary information and sign below:
My designated beneficiary is:	
Beneficiary Name:	Beneficiary Social Security #:
Beneficiary Date of Birth:	
Beneficiary Phone Number:	
	Date:
STATE OF FLORIDA	The foregoing instrument was acknowledged before me this
COUNTY OF	day of June 20/7
PINELLAS	The difference of the state of
	who is personally known to me or who has provided F2 CD L
	as identification and who did/old not take an oath.
	Notary Public (Signature) A Man Harris Control of the Control of
	Name of Notary Printed
	My Commission expires:
	JENNIFER M MOULTON
Rev. 04/13	MY COMMISSION #FF105569

Form #9900-0009



CITY OF CLEARWATER

2094

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, Timothy Ch	arles	_, an employee o	of the City	of Clearwater, hereby apply for pension
benefits under the City's Em	nployees' Pensio	n Plan.		
I hereby certify that I fully	understand the	preferences offer	ed to me.	I choose to retire using separation pay
preference # and	wish my benefits	s to be calculated	under this	preference. Please use my leave in the
following manner:				
ि Run Out	vacation	sick _	floa	ters bonus hours ters bonus hours
、 Lump Sum	vacation	sick	floa	ters bonus hours
5/12/17 22,5	5 2-	5,83-2	. :	120
				gned and that my decision is
irrevocable.				
	EMDI	OVEE'S SIGNAT	IIDE:	in huch
	LIVIFL	OTEE S SIGNAT	UKE	m (min
	SOCIA	AL SECURITY #:		
WITNESSES:	ADDR	ESS:	15	07 Cedar St.
			Saf	ety Harbor, Fr 3:4695
	PHON	IE: (727)72	4-3803	DATE: 5 30-17

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

5-5

Member Data

Name

: TIMOTHY CHARLES

Social Security No.

Date of Birth

: 02/20/1968

Age at Retirement

: 49 Years 9 Months 10 Days

Beneficiary Data

Name

: TORI CHARLES

Social Security No.

Date of Birth

: 01/18/1971

Age at Retirement

: 46 Years 10 Months 14 Days

Relationship

: Spouse

of children under 18 : 0

Retirement Data

Pension Start Date

: 11/09/1987

Calculation Type

: Estimate

Termination Date

: 11/10/2017

Benefit Group

: Non-Hazardous - Tier II

Effective Date

: 12/01/2017

Retirement Type Option Elected : Normal Retirement

FAC

: \$ 61,657.05

Partial Lump Sum

: \$0.00 (0 %)

Pre-Tax Contributions Post-Tax Contributions : \$ 0.00 : \$ 0.00

Total Member Service: 30 Years 0 Months 1 Day

Formula for Benefit A : 2.75% * 25.1444 years * \$61,657.05

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$3,552.84	N/A
Single Life Annuity	1.00000	\$3,552.84	N/A
10 Year Certain and Life Annuity	0.99403	\$3,531.63	N/A
50% Joint and Survivor	0.95434	\$3,390.62	\$1,695.31
66 2/3% Joint and Survivor	0.94003	\$3,339.78	\$2,226.52
75% Joint and Survivor	0.93304	\$3,314.95	\$2,486.21
100% Joint and Survivor	0.91267	- \$3,242.57	\$3,242.57

Formula for Benefit B

: 2.75% * 4.8583 years * \$61,657.05

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$686.47	N/A
Single Life Annuity	1.00000	\$686.47	N/A
10 Year Certain and Life Annuity	0.99407	\$682.40	N/A
50% Joint and Survivor	0.95476	\$655.41	\$327.71
66 2/3% Joint and Survivor	0.94057	\$645.67	\$430.45
75% Joint and Survivor	0.93363	\$640.91	\$480.68
100% Joint and Survivor	0.91343	\$627.04	\$627.04

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. Donald Hinku	do hereby apply to receive benefits under the
(Please print name)	
City of Clearwater General Employees' Pension Plan in	accordance with the following:
-02	and the same same same same same same same sam
Employee ID# 2789,	
	r (circle one): M F
Job Classification: Gas Tech III	(circle offe).
	Division: 504 th /Pinellas Construct
Department: (545)	
Date of Hire: 6/13/94	Date of Separation: 7/1/17
Benefits Effective Date: 6/13/94	· · · · · · · · · · · · · · · · · · ·
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	ly one):
/ / / / / / / / / / / / / / / / / / / /	,
Regular Pension based on years of service	
Job-connected Disability Pension	
Non-job-connected Disability Pension	
Non-job-connected Disability Pension	
i	

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

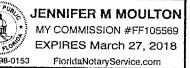
A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump 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 D	escription:	Joint and Survivor	Annuity	1		
Employee's Signature:			Date	•		
Dependent children under the age	of 18 and resid	ing in my househol	ld are:			
Child's Name	G	ender (M-F)	Date o	f Birth	Social Secur	ity#
						<u> </u>
If taking Option 2 sign below:						
	escription:	Life Annuity				
Employee's Signature:		2	Date	: 6-6	<u> </u>	
If taking Option 3, fill in beneficia						
		10 Year Certain a		Annuity		
My designated beneficiary is:						
Name:		_ Social Securit	ty Numb	er:		
Date of Birth:		_ Gender (Circl	e One)	M F		
Address:					· humana va santusa. Jan	
Phone Number:			hip			
Employee's Signature:				Date:		

Option #:		er, Description and benef % Joint and Survivor A	nnuity
My designated beneficiary is:			
Name:		_ Social Security Number	er:
Date of Birth:		-	
Address:			
Phone Number:			
Employee's Signature:			Date:
f taking a Partial Lump Sur			
Option #: NA		Partial Lump Sum	
elect to take a partial lump s	sum payment in the fo	ollowing amount (check only	voue).
	•	of the normal retirement be	
	•	of the normal retirement be	
30% of the actuari	ally determined value	of the normal retirement be	enefit
understand my monthly retir	ement benefit for the	option selected above sha	ll be reduced accordingly.
Employee's Signature:		Date:	
f naming a beneficiary ONI My designated beneficiary is:		y information and sign be	low:
Beneficiary Name:		•	Security #:
Beneficiary Date of Birth:			ircle One) M F
Beneficiary Address:			
Beneficiary Phone Number: _			
Employee's Signature:		Date:	
OTATE OF ELODIDA			la fana ara dala
STATE OF FLORIDA	, -	rument was acknowledged	, ~
STATE OF FLORIDA COUNTY OF PINELLAS	d	ay of June	before me this
COUNTY OF	by Donale	ay of June Hinka	, 2017
COUNTY OF	by Donald who is personally	ay of June Hinka known to me or who has pr	
COUNTY OF	by Donald who is personally	ay of June Hinka	
COUNTY OF	by Donald who is personally	ay of June Hinka known to me or who has pr	
COUNTY OF	by Donald who is personally	ay of June hinka known to me or who has produced who did/denot take and the second s	
COUNTY OF	by Donald who is personally	ay of June Hinka known to me or who has produced who did/de not take and consideration of the consideration o	rovided FL CD Coath. Notary Public

Rev. 04/13 Form #9900-0009



File Name: Pension Entitlement Option Form

CITY OF CLEARWATER 2789

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, Donald +	Hinka	_, an employee o	of the City of Clear	water, hereby apply for pension
benefits under the Cit	y's Employees' Pensio	n Plan.		
I haraby cartify that I	fully understand the	preferences offer	ed to me I choos	e to retire using separation pay
Thereby certify that i	rully understand the	preferences offer	ed to me. I dhoos	e to retire using separation pay
preference #/	_ and wish my benefits	s to be calculated	under this prefere	nce. Please use my leave in the
following manner:				
Run Out	vacation	sick _	floaters	bonus hours
Lump Sum	${178.03}$ vacation	sick _ २०.७ ७ ५०	floaters	bonus hours
Ÿ	preference cannot be			
irrevocable.				
	EMPL	OYEE'S SIGNAT	URE: Oon	Chr
	SOCI	AL SECURITY #:		
WITNESSES:	ADDF	RESS:	1250 Robi	n Hood Lane
WITHLOOLS.	, (2 2)	,~	Dunedin	FL 34698
	DUON			F: 6-6-17

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

Member Data

Name Date of Birth : DONALD HLINKA

Social Security No.

: 10/20/1951

Age at Retirement

: 65 Years 8 Months 12 Days

Beneficiary Data

Name

Social Security No.

Date of Birth Age at Retirement

Relationship

of children under 18 :

Retirement Data

Pension Start Date

: 06/13/1994 : 07/01/2017

Calculation Type

: Estimate

Termination Date Effective Date

: 07/01/2017

Benefit Group Retirement Type

: Non-Hazardous - Tier II : Normal Retirement

FAC

: \$ 47,376.71 : \$ 0.00

Option Elected Partial Lump Sum

: \$0.00 (0 %)

Pre-Tax Contributions Post-Tax Contributions

: \$

Total Member Service: 23 Years 0 Months 18 Days

Formula for Benefit A

: 2.75% * 18.55 years * \$47,376.71

0.00

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,014.00	N/A
Single Life Annuity	1.00000	\$2,014.00	N/A
10 Year Certain and Life Annuity	0.94942	\$1,912.14	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% * 4.5 years * \$47,376.71

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$488.57	N/A
Single Life Annuity	1.00000	\$488.57	N/A
10 Year Certain and Life Annuity	0.94983	\$464.06	N/A
50% Joint and Survivor			
66 2/3% Joint and Survivor			
75% Joint and Survivor			
100% Joint and Survivor			

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. Kari Sassorossi	do hereby apply to receive benefits under the
(Please print name)	
City of Clearwater General Employees' Pension Plan in	accordance with the following:
	2000 adrios with the following.
Employee ID # 2021	
	r (circle one): M (F)
Job Classification: Accounting Technic	r (circle one): M (F)
Department: Library	Division: <u>Central</u> Services
Date of Hire: 3//6/87	
· · · · · · · · · · · · · · · · · · ·	Date of Separation: 7 117
Benefits Effective Date: 3/16/87	•
Spouse's Name:	
· · · · · · · · · · · · · · · · · · ·	
Spouse's Date of Birth:	Spouse's Gender (circle one): M F
· · · · · · · · · · · · · · · · · · ·	Spouse's Gender (circle one): M F
Spouse's Date of Birth:	
· · · · · · · · · · · · · · · · · · ·	
Spouse's Date of Birth: // / / / / / / / / / / / / / / / / /	
The type of pension for which I am applying is (check on Regular Pension based on years of service	
The type of pension for which I am applying is (check on Regular Pension based on years of service Job-connected Disability Pension	
The type of pension for which I am applying is (check on Regular Pension based on years of service	

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:			
	ription: <u>Joint and Survi</u>	vor Annuity	
Employee's Signature:		Date:	
Dependent children under the age of 18	3 and residing in my house	hold are:	
Child's Name	Gender (M-F)	Date of Birth	Social Security #
If taking Option 2 sign below:			
	ription: <u>Life Annuity</u>		
Employee's Signature: Han Sax	rarassi	Date: <u></u>	, - 17
If taking Option 3, fill in beneficiary in			
	ription: <u>10 Year Certair</u>		
My designated beneficiary is:			
Name:	Social Sec	urity Number:	
Date of Birth:		rcle One) M F	
Address:			
Phone Number:	Relatio	nship	
Employee's Signature:		Date:	

Option #			ficiary information and sign below:
Option #:	Description:	% Joint and Survivor A	Annuity
My designated beneficiary is:			
Name:		_ Social Security Number	er:
Date of Birth:			
Address:	***************************************		
Phone Number:		Relationship	
Employee's Signature:			
f taking a Partial Lump Sur	m Payment, fill in P	ercentage and sign below	
Option #: NA			
elect to take a partial lump s			
		e of the normal retirement be	
20% of the actuaria	ally determined value	e of the normal retirement be	enefit
30% of the actuaria	ally determined value	e of the normal retirement be	enefit
understand my monthly retir	coment henefit for the	antion coloated above abo	Il ha vadyaad aasaatta ut
Employee's Signature:		Date:	
f naming a beneficiary ONI	_Y, fill in beneficiar	y information and sign be	low:
My designated beneficiary is:		<u> </u>	
Beneficiary Name:		Beneficiary Social	Security #:
Beneficiary Date of Birth:			
Beneficiary Address:			,
Beneficiary Phone Number: _			
Employee's Signature:			
STATE OF FLORIDA COUNTY OF	The foregoing inst	rument was acknowledged	before me this
PINELLAS		ay of June	, 20 <u>1</u> /
	•	Sa ssorussi	
	· · · · · · · · · · · · · · · · · · ·	known to me or who has pr	
	as identification ar	nd who did/did not take and	()
	- XV	(Signature)	Notary Public
	Jer	indifer M. M	Now (Name of Notary Printed
	My Commission e		
	managa,		
		IFER M MOULTON MMISSION #FF105569	
Day 04/42	THE MAY CO	MANAGORA # LE LOSSOS	

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

2021

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, Kari Sassoros	SSÌ	, an employee	of the City	of Clearwater,	hereby apply for pension
benefits under the City's Employ					
I hereby certify that I fully under	erstand the r	oreferences offe	red to mo	l shoons to w	Atina maina a an an Car
preference # and wish	my benefits	to be calculate	d under this	preference. P	Please use my leave in the
following manner:					·
	/acation	sick	floa	aters	bonus hours
ŲŲ∕V, Lump Sum ∖	/acation	sick	floa	aters	bonus hours
$\begin{array}{ccc} \sqrt{V} & \text{Lump Sum} & & & \\ \sqrt{4} & & & & \\ \sqrt{4} & & & & \\ \end{array}$		12.90-2	Ø	12	bonus hours
				1	
I understand that my preference	e cannot be	changed once t	nis form is s	signed and that	: my decision is
irrevocable.					
		OYEE'S SIGNA	/	1	•
	EMPLO	DYEE'S SIGNA	TURE: VA	ki Lissa	rassi
	SOCIA	L SECURITY #	•		
WITNESSES:	۷ ۵ ۵ ۵	ESS:	606	N. t.	Matct
WITHEOOLO.	ADDRI	= 33	POG	ran Iu	CRETCY.
	_	*******************************	Palm	Harbor	F 34683
	PHON	E: (727)2	43-146	S DATE:	10-110-17

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

Member Data

Name

: KARI SASSOROSSI

Social Security No.

: XXX-XX-0847

Date of Birth

: 02/27/1964

Age at Retirement

: 53 Years 4 Months 3 Days

Beneficiary Data

Name

Social Security No.

Date of Birth Age at Retirement

Relationship

of children under 18:

Retirement Data

Pension Start Date

: 03/16/1987

Calculation Type

: Estimate

Termination Date Effective Date

: 07/01/2017 : 07/01/2017

Benefit Group Retirement Type

: Non-Hazardous - Tier II : Normal Retirement

FAC

: \$ 43,619.21 : \$

Option Elected Partial Lump Sum : \$0.00 (0 %)

Pre-Tax Contributions Post-Tax Contributions : \$ 0.000.00

Total Member Service: 30 Years 3 Months 15 Days

Formula for Benefit A : 2.75% * 25.7917 years * \$43,619.21

Monthly Benefit

Factor	To Member	Potential To Beneficiary
1.00000	\$2,578.15	 N/A
1.00000	\$2,578.15	N/A
0.99131	\$2,555.75	N/A
	1.00000 1.00000	1.00000 \$2,578.15 1.00000 \$2,578.15

66 2/3% Joint and Survivor 75% Joint and Survivor 100% Joint and Survivor

Formula for Benefit B

: 2.75% * 4.5 years * \$43,619.21

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$449.82	N/A
Single Life Annuity	1.00000	\$449.82	N/A
10 Year Certain and Life Annuity	0.99137	\$445.94	N/A
50% Joint and Survivor			
66 2/3% Joint and Survivor			
75% Joint and Survivor			
100% Joint and Survivor			

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.

(Please print name) City of Clearwater General Employees' Pension Plan in accord	do hereby apply to receive benefits under the ance with the following:
Employee ID # 2032 Date of Birth: 8 1 58 Gender (circle Job Classification: Solid Waste Equipment Department: Solid Waste Gensols Divise Date of Hire: 4/27/87 Date Benefits Effective Date: 5/28/92	- 1 1 1 - 1 - 1 1 1
Spouse's Name: Sabrino Walden Spouse's Date of Birth: 6 13 64 Spou	se's Gender (circle one): M
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 ½ 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:			
	n: Joint and Survivor A	nnuity	
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 Description	n: Life Annuity		
Employee's Signature:		Date:	
If taking Option 3, fill in beneficiary inform			
Option #: _3_ Description		Life Annuity	
My designated beneficiary is:			
Name:	Social Security	Number:	
Date of Birth:	Gender (Circle	One) M F	
Address:			
Phone Number:	Relationshi	p	
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:
My designated beneficiary is:	
Name: SAbriNA	Social Security Number:
Date of Birth: 6 / 13 /	69 Gender (Circle One) M (F) 32719
Address: 430 Los	ALOS WAY 104 AltAMONTE Springs, FI
Phone Number: 1 (813	3/585,-7330 Relationship Wife
Employee's Signature:	
Option #: NA	m 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 actuaria	ally determined value of the normal retirement benefit
	ement benefit for the option selected above shall be reduced accordingly.
Employee's Signature:	esouch Walden Date: 6/7/17
[/	_Y, fill in beneficiary information and sign below:
My designated beneficiary is:	-1, min beneficiary information and sign below.
Beneficiary Name:	Beneficiary Social Security #:
Beneficiary Date of Birth:	
Beneficiary Address:	
Beneficiary Phone Number: _	
Employee's Signature:	
STATE OF FLORIDA	The foregoing instrument was acknowledged before me this
COUNTY OF	day of June 2017
PINELLAS	by Joseph Walden Sr
	who is personally known to me or who has provided
	as identification and who did/did not take an oath.
	Notary Public
	Jennifer M. Moult Soname of Notary Printed
	My Commission expires:
	JENNIFER M MOULTON
	MY COMMISSION #FF105569 EXPIRES March 27, 2018

Rev. 04/13 Form #9900-0009

EXPIRES March 27, 2018

(407) 398-0153 FloridaNotaryService.com

File Name: Pension Entitlement Option Form

CITY OF CLEARWATER

703°

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.

File Name: Employee Separation Pay Pref

N-1				
1, Joseph V	valden	_, an employee of	the City of Clean	vater, hereby apply for pension
benefits under the Cit				
I hereby certify that I	fully understand the	preferences offered	to me I choose	e to retire using separation pay
preference #	and wish my benefit	s to be calculated u	der this preferen	ce. Please use my leave in the
following manner:	_ and men my benome	o to be odiodiated di	idei tilis preferen	ce. Thease use my leave in the
Run Out	vacation	sick	floaters	bonus hours
Lump Sum 5/26/17	vacation 54,44	sick 971.02+2	floaters	bonus hours
I understand that my				
irrevocable.	EMPL	OYEE'S SIGNATUI	RE: 700 F	ph Illald En
		AL SECURITY #:		
WITNESSES:	ADDR			I Palm Way #204
		\mathcal{N}	en Port 16	lickey & L34652
	PHON	1E: (727)264-	-8046 DATE	E 6/7/17

Member Data

Name

: JOSEPH WALDEN

Social Security No.

Date of Birth

: 08/01/1958

Age at Retirement

: 58 Years 11 Months

Beneficiary Data

Name

: SABRINA WALDEN

Social Security No.

Date of Birth

: 06/13/1964

: 53 Years 0 Months 18 Days

Relationship

: Spouse

of children under 18 : 0

Retirement Data

Age at Retirement

Pension Start Date

: 05/28/1992

Calculation Type

: Estimate

Termination Date

: 07/01/2017

Benefit Group

: Non-Hazardous - Tier II

Effective Date

: 07/01/2017

Retirement Type

: Normal Retirement

FAC

: \$ 48,952.02

Option Elected

Pre-Tax Contributions Post-Tax Contributions : \$ 0.000.00

Partial Lump Sum : \$40,897.19 (10 %)

Total Member Service: 25 Years 1 Month 3 Days

Formula for Benefit A

: 2.75% * 20.5917 years * \$48,952.02

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,079.01	N/A
Single Life Annuity	1.00000	\$2,079.01	N/A
10 Year Certain and Life Annuity	0.97989	\$2,037.20	N/A
50% Joint and Survivor	0.91820	\$1,908.95	\$954.47
66 2/3% Joint and Survivor	0.89383	\$1,858.28	\$1,238.85
75% Joint and Survivor	0.88212	\$1,833.93	\$1,375.45
100% Joint and Survivor	0.84877	\$1,764.60	\$1,764.60

Formula for Benefit B

: 2.75% * 4.5 years * \$48,952.02

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$454.34	N/A
Single Life Annuity	1.00000	\$454.34	N/A
10 Year Certain and Life Annuity	0.98003	\$445.27	N/A
50% Joint and Survivor	0.91900	\$417.54	\$208.76
66 2/3% Joint and Survivor	0.89484	\$406.56	\$271.04
75% Joint and Survivor	0.88323	\$401.28	\$300.96
100% Joint and Survivor	0.85015	\$386.25	\$386.25

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.

I, Whiliam Wallace (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 # 2048 Date of Birth: 4/4/54 Gender Job Classification: Gas Technician III Department: Gas Date of Hire: 6/22/87 Benefits Effective Date: 10/13/87	Division: North Pasco SVC + Repair Date of Separation: 7/1/17
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 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

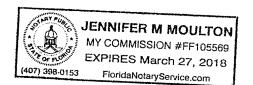
A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump 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 Descri	ription: <u>Joint and Survivo</u>	or Annuity	
Employee's Signature: //illica	in Wallace	Date: <u>6 / 2</u>	117
Dependent children under the age of 18	3 and residing in my househo	old are:	
Child's Name	Gender (M-F)	Date of Birth	Social Security#
	Management of the second of th	<u> </u>	
		Name of the state	
If taking Option 2 sign below:			
Option #: 2 Descri	ription: Life Annuity	•	
Employee's Signature:		Date:	or and the second secon
If taking Option 3, fill in beneficiary in	nformation and sign below	v :	
	ription: <u>10 Year Certain</u> :	· · · · · · · · · · · · · · · · · · ·	
My designated beneficiary is:			
Name:	Social Secur	rity Number:	
Date of Birth:	Gender (Circ	ole One) M F	
Address:			
Phone Number:	Relation	ship	
Employee's Signature		Date:	

If taking Option 4, 5, 6, or 7,	fill in Option Numb	er, Description and bene	ficiary information and sign below:
Option #:	Description:	% Joint and Survivor A	Annuity
My designated beneficiary is:			
Name:		_ Social Security Numb	er:
Date of Birth:			
Address:			
Phone Number:			
Employee's Signature:			Date:
If taking a Partial Lump Sur			
Option #: NA			
I elect to take a partial lump s	um payment in the fo	ollowing amount (check onl	v one):
		of the normal retirement b	
		of the normal retirement b	
30% of the actuaria	ally determined value	of the normal retirement b	enefit
I understand my monthly retire	ement benefit for the	option selected above sha	all be reduced accordingly.
Employee's Signature:		Dato	<u> </u>
If naming a beneficiary ONL	Y, fill in benefician	y information and sign be	elow:
My designated beneficiary is:			
Beneficiary Name:		Beneficiary Social	Security #:
Beneficiary Date of Birth:	- 	Beneficiary Gender (C	ircle 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	$\underline{}$ d	ay of June	, 20 <u>/_</u> 7
T TIVELED TO	by William	n Wallace	
	who is personally l	known to me or who has p	rovided TOU
	as identification an	d who did/did not take an	eàth.
	- Bre	an M. Moult	Notary Public
	Jennife	(Signature) M. Moult	Name of Notary Printed
	My Commission ex	xpires:	
	•		

Rev. 04/13 Form #9900-0009



File Name: Pension Entitlement Option Form

2048

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.

•		and the state of t		
1, William	Wallace	, an employee of	the City of Clearwa	ater, hereby apply for pension
	City's Employees' Pens			
the set of				
i nereby certify tha	t I fully understand the	preferences offered	to me. I choose	to retire using separation pay
preference #/	and wish my benef	its to be calculated u	nder this preference	e. Please use my leave in the
following manner:				
ಕ್ರಾರ್ಥ್ Run Out	vacation	sick	floaters	bonus hours
ည်လုံ Lump Sum	vacation	sick	floaters	bonus hours
5/26/17	vacation vacation vacation vacation	882.57-2	Ø	120
I understand that m	ny preference cannot b	e changed once this	form is signed and	that my decision is
irrevocable.				
	EMP	LOYEE'S SIGNATUI	RE: <u>William</u>	- Wellice
	SOC	IAL SECURITY #:		
WITNESSES:	ADD	RESS: 20	10 Poin Se	ettia Ave
		CI	earwater	R 33755
	PHC		-5526 DATE:	

Member Data

Name

: WILLIAM WALLACE

Social Security No.

Date of Birth

: 04/04/1954

Age at Retirement

: 63 Years 2 Months 27 Days

Beneficiary Data

Name

Social Security No.

Date of Birth

Relationship

Age at Retirement

of children under 18:

Retirement Data

Pension Start Date

: 10/13/1987

Calculation Type

: Estimate

Termination Date

: 07/01/2017

Benefit Group Retirement Type

: Non-Hazardous - Grandfathered : Normal Retirement

Effective Date FAC

: 07/01/2017 : \$ 61,323.61

Option Elected

Pre-Tax Contributions Post-Tax Contributions

: \$ 0.000.00

Partial Lump Sum : \$0.00 (0 %)

Total Member Service : 29 Years 8 Months 18 Days

Formula for Benefit A : 2.75% * 29.7167 years * \$61,323.61

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$4,176.18	N/A
Single Life Annuity	1.00000	\$4,176,18	N/A
10 Year Certain and Life Annuity	0.96391	\$4,025,46	N/A
50% Joint and Survivor		•	

66 2/3% Joint and Survivor 75% Joint and Survivor 100% Joint and Survivor

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 ******************