CITY OF CLEARWATER PENSION ENTITLEMENT OPTION REQUEST FORM NON-HAZARDOUS DUTY EMPLOYEE

1. John takey	do hereby apply to receive benefits under the
(Please print name)	
City of Clearwater General Employees' Pension Plan in a	accordance with the following:
Employee ID # 6578 Date of Birth: 4/5/62 Gender Job Classification: Plans Examiner Department: Planning Development Date of Hire: 5/5/86 Benefits Effective Date: 7/27/86 8/7	Division: Dev SVCS Date of Separation: 972179/17
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	ly one):
Regular Pension based on years of service Job-connected Disability Pension Non-job-connected Disability Pension	

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

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

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

Option 2 – Life Annuity

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

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

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

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

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

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

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

Option 7 – 66 %% 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:			
	scription: <u>Joint and Survi</u>	vor Annuity	
Employee's Signature:		Date:	- Mary - Ay
Dependent children under the age of	18 and residing in my house	hold are:	
Child's Name	Gender (M-F)	Date of Birth	Social Security#
		P4744	
W. Line Outline Online halous			
If taking Option 2 sign below:			
Option #: _2 De Employee's Signature	scription: Life Annuity	Date:	22/17
Zimpleyee's eignature			
If taking Option 3, fill in beneficiar	y information and sign belo	w:	
	scription: <u>10 Year Certair</u>		-
My designated beneficiary is:			
Name:	Social Sec	urity Number:	**************************************
Date of Birth:	Gender (C	ircle One) M F	
Address:			
Phone Number:	Relation	onship	
Employee's Signature:		Date: _	

Option #:	Description:	% Joint and Survivor Annuity
My designated beneficiary is:		
Name:		_ Social Security Number:
Date of Birth:		
Address:		
Phone Number:		
Employee's Signature:		Date:
If taking a Partial Lump Sun	n Payment, fill in P	
Option #: NA		Partial Lump Sum Payment
l elect to take a partial lump si	um navment in the f	ollowing amount (check only one):
·	• •	
	•	e of the normal retirement benefit
	•	e of the normal retirement benefit
30% of the actuaria	illy determined value	e of the normal retirement benefit
I understand my monthly retire	ement benefit for the	e option selected above shall be reduced accordingly.
Employee's Signature:		
Employee a digitature.		
······································	.Y, fill in beneficiar	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 COUNTY OF	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	trument was acknowledged before me this
PINELLAS	1 1	day of the ust 201
	by John	1 aney 1H
		known to me or who has provided 1
	as identification a	nd who did/did not take an oath.
	as identification a	nd who did/did not take an oath. Notary Public (Signature)
	as identification a	Notary Public
	as identification a My Commission e	Notary Public Name of Notary Printed

Rev. 04/13 Form #9900-0009 EXPIRES March 27, 2018 File Name: Pension Entitlement Option Form

CITY OF CLEARWATER

6518

File Name: Employee Separation Pay Pref

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, John Fa	hey	_, an employee	of the City of Clear	rwater, hereb	y apply for pension
benefits under the City	,				
I hereby certify that I	fully understand the p	oreferences offe	ered to me. I choos	se to retire us	sing separation pay
preference #	and wish my benefits	to be calculate	d under this prefere	nce. Please	use my leave in the
following manner:			,		
Run Out	vacation	sick	floaters _	bo	nus hours
Lump Sum	vacation vacation	sick 21.03 † 2	floaters	bo	nus hours
I understand that my p	reference cannot be	changed once t	his form is signed a	nd that my de	ecision is
irrevocable.	EMPL	OYEE'S SIGNA	TURE:	AM	
		AL SECURITY #	(3	100	
WITNESSES:	ADDR	ESS:	20450u	th Sat	urn Ave
			Clear W.	ates F	33755
	PHON	E: (727) S	75-6833 DAT		(2)
				ℓ	1/1/

Member Data

Name : JOHN FAHEY Date of Birth : 04/05/1952

Age at Retirement : 65 Years 5 Months 26 Days

Beneficiary Data

: KAREN FAHEY Name Social Security No.

Date of Birth : 07/13/1957

Age at Retirement : 60 Years 2 Months 19 Days Relationship : Other

of children under 18 : 0

Option Elected

Social Security No.

Retirement Data

Pension Start Date : 08/07/2006 Calculation Type : Estimate

Termination Date : 09/09/2017 Benefit Group : Non-Hazardous - Tier II Effective Date : 10/01/2017 Retirement Type : Normal Retirement

FAC 47,246.18 : \$

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

Post-Tax Contributions : \$ 0.00 Total Member Service: 11 Years 1 Month 2 Days

Formula for Benefit A : 2.75% * 6.4 years * \$47,246.18

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Single Life Annuity	1.00000	\$692.94	 N/A
10 Year Certain and Life Annuity	0.95530	\$661.97	N/A
50% Joint and Survivor	0.89681	\$621.44	\$310.72
66 2/3% Joint and Survivor	0.86698	\$600.77	\$400.51
75% Joint and Survivor	0.85280	\$590.94	\$443.21
100% Joint and Survivor	0.81292	\$563.31	\$563.31

Formula for Benefit B : 2.75% * 4.6889 years * \$47,246.18

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Single Life Annuity	1.00000	\$507.68	N/A
10 Year Certain and Life Annuity	0.95565	\$485.16	N/A
50% Joint and Survivor	0.89790	\$455.84	\$227.92
66 2/3% Joint and Survivor	0.86834	\$440.84	\$293.89
75% Joint and Survivor	0.85428	\$433.70	\$325.27
100% Joint and Survivor	0.81471	\$413.61	\$413.61

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.

CITY OF CLEARWATER PENSION ENTITLEMENT OPTION REQUEST FORM NON-HAZARDOUS DUTY EMPLOYEE

1. Stephen Linney	do hereby apply to receive benefits under the
(Please print name)	
City of Clearwater General Employees' Pension I	Plan in accordance with the following:
Employee ID # 3674 Date of Birth: 9/14/59 Job Classification: 6-as Tech II Department: 6-as Date of Hire: 9/15/97 Benefits Effective Date: 9/15/97	Gender (circle one): M F Division: South Pinellas Suc + Repair Date of Separation: 9/16/17
Spouse's Name: Greta Finne Spouse's Date of Birth: 9/24/59	Spouse's Gender (circle one): M (F)
The type of pension for which I am applying is (cl	heck only one):
Regular Pension based on years of s Job-connected Disability Pension Non-job-connected Disability Pensio	

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:					
Option #: _1_	Description: _	Joint and Survivo	or Annuity	-	
Employee's Signature:	W		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 Sec	curity#
		The state of the s			
If taking Option 2 sign below:					
Option #: 2_	Description: _	Life Annuity			
Employee's Signature:			Date:		
If taking Option 3, fill in benefi	iciary informat	tion and sign below			
Option #: 3		10 Year Certain a			
My designated beneficiary is:					
Name:		Social Secur	ity Number:		
Date of Birth:		Gender (Circ	cle One) M F		
Address:					······
Phone Number:		Relations	ship		<u> </u>
Employee's Signature			Date	5 .	

Ontine #	Till in Option Number, Description and beneficiary information and sign below:
Option #:	Description: 6/3 % Joint and Survivor Annuity
My designated beneficiary is:	
Name: GRETA	C. FINNEY Social Security Number:
Date of Birth: 9/24	Gender (Circle One) M (F)
Address:	23PE AUE S.W.
Phone Number: 727-6	$\frac{37-2378}{}$ Relationship $\frac{W!FE}{}$
Employee's Signature:	Date:
If taking a Partial Lump Sun	n Payment, fill in Percentage and sign below:
Option #: NA	
I elect to take a partial lump s	um payment in the following amount (check only one):
1	ally determined value of the normal retirement benefit
1	ally determined value of the normal retirement benefit
30% of the actuaria	ally determined value of the normal retirement benefit
I understand my monthly retin	ement benefit for the option selected above shall be reduced accordingly.
Employee's Signature	Date:
	Y, fill in beneficiary information and sign below:
My designated beneficiary is:	
Beneficiary Name:	Beneficiary Social Security #:
Beneficiary Date of Birth:	
1	
Beneficiary Phone Number: _	•
Employee's Signature:	Date:
STATE OF FLORIDA COUNTY OF	The foregoing instrument was acknowledged before me this
PINELLAS	lb_day of August , 20/
	by Stephen Inney
	who is personally known to me or who has provided
	as identification and who did/did not take an path.
	Notary Public Notary Public
	Jenn How M. Moulton Name of Notary Printed
	My Commission expires:
	JENNIFER M MOULTON
Pov. 04/42	MY COMMISSION #FF105569 EXPIRES March 27, 2018
Rev. 04/13 Form #9900-0009	(407) 388-0153 FloridaNotaryService.com File Name: Pension Entitlement Option Form

CITY OF CLEARWATER

3674

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.

I, Stepher benefits under the Cir			the City of Clearwa	ater, hereby apply for pension
I hereby certify that	I fully understand th	e preferences offered	to me. I choose	to retire using separation pay
preference #	_and wish my bene	fits to be calculated ur	nder 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
8/4/17	113.00	105.67 12	70	
I understand that my	preference cannot l	be changed once this	form is signed and	that my decision is
irrevocable.				
	EM	PLOYEE'S SIGNATUR	RE:	
	SO	CIAL SECURITY #:		
WITNESSES:	ADI	ORESS: 16	5 23PD;	Ave SW
			ago A	337,78
	PHO	ONE: (127) 63	7-2378 DATE:	8/16/17

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

Member Data

Name : STEPHEN FINNEY Social Security No.

Date of Birth : 09/14/1959

Age at Retirement : 58 Years 0 Months 17 Days

Beneficiary Data

Name : GRETA FINNEY Social Security No.

Date of Birth : 09/24/1959

Age at Retirement : 58 Years 0 Months 7 Days Relationship : Spouse # of children under 18 : 0

Retirement Data

Pension Start Date : 09/15/1997 Calculation Type : Estimate

Termination Date : 09/16/2017 Benefit Group : Non-Hazardous - Tier II
Effective Date : 10/01/2017 Retirement Type : Normal Retirement

FAC : \$ 37,756.77 Option Elected

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

Post-Tax Contributions : \$ 0.00 Total Member Service : 20 Years 0 Months 1 Day

Formula for Benefit A : 2.75% * 15.2944 years * \$37,756.77

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,323.37	N/A
Single Life Annuity	1.00000	\$1,323.37	N/A
10 Year Certain and Life Annuity	0.98254	\$1,300.26	N/A
50% Joint and Survivor	0.94166	\$1,246.16	\$623.08
66 2/3% Joint and Survivor	0.92369	\$1,222.38	\$814.92
75% Joint and Survivor	0.91497	\$1,210.84	\$908.13
100% Joint and Survivor	0.88975	\$1,177.46	\$1,177.46

Formula for Benefit B : 2.75% * 4.7083 years * \$37,756.77

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$407.39	N/A
Single Life Annuity	1.00000	\$407.39	N/A
10 Year Certain and Life Annuity	0.98266	\$400.33	N/A
50% Joint and Survivor	0.94223	\$383.86	\$191.93
66 2/3% Joint and Survivor	0.92443	\$376.61	\$251.07
75% Joint and Survivor	0.91578	\$373.08	\$279.81
100% Joint and Survivor	0.89077	\$362.89	\$362.89

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.

CITY OF CLEARWATER PENSION ENTITLEMENT OPTION REQUEST FORM NON-HAZARDOUS DUTY EMPLOYEE

1. Cheryl ford	do hereby apply to receive benefits under the
(Please print name)	
City of Clearwater General Employees' Pension Plan in	accordance with the following:
	9 .
Employee ID # 2882	
	r (circle one): M (F)
Job Classification: Accountant	(directional). With
Department: Finance	Division: France Operations
Date of Hire: 11128/94	Date of Separation: 9/1/17
Benefits Effective Date: 11128/94	Date of deparation.
Donollo Endotto Dato.	
Spouse's Name: Darrell Ford	
Spouse's Date of Birth: 12/16/60	Spouse's Gender (circle one): (M) F
opedace a batte of billin. 12 118/60	Spouse's Gender (circle one). (IVI) F
The type of pension for which I am applying is (check or	ily one):
/	
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 100 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Option 7 - 66 3/3 Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 % percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Partial Lump Sum Payment Option

A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump sum distribution, then the monthly retirement benefit for the option selected shall be reduced accordingly thereafter. [Section 2.424 (b) (2) a. 4.]

I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

If taking Option 1 sign below	:			
Option #: _1_	Description: _	Joint and Survivo	or Annuity	
Employee's Signature: Date:				
Dependent children under the a	age of 18 and re	siding in my househ	old are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#
If taking Option 2 sign below				
Option #: _2_		Life Annuity	_	
Employee's Signature:			Date:	
If taking Option 3, fill in beneficiary information and sign below:				
· · · · · · · · · · · · · · · · · · ·			and Life Annuity	
My designated beneficiary is:				
Name:		Social Secu	rity Number:	
Date of Birth:		Gender (Cir	cle One) M F	
Address:				
Phone Number:		Relation	nship	······································
Employee's Signature:			Date:	

Option #:	Description: /// % Joint and Survivor Annuity
My designated beneficiary is:	
Name: DARROLL W,	FOR CO
Date of Birth: 12/16/1	· · · · · · · · · · · · · · · · · · ·
Address INY TRACE	Gender (Circle One) M F 9 DR , PAIM HARBAR, FL 34684
Phone Number: (727) 78	
Employee's Signature:	
Employee's Signature:	1 (1) Faul Date: 08/29/17
	n Payment, fill in Percentage and sign below:
Option #: NA	Description: Partial Lump Sum Payment
I elect to take a partial lump s	sum payment in the following amount (check only one):
10% of the actuari	ally determined value of the normal retirement benefit
1	ally determined value of the normal retirement benefit
1	ally determined value of the normal retirement benefit
	,
I understand my monthly retir	rement benefit for the option selected above shall be reduced accordingly.
Employee's Signature:	Date:
My designated beneficiary is:	LY, fill in beneficiary information and sign below:
Beneficiary Name:	
Beneficiary Date of Birth:	, ,
Beneficiary Address:	
Beneficiary Phone Number: _	
Employee's Signature:	Date:
STATE OF FLORIDA COUNTY OF PINELLAS	The foregoing instrument was acknowledged before me this 29 day of Argust, 2017 by Chery Ford who is personally known to me or who has provided as identification and who did/did not take an oath.
	Jewnifer M. Maulto Name of Notary Printed
	My Commission expires:
Pay 04/13	JENNIFER M MOULTON MY COMMISSION #FF105569

Rev. 04/13 Form #9900-0009

EXPIRES March 27, 2018 File Name: Pension Entitlement Option Form (407) 398-0153

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, Cheryl	Ford	, an employee o	of the City of Clearwa	ater, hereby apply for pension
benefits under the Ci	ty's Employees' Pens	ion Plan.		
1				to retire using separation pay e. Please use my leave in the
following manner:				
ر Run Out	vacation	sick _	floaters	bonus hours
Lump Sum	vacation	sick _	floaters	bonus hours
8/18/11	vacation 671.51	268.18+2	8 /	
I understand that my	preference cannot b	e changed once th	is form is signed and	that my decision is
irrevocable.	EME	PLOYEE'S SIGNAT	TURE: AMA	J Fard
	E-1VII	LOTELOGIONAT	OIL.	N. i. P. G.
	SOC	CIAL SECURITY #:		
WITNESSES:	ADD	RESS:	107 Ta	lley Dr.
			Palm Hai	bor, F-34684
	 PHC	ONE: (727) 78	7-9428 DATE	08/29/17

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

Member Data

Name

: CHERYL FORD

Social Security No.

Date of Birth

: 07/09/1959

Age at Retirement

: 58 Years 1 Month 23 Days

Beneficiary Data

Name

: DARRELL FORD

Social Security No.

Date of Birth

: 12/16/1960

Age at Retirement

: 56 Years 8 Months 16 Days

Relationship

: Spouse

of children under 18 : 0

Retirement Data

Pension Start Date

: 11/28/1994

Calculation Type

: Estimate

Termination Date

: 09/01/2017

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

Effective Date

: 09/01/2017

Option Elected

FAC Pre-Tax Contributions

: **\$** 45,769,41 : \$ 0.00

Partial Lump Sum : \$0.00 (0 %)

Post-Tax Contributions : \$

0.00

Total Member Service: 22 Years 9 Months 3 Days

Formula for Benefit A

: 2.75% * 18.0917 years * \$45,769.41

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,897.60	N/A
Single Life Annuity	1.00000	\$1,897.60	N/A
10 Year Certain and Life Annuity	0.98254	\$1,864.47	N/A
50% Joint and Survivor	0.93844	\$1,780.79	\$890.39
66 2/3% Joint and Survivor	0.91957	\$1,744.98	\$1,163.32
75% Joint and Survivor	0.91042	\$1,727.62	\$1,295.71
100% Joint and Survivor	0.88402	\$1,677.52	\$1,677.52

Formula for Benefit B

: 2.75% * 4.6667 years * \$45,769.41

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$489.48	N/A
Single Life Annuity	1.00000	\$489.48	N/A
10 Year Certain and Life Annuity	0.98266	\$480.99	N/A
50% Joint and Survivor	0.93904	\$459.64	\$229.82
66 2/3% Joint and Survivor	0.92034	\$450.49	\$300.32
75% Joint and Survivor	0.91127	\$446.05	\$334.54
100% Joint and Survivor	0.88509	\$433.23	\$433.23

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.

CITY OF CLEARWATER PENSION ENTITLEMENT OPTION REQUEST FORM HAZARDOUS DUTY EMPLOYEE

_				
I, Donald Hall (Please print name)	do hereby apply to receive benefits under the			
City of Clearwater General Employees' Pension F	Plan in accordance with the following:			
ony or oreal water content Employees Tension	ian in accordance with the following.			
Employee ID # 1746 Date of Birth: Gender (circle one): M F Job Classification: Police Deputy Chief				
Department: Police	Division: Chief/Admin			
Date of Hire: 5/21/84	Date of Separation: 9/30/17			
Benefits Effective Date: 5/21/84	•			
Spouse's Name:				
Spouse's Date of Birth:	Spouse's Gender (circle one):			
The type of pension for which I am applying is (check only one):				
The type of pension for which rain applying is (or	leck only one).			
Regular Pension based on years of s Job-connected Disability Pension Non-job-connected Disability Pensior				

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit. The other optional forms (#2-#7) shall be computed to be the Actuarial Equivalent of the respective normal benefit.

Option 1 - Joint and Survivor Annuity

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

Option 2 - Life Annuity

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

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

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

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

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

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

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

Option 7 – 66 3/3 Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 % percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Partial Lump Sum Payment Option

A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump sum distribution, then the monthly retirement benefit for the option selected shall be reduced accordingly thereafter. [Section 2.424 (b) (2) a. 4.]

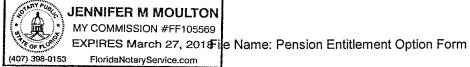
I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

If taking Option 1 sign below:				
Option #: _1_	Description: _	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#

If taking Option 2 sign below:				
Option #: 2_	Description: _	Life Annuity	-	
Employee's Signature:			Date:	
If taking Option 3, fill in benef	ficiary informat	tion and sign belov	v:	
Option #: 3			and Life Annuity	
My designated beneficiary is:				
Name:	<u> </u>	Social Secu	rity Number:	
Date of Birth:		Gender (Cire	cle One) M F	
Address:		,,,,		
Phone Number:		Relation	nship	
Employee's Signature:			Date: _	

If taking Option 4, 5, 6,or 7	, fill in Option Number, Description and beneficiary information and sign below:
Option #:	Description: _/00 % Joint and Survivor Annuity
My designated beneficiary is	
Name:	Social Security Number:
Date of Birth:	Gender (Circle One)
Address:	
Phone Number: _	Relationship
Employee's Signature:	Just 15th Date: 08-23-17
	m Payment, fill in Percentage and sign below:
	Description: Partial Lump Sum Payment
	sum payment in the following amount (check only one):
	ally determined value of the normal retirement benefit
	ally determined value of the normal retirement benefit
30% of the actuari	ally determined value of the normal retirement benefit
I understand 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: _	1
•	Date:
1,77,7	
STATE OF FLORIDA	The foregoing instrument was acknowledged before me this
COUNTY OF	23 day of Argust , 2017
PINELLAS	by Donald Hall
	who is personally known to me or who has provided EVS onally k
	as identification and who did/did/not take an oath.
	Notary Public .
	Jennifer M. Moulton Name of Notary Printed
	My Commission expires:
	JENNIFER M MOULTON
Rev. 04/13	MY COMMISSION #FF105569

Form #9900-0009



#1746

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, Donald Hall	, an employee of the City of Clearwater, hereby apply for pension
benefits under the City's Employees'	Pension Plan.
I havaby andify that I follow and materials	
	nd the preferences offered to me. I choose to retire using separation pay
preference # and wish my	benefits to be calculated under this preference. Please use my leave in the
following manner:	
AS [®] Run Out vacat	
(PK Lump Sum vacat	ion sick floaters bonus hours
PRE Lump Sum vacat	1560-12
	nnot be changed once this form is signed and that my decision is
irrevocable.	
	EMPLOYEE'S SIGNATURE!
	OCCUPITY #
	SOCIAL SECURITY #:
WITNESSES:	ADDRESS:
	PHONE: DATE: 08-23-17

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

Member Data

Name

: DONALD HALL

Social Security No.

Date of Birth

Age at Retirement

Beneficiary Data

Name

Date of Birth

Age at Retirement

Retirement Data

Pension Start Date

Termination Date

Effective Date FAC : **\$** : \$

Pre-Tax Contributions Post-Tax Contributions : \$

: 05/21/1984

: 09/30/2017 : 10/01/2017 109,048.88

> 0.00 0.00

Social Security No.

Relationship

of children under 18:

Calculation Type : Estimate

Benefit Group Retirement Type

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

: Hazardous - Grandfathered : Normal Retirement

Total Member Service: 33 Years 4 Months 9 Days

Formula for Benefit A : 2.75% * 33.3583 years * \$109,048.88

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$8,336.37	N/A
Single Life Annuity	1.07692	\$8,977.64	N/A
10 Year Certain and Life Annuity	1.05778	\$8,818.02	N/A
50% Joint and Survivor	1.02573	\$8,550.85	\$4,275.42
66 2/3% Joint and Survivor	1.00972	\$8,417.44	\$5,611.63
75% Joint and Survivor	1.00192	\$8,352.35	\$6,264.27
100% Joint and Survivor	0.97918	\$8,162.83	\$8,162.83

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.

CITY OF CLEARWATER PENSION ENTITLEMENT OPTION REQUEST FORM HAZARDOUS DUTY EMPLOYEE

I, <u>Jay Hol Sombach</u> (Please print name) City of Clearwater General Employees' Pension Plan in	do hereby apply to receive benefits under the accordance with the following:
Employee ID # 3 489 Date of Birth: Gende Job Classification: Police Sergeant Department: Police	pr (circle one): M F Division: Patvol/Distvict III
Date of Hire: 4/28/97 Benefits Effective Date: 4/28/97 Spouse's Name: Spouse's Date of Birth:	Date of Separation: 9/30/17
	Spouse's Gender (circle one):
The type of pension for which I am applying is (check on	ıly one):
Regular Pension based on years of service Job-connected Disability Pension Non-job-connected Disability Pension	

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit. The other optional forms (#2-#7) shall be computed to be the Actuarial Equivalent of the respective normal benefit.

Option 1 - Joint and Survivor Annuity

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

Option 2 – Life Annuity

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

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

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

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

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

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

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

Option 7 - 66 3/3 Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 % percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Partial Lump Sum Payment Option

A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump sum distribution, then the monthly retirement benefit for the option selected shall be reduced accordingly thereafter. [Section 2.424 (b) (2) a. 4.]

I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

If taking Option 1 sign below:				
Option #: _1_	Description: _	Joint and Survivo	or Annuity	Andreas and the second
Employee's Signature:			Date:	and the state of t
Dependent children under the ag	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:		***************************************		
	Doodilion	Life Annuity		
Option #: _2_	Description: _	Life Annuity		i
Employee's Signature:	1		Date: 09/0	7/2017
If taking Option 3, fill in benefic				
Option #: <u>3</u>	Description: _	10 Year Certain a	and Life Annuity	
My designated beneficiary is:				
Name:		Social Secur	ity Number:	
Date of Birth:	······································	Gender (Circ	de One) M F	
Address:		***************************************		
Phone Number:		Relations	ship	
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 Su		
		Partial Lump Sum Payment
		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
I understand my monthly retir	rement benefit for the	e option selected above shall be reduced accordingly.
		•
Employee's Signature:		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	d	ay of <u>September</u> , 2017
	by Jay 1	tol Sombach
	who is personally l	known to me or who has provided
	as identification ar	nd who did/did not take an oath.
	Chart.	Notary Public (Signature)
	Jev	M. For M. Moult Name of Notary Printed
	My Commission e	
Rev. 04/13 Form #9900-0009	MY EXF	INIFER M MOULTON COMMISSION #FF105569 PIRES March 27, 2018 FloridaNotaryService.com File Name: Pension Entitlement Option Form

CITY OF CLEARWATER

#3489

File Name: Employee Separation Pay Pref

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, Jay Ho	Isombach	, an employee of	he City of Clearwate	er, hereby apply for pension
benefits under the Ci	ity's Employees' Pension	Plan.		apply to policion
I hereby certify that	I fully understand the p	references offered	to me. I choose to	retire using separation pay
preference #/	_ and wish my benefits	to be calculated ur	der this preference.	Please use my leave in the
following manner:				
	vacation	sick	floaters	bonus hours
000 Lump Sum	vacation	sick	floaters	bonus hours
4,5/18/17	vacation	79,52-12	\$	
	preference cannot be o			anath my decision is
irrevocable.			Λ \langle	
	EMPLO	YEE'S SIGNATUR	RE:	
	SOCIA	L SECURITY #:		This is a supplementation.
WITNESSES:	ADDRE	SS:		
				, —
	nd de Valain dan dial meta de American de participat de la desta de la del Valain de			- ///
	PHONE	: :	. DATE: _	09/01/2017

Member Data

Name : **JAY HOLSOMBACH** Social Security No.

Date of Birth :

Age at Retirement :

Beneficiary Data

Name : Social Security No. :

Date of Birth :

Age at Retirement : Relationship : # of children under 18 :

Retirement Data

Pension Start Date : 04/28/1997 Calculation Type : Estimate

Termination Date : 09/30/2017 Benefit Group : Hazardous - Tier II
Effective Date : 10/01/2017 Retirement Type : Normal Retirement

FAC : \$ 105,287.08

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

Post-Tax Contributions : \$ 0.00 Total Member Service : 20 Years 5 Months 2 Days

Option Elected

Formula for Benefit A : 2.75% * 15.675 years * \$105,287.08

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$3,782.11	N/A
Single Life Annuity	1.09137	\$4,127.68	N/A
10 Year Certain and Life Annuity	1.08189	\$4,091.81	N/A
50% Joint and Survivor	1.02558	\$3,878.86	\$1,939.43
66 2/3% Joint and Survivor	1.00537	\$3,802.42	\$2,534.95
75% Joint and Survivor	0.99557	\$3,765.36	\$2,824.02
100% Joint and Survivor	0.96727	\$3,658.32	\$3,658.32

Formula for Benefit B : 2.75% * 4.7472 years * \$105,287.08

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,145.42	N/A
Single Life Annuity	1.07475	\$1,231.04	N/A
10 Year Certain and Life Annuity	1.06490	\$1,219.76	N/A
50% Joint and Survivor	1.02211	\$1,170.75	\$585.37
66 2/3% Joint and Survivor	1.00570	\$1,151.95	\$767.96
75% Joint and Survivor	0.99768	\$1,142.77	\$857.07
100% Joint and Survivor	0.97439	\$1,116.08	\$1,116.08

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.

CITY OF CLEARWATER PENSION ENTITLEMENT OPTION REQUEST FORM NON-HAZARDOUS DUTY EMPLOYEE

I, Michael Pryov (Please print rame) City of Clearwater General Employees' Pension Plan in ac	do hereby apply to receive benefits under the
Employee ID # 292 Date of Birth: Gender (Job Classification: Solid Waste Program Department: Solid Waste Gen SVC	circle one): M F Coordinator Division: Collect/Comm Date of Separation: 11 8 17
Spouse's Name: Spouse's Date of Birth: S	Spouse's Gender (circle one):
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	one):

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

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

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

Option 2 - Life Annuity

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

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

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

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

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

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

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

Option 7 - 66 3/3 Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 % percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Partial Lump Sum Payment Option

If the later of Orestan of Indiana Indiana.

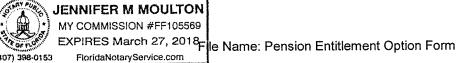
A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump 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.)

it taking Option 1 sign below:				
Option #: _1_	Description:	Joint and Surviv	or Annuity	
Employee's Signature:			Date:	and and a second
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_	Description:	Life Annuity	_	
Employee's Signature:			Date:	
If taking Option 3, fill in benef	ficiary informa	tion and sign belo	w:	
Option #: 3			and Life Annuity	
My designated beneficiary is:				
Name:		Social Sec	urity Number:	
Date of Birth:		Gender (Ci	rcle One) M F	
Address:				
Phone Number:		Relatio	onship	
Employee's Signature			Date:	

	fill in Option Number, Description and beneficiary information and sign below:
Option #:	Description:/00 % Joint and Survivor Annuity
My designated beneficiary is:	
Name:	Social Security Number:
Date of Birth:	Gender (Circle One)
Address:	
Phone Number:	
Employee's Signature:	M 16 Date: 8/18/17
_	n Payment, fill in Percentage and sign below:
Option #: NA	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
	ally determined value of the normal retirement benefit
	ally determined value of the normal retirement benefit
I understand my monthly retin	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

Rev. 04/13 Form #9900-0009



2092

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, Michae	1 Pryor	_, an employee	of the City of Clearwa	ater, hereby apply for pension
benefits under the Cit	y's Employees' Pensio	n Plan.		
I hereby certify that I	fully understand the	preferences offer	red to me. I choose	to retire using separation pay
preference #	_ and wish my benefit	s to be calculated	under this preference	e. Please use my leave in the
following manner:				
Run Out Lump Sum	vacation	sick	floaters	bonus hours
Lump Sum	vacation	sick	floaters	bonus hours
84117	185,34+2	804.14-2	/	20
I understand that my	preference cannot be	changed once th	is form is signed and	that my decision is
irrevocable.				60C
	EMPL	OYEE'S SIGNAT	TURE:	ZHX)
	SOCI	AL SECURITY #:		
WITNESSES:	ADDE	RESS:		
WITHLOOLO.	7,551			
		######################################		
	PHON	NE:	DATE:	8/18/17

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

Member Data

Name : MICHAEL PRYOR Social Security No. :

Date of Birth :

Age at Retirement :

Beneficiary Data

Name : Social Security No.

Date of Birth :

Age at Retirement : Relationship : # of children under 18 :

Retirement Data

Pension Start Date : 11/02/1987 Calculation Type : Estimate

Termination Date : 11/18/2017 Benefit Group : Non-Hazardous - Tier II
Effective Date : 12/01/2017 Retirement Type : Normal Retirement

FAC: \$ 65,532.73 Option Elected

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

Post-Tax Contributions : \$ 0.00 Total Member Service : 30 Years 0 Months 16 Days

Formula for Benefit A : 2.75% * 25.1639 years * \$65,532.73

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$3,779.09	N/A
Single Life Annuity	1.00000	\$3,779.09	N/A
10 Year Certain and Life Annuity	0.99005	\$3,741.49	N/A
50% Joint and Survivor	0.96162	\$3,634.05	\$1,817.03
66 2/3% Joint and Survivor	0.94947	\$3,588.13	\$2,392.09
75% Joint and Survivor	0.94351	\$3,565.61	\$2,674.21
100% Joint and Survivor	0.92607	\$3,499.70	\$3,499.70

Formula for Benefit B : 2.75% * 4.8806 years * \$65,532.73

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$732.96	N/A
Single Life Annuity	1.00000	\$732.96	N/A
10 Year Certain and Life Annuity	0.99012	\$725.72	N/A
50% Joint and Survivor	0.96198	\$705.09	\$352.55
66 2/3% Joint and Survivor	0.94994	\$696.27	\$464.18
75% Joint and Survivor	0.94403	\$691.93	\$518.95
100% Joint and Survivor	0.92674	\$679.26	\$679.26

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

CITY OF CLEARWATER PENSION ENTITLEMENT OPTION REQUEST FORM HAZARDOUS DUTY EMPLOYEE

I, <u>Clyde Renfvoe</u> (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 # 3 5 9 Gende Date of Birth: Gende Job Classification: Police of Cer Department: Police Date of Hire: 6/9/9 7 Benefits Effective Date: 6/9/97	Division: Patrol District III Date of Separation: 9/1/17
Spouse's Name: Spouse's Date of Birtn:	Spouse's Gender (circle one):
The type of pension for which I am applying is (check or Regular Pension based on years of service Job-connected Disability Pension Non-job-connected Disability Pension	nly one):

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit. The other optional forms (#2-#7) shall be computed to be the Actuarial Equivalent of the respective normal benefit.

Option 1 - Joint and Survivor Annuity

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

Option 2 - Life Annuity

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

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

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

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

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

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

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

Option 7 – 66 3/3 Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 % percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Partial Lump Sum Payment Option

A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump sum distribution, then the monthly retirement benefit for the option selected shall be reduced accordingly thereafter. [Section 2.424 (b) (2) a. 4.]

I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

If taking Option 1 sign below:				
Option #: _1_	Description: _	Joint and Survivo	or Annuity	•
Employee's Signature:			Date:	
Dependent children under the ag	ge of 18 and res	siding in my househo	old are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#

If taking Option 2 sign below:				
Option #: _2_		Life Annuity	•	
Employee's Signature:			Date:	
If taking Option 3, fill in benef	iciary informat	ion and sign below		
		10 Year Certain a		
My designated beneficiary is:				
Name:		Social Secur	rity Number:	
Date of Birth:			cle One) M F	
Address:				
Phone Number:		Relation	ship	
Employee's Signature:			Dat	re:

	fill in Option Number, Description and beneficiary information and sign below:
Option #:	Description: 100 % Joint and Survivor Annuity
My designated beneficiary is:	
Name:	Social Security Number: _
Date of Birth: _	Gender (Circle One)
Address:	
Phone Number:	Relationship
Employee's Signature:	Date: 8 (18 (17
If taking a Partial Lump Sur	m Payment, fill in Percentage and sign below:
Option #: NA	Description: Partial Lump Sum Payment
I elect to take a partial lump s	sum payment in the following amount (check only one):
10% of the actuari	ally determined value of the normal retirement benefit
20% of the actuari	ally determined value of the normal retirement benefit
	ally determined value of the normal retirement benefit
I understand my monthly retir	rement benefit for the option selected above shall be reduced accordingly.
Employee's Signature:	Date:
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 Gender (Circle One) IVI 1
Beneficiary Phone Number:	
	· · · · · · · · · · · · · · · · · · ·
Employee's dignature.	Date:
STATE OF FLORIDA	The foregoing instrument was called and dead hefe as we this
COUNTY OF	The foregoing instrument was acknowledged before me this
PINELLAS	by Clyde Renfroe
	who is personally known to me or who has provided FO
	as identification and who did/did not take an oath.
	Notary Public
	(Signature)
	Jenniter M. Mon 17 Name of Notary Printed
	My Commission expires:
	JENNIFER M MOULTON
Rev. 04/13	MY COMMISSION #FF105569 EXPIRES March 27, 2018
Form #9900-0009	(407) 398-0153 FloridaNotaryService.com File Name: Pension Entitlement Option Form

CITY OF CLEARWATER

#3591

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.

I, Clyde Ren benefits under the City's Emplo		City of Clearwater, hereby apply for pension
I hereby certify that I fully un	derstand the preferences offered to	me. I choose to retire using separation payer this preference. Please use my leave in the
following manner:		floaters bonus hours
8/4/17 35.45	vacation sick /	floaters bonus hours 9,4 Comp time
I understand that my preferen irrevocable.	ce cannot be changed once this form EMPLOYEE'S SIGNATURE:	
	SOCIAL SECURITY #:	
WITNESSES:	ADDRESS:	· · · · · · · · · · · · · · · · · · ·
	PHONE:	_DATE: 8/18/17

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

Member Data

Name : CLYDE RENFROE Social Security No. :

Date of Birth :

Age at Retirement

Beneficiary Data

Name : Social Security No.

Date of Birth :

Age at Retirement : Relationship : # of children under 18 :

Retirement Data

Pension Start Date : 06/09/1997 Calculation Type : Estimate

Termination Date : 09/01/2017 Benefit Group : Hazardous - Tier II
Effective Date : 09/01/2017 Retirement Type : Normal Retirement

FAC: \$ 93,427.52 Option Elected

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

Post-Tax Contributions : \$ 0.00 Total Member Service : 20 Years 2 Months 22 Days

Formula for Benefit A : 2.75% * 15.5611 years * \$93,427.52

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$3,331.71	N/A
Single Life Annuity	1.04654	\$3,486.77	N/A
10 Year Certain and Life Annuity	1.04248	\$3,473.23	N/A
50% Joint and Survivor	1.01392	\$3,378.08	\$1,689.04
66 2/3% Joint and Survivor	1.00348	\$3,343.32	\$2,228.88
75% Joint and Survivor	0.99836	\$3,326.24	\$2,494.68
100% Joint and Survivor	0.98327	\$3,275.95	\$3,275.95

Formula for Benefit B : 2.75% * 4.6667 years * \$93,427.52

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$999.16	N/A
Single Life Annuity	1.03769	\$1,036.82	N/A
10 Year Certain and Life Annuity	1.03336	\$1,032.49	N/A
50% Joint and Survivor	1.01171	\$1,010.85	\$505.43
66 2/3% Joint and Survivor	1.00333	\$1,002.48	\$668.32
75% Joint and Survivor	0.99920	\$998.36	\$748.77
100% Joint and Survivor	0.98700	\$986.17	\$986.17

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.

CITY OF CLEARWATER PENSION ENTITLEMENT OPTION REQUEST FORM NON-HAZARDOUS DUTY EMPLOYEE

2.6	
1, Brian Sweeney	do hereby apply to receive benefits under the
(Please print name)	The state of the s
	and the state of t
City of Clearwater General Employees' Pension Plan in	accordance with the following:
Employee ID # 3385 Date of Birth: 8 1 5 2 Gende Job Classification: Library Assistant Department: Library Date of Hire: 12 23/9 6 Benefits Effective Date: 9/15/97	Division: Country side Branch Date of Separation: 9/16/17
Spouse's Name:	Spouse's Gender (circle one): M F
The type of pension for which I am applying is (check on	ly one):
Regular Pension based on years of service Job-connected Disability Pension Non-job-connected Disability Pension	

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

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

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

Option 2 – Life Annuity

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

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

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

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

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

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

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

Option 7 - 66 3/3 Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 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 belov	v:			
Option #: 1		Joint and Survi	or Annuity	
Employee's Signature:			Date:	
Dependent children under the	age of 18 and re	esiding in my housel	hold are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security #

			The first of the second of the	
If taking Option 2 sign below	<i>I</i> :			
Option #: 2	Description:	Life Annuity		
Employee's Signature:	Cil.	———		/17
If taking Option 3, fill in bene	eficiary informa	tion and sign halo		
Option #: _ 3_	72	,	and Life Annuity	
My designated beneficiary is:				
Name:		Social Secu	ırity Number:	
Date of Birth:		Gender (Ci	rcle One) M F	
Address:				
Phone Number:			nship	
Employee's Signature:			Date:	

Option #:		per, Description and beneficiary information and sign below:	
Option #.	Description:	% Joint and Survivor Annuity	
My designated beneficiary is:			
Name:	***************************************	Social Security Number:	
Date of Birth:			
Address:			
Phone Number:	V	Relationship	
Employee's Signature:		Date:	
lf taking a Partial Lump Sun	n Pavment. fill in Pe	ercentage and sign below:	
		Partial Lump Sum Payment	
		ollowing amount (check only one):	
		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	
	anagas la anagas sa sa sa sa sa		
understand my montnly retire	ement benefit for the	option selected above shall be reduced accordingly.	
Employee's Signature:		Date:	
If naming a beneficiary ONI	Y fill in henefician	information and sign below	
My designated beneficiary is:	, an an beneficial	y information and sign below:	
		Panaficiant Social Control 4	
		Beneficiary Social Security #:	
Beneficiary Date of Birth:			
Beneficiary Address:			
Beneficiary Phone Number: _			
Employee's Signature:		Date:	
STATE OF FLORIDA	The foregoing instr	rument was acknowledged before me this	
COUNTY OF	ĭ	rument was acknowledged before me this ay of <u>September</u> , 20 <u>1</u> 7	
	d	ay of <u>September</u> , 2017	
COUNTY OF	by Brian	ay of <u>September</u> , 2017	
COUNTY OF	by Brian who is personally k	ay of <u>September</u> , 2017 Sveeney	
COUNTY OF	by Brian who is personally k	ay of September, 2017 Siveeney known to me or who has provided Dund who did/did not take an eath. Notary Public	
COUNTY OF	by Brian who is personally k	ay of September, 2017 Sveeney known to me or who has provided The During who did/did not take an oath. (Signature) (Signature) Notary Public	
COUNTY OF	by Brian who is personally k	ay of September , 2017 Sveeney Known to me or who has provided Dund who did/did not take an oath. Notary Public Name of Notary Printed	

Rev. 04/13 Form #9900-0009



File Name: Pension Entitlement Option Form

CITY OF CLEARWATER

#13385

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, Brian Sween	ey, an employee of the City of Clearwater, hereby apply for pension
benefits under the City's Emp	ployees' Pension Plan.
I baraby partify that I fully yo	adougloud the markeness offered to me. I should be used to self-
•	nderstand the preferences offered to me. I choose to retire using separation pay
preference #/ and w	vish my benefits to be calculated under this preference. Please use my leave in the
following manner:	
Run Out	vacation sick floaters bonus hours
SING Lump Sum	vacation sick floaters bonus hours
1.21	vacation sick floaters bonus hours 1480.3612
	nce cannot be changed once this form is signed and that my decision is
irrevocable.	
	EMPLOYEE'S SIGNATURE:
	SOCIAL SECURITY #:
WITNESSES:	ADDRESS: 430 3 PD St. South
WITNESSES.	
	Safety Marbor, to 34695
	PHONE: (727) 797-9393 DATE: 9/1/17

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

Member Data

Name

: BRIAN SWEENEY

Date of Birth Age at Retirement

: 08/01/1952

: 09/15/1997

: 65 Years 2 Months

Beneficiary Data

Name

Date of Birth

Age at Retirement

Retirement Data

Pension Start Date

Termination Date

Effective Date

FAC Pre-Tax Contributions

Post-Tax Contributions : \$

: 09/16/2017 : 10/01/2017 : \$

: \$

0.00 0.00

32,770.44

Social Security No.

Social Security No.

Relationship

of children under 18:

Calculation Type : Estimate

Benefit Group Retirement Type

: Normal Retirement Option Elected

Partial Lump Sum : \$0.00 (0 %)

Total Member Service : 20 Years 0 Months 1 Day

: Non-Hazardous - Tier II

Formula for Benefit A : 2.75% * 15.2944 years * \$32,770.44

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,148.60	N/A
Single Life Annuity	1.00000	\$1,148.60	N/A
10 Year Certain and Life Annuity	0.95530	\$1,097.25	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% * 4.7083 years * \$32,770.44

Monthly Benefit

Form of Payment	Factor	To Member	To Beneficiary
Normal Form	1.00000	\$353.59	N/A
Single Life Annuity	1.00000	\$353.59	N/A
10 Year Certain and Life Annuity	0.95565	\$337.91	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.