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

	<del>*************************************</del>
1, Lynn Davis	_ do hereby apply to receive benefits under the
(Please print name)	
City of Clearwater General Employees' Pension Plan in accordan	ace with the following:
	ido min no longanig.
Employee ID # 2 03 0	
	analy M (F)
Date of Birth: Gender (circle of Job Classification: Pullce Property Supervisor	one): M (F)
300 Classification: FUNCE Property SuperVISC	
	1: Property - Evidence Units
	Separation: / 6/1/1/
Benefits Effective Date: 4/27/27	
, , , , , , , , , , , , , , , , , , ,	!
Spouse's Name:	
	e's Gender (circle one): M F
	To contact (citolo cito). 171
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	
TVOIT-JOD-COTHICOTCO DISGOINTY 1 CHOICH	

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

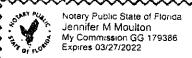
A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump 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 Descri	ption:Joint and Survivor Annuity
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:	
	ption: Life Annuity
Employee's Signature:	Date:
If taking Option 3, fill in beneficiary in	formation and sign below:
Option #: 3 Descri	ption:10 Year Certain and Life Annuity
My designated beneficiary is:	
Name:	Social Security Number:
Date of Birth:	Gender (Circle One) M F
Address:	
Phone Number:	Relationship
Employee's Signature:	Date:

If taking Option 4, 5, 6, or 7	, fill in Option Number, Description and beneficiary information and sign below:
Option #:	Description: 50% Joint and Survivor Annuity
My designated beneficiary is	:
Name	Social Security Number:
Date of Birth:	
Address:	
Phone Number:	Relationship
Employee's Signature:	(1) Date: 4-30-18
If taking a Partial Lumn Su	m Payment, fill in Percentage and sign below:
Option #: NA	Description: Partial Lump Sum Payment
relect to take a partial lump	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
Lundaretand my monthly ratio	rement hopefit for the outing advantation of the
	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 Address:	
Beneficiary Phone Number:	
	Date:
STATE OF FLORIDA COUNTY OF PINELLAS	The foregoing instrument was acknowledged before me this
	as identification and who did/did not take an oath  Notary Public  (Signature)  My Commission expires:
D 0440	Notary Public State of Florida

Rev. 04/13 Form #9900-0009



4100%

## 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, 1 9 11 11	Davida	, an employee	of the City of Cle	earwater, hereby apply for
	der the City's Employ			activatory moropy apply for
I hereby certify that	: I fully understand th	e preferences offe	ered to me. I choos	se to retire using separation
pay preference #	and wish m	y benefits to be ca	alculated under this	preference. Please use my
leave in the following	ng manner:			
Run Out	vacation	sick	floaters	bonus hours
Lump Sum	vacation	sick	floaters	bonus hours
8 1/5/12 als	131,45	793,457,3	16	120
I understand that m	ny preference cannot	be changed once	this form is signed	and that my decision is
irrevocable.			2	•
	EMPL	OYEE'S SIGNATU	JRE: JAM	1 eur
	SOCIA	AL SECURITY #: _		
WITNESSES:	ADDF	ESS:		
	PHON	IE:	DATE:	4-30-18

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

#### Member Data

Name

: LYNN DAVIS

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

: 04/27/1987 : 06/01/2018

: \$

: \$

: 06/01/2018 : \$ 49,870.18

> 0.000.00

Social Security No.

Social Security No.

Relationship

# of children under 18 :

: Estimate

: Non-Hazardous - Tier II : Normal Retirement

Retirement Type Option Elected

Calculation Type

Benefit Group

Partial Lump Sum : \$0.00 (0 %)

Total Member Service : 31 Years 1 Month 4 Days

Formula for Benefit A : 2.75% \* 25.6778 years \* \$49,870.18

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Single Life Annuity	1.00000	\$2,934.61	N/A
10 Year Certain and Life Annuity	0.98681	\$2,895.90	N/A
50% Joint and Survivor	0.92677	\$2,719.70	\$1,359.85
66 2/3% Joint and Survivor	0.90469	\$2,654.91	\$1,769.94
75% Joint and Survivor	0.89404	\$2,623.66	\$1,967.74
100% Joint and Survivor	0.86354	\$2,534.15	\$2,534.15

Formula for Benefit B : 2.75% \* 5.4167 years \* \$49,870.18

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Single Life Annuity	1.00000	\$619.05	N/A
10 Year Certain and Life Annuity	0.98689	\$610.93	N/A
50% Joint and Survivor	0.92747	\$574.15	\$287.07
66 2/3% Joint and Survivor	0.90558	\$560.60	\$373.73
75% Joint and Survivor	0.89501	\$554.05	\$415.54
100% Joint and Survivor	0.86475	\$535,32	\$535.32

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. Kobert Orton	do hereby apply to receive herefite and and the
(Please print name)	do hereby apply to receive benefits under the
	and an analysis of the state of
City of Clearwater General Employees' Pension Plan in	accordance with the following:
Employee ID# 3180	
Date of Pith:	
Date of Birth: 3/19/63 Gender Job Classification: Start Assistant	er (circle one): M F
Job Classification: 3 Ta + T TSS 15 TC-CT	
Department: Maining & Development	Division: Planning
Date of Hire: 4/29/96	Date of Separation:
Benefits Effective Date: 4/29/16	f · · · · · · · · · · · · · · · · · · ·
Spouse's Name:	
Spouse's Date of Birth:	Capuada Camba (sinta ana)
Spouse's Date of Birth.	Spouse's Gender (circle one): M F
The type of pension for which I am applying is (check or	nly one):
Regular Pension based on years of service	
Job-connected Disability Pension	
Non-job-connected Disability Pension	
14011-job-connected Disability I ension	

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

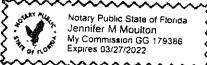
A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump 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_	Description: _	Joint and Survivo	or Annuity	_	
Employee's Signature:			Date:		
Dependent children under the a	ge of 18 and re	siding in my househo	old are:		
Child's Name	·	Gender (M-F)	Date of Birth	Social Security#	_
If taking Option 2 sign below:					
Option #: 2	Description: _	Life Annuity			
Employee's Signature:			Date:		
If taking Option 3, fill in benef	iciary informat	tion and sign below			
		10 Year Certain a			
My designated beneficiary is:					
Name:		Social Secur	ity Number:		
Date of Birth:			ole One) M F		
Address:	- d + a - a	······································			
Phone Number:		Relation:	ship	**************************************	
Employee's Signature:			Date	e:	

If taking Option 4, 5, 6, or	7, fill in Option Number, Description and beneficiary information and sign below:
Option #:	Description: 100 % Joint and Survivor Annuity
My designated beneficiary i	s:
Name: Carolann	ラeい見言れら Social Security Number: _
Date of Birth: <u>7/15/1</u>	Gender (Circle One) M (F)
Address: <u> </u>	
Phone Number: 227-	623.8688 Relationship GIR) FREING
Employee's Signature:	Shut Outer Date: _5/11/18
If taking a Partial Lump S	um Payment, fill in Percentage and sign below:
Option #: NA	Description: //º Partial Lump Sum Payment
l elect to take a nactial lumin	
1	sum payment in the following amount (check only one):
10% of the actua	rially determined value of the normal retirement benefit
20% of the actua	rially determined value of the normal retirement benefit
30% of the actua	rially determined value of the normal retirement benefit
Lundaratand my monthly ro	tire we can't be a self for the self-self-self-self-self-self-self-self-
	tirement benefit for the option selected above shall be reduced accordingly.
Employee's Signature:	Röbert Orta Date: 5/11/18
If naming a beneficiary Ol	NLY, fill in beneficiary information and sign below:
My designated beneficiary is	
Beneficiary Name:	Beneficiary Social Security #:
Beneficiary Date of Birth:	
Beneficiary Address:	
Beneficiary Phone Number:	
Employee's Signature:	Date:
STATE OF FLORIDA	The foregoing instrument was acknowledged before me this
COUNTY OF	$\frac{1}{1}$ day of $\frac{1}{1}$ day of $\frac{1}{1}$
PINELLAS	by Robert Orton
	who is personally known to me or who has provided
	as identification and who did/did not take an oath.
	Notary Public
	(Signature)
	My Commission expires:
	<b>****</b>
Pay 04/13	Notary Public State of Florida

Rev. 04/13 Form #9900-0009



# CITY OF CLEARWATER

D 3190

# **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.

		<del></del>		· · · · · · · · · · · · · · · · · · ·	·····	
1, Kubert	Orton	, an empl	oyee of	the City of	Clearwa	iter, hereby apply fo
	ınder the City's Emp					
I hereby certify th	at I fully understand	I the preference	es offered	to me.   cl	noose to	retire using separation
						erence. Please use m
leave in the follow	ing manner:					
Run Out	vacation	sic	k	floaters		_ bonus hours
Lump Sum	vacation २ १५.७९	sic	k	floaters		_ bonus hours
1/2 4/27/19	210.09	3.13.52	27	1.5	ď	
l understand that	my preference canr	ot be changed	once this	form is sig	ned and	that my decision is
irrevocable.				0	, ,	
	ΕN	IPLOYEE'S SIG	NATURE:	Kober	t ort	
	SC	CIAL SECURIT	Y #:	<del></del>		<u></u>
WITNESSES:	AC	DRESS:	450	Guar	dian	Ave
		DRESS:	101	:day	R	34690
	PH	ONE:	(,23-8	758 DA	TE: 5/1	11/18

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

#### Member Data

Name

: ROBERT ORTON

Social Security No.

Date of Birth

: 03/19/1963

Age at Retirement

: 55 Years 2 Months 13 Days

**Beneficiary Data** 

Name

: CAROL ANN PERKINS

Social Security No.

Date of Birth

: 07/15/1964

: 53 Years 10 Months 17 Days

Relationship

: Other

# of children under 18 : 0

Retirement Data

Age at Retirement

Pension Start Date

: 04/29/1996

Calculation Type

: Estimate

Termination Date Effective Date

: 05/26/2018 : 06/01/2018

Benefit Group Retirement Type : Non-Hazardous - Tier II

FAC

Option Elected

: Normal Retirement

Pre-Tax Contributions

: **S** 40,048.72 : \$ 0.00

Partial Lump Sum : \$31,455.06 (10 %)

Post-Tax Contributions

: \$

Total Member Service : 22 Years 0 Months 27 Days

Formula for Benefit A : 2.75% \* 16.6722 years \* \$40,048.72

0.00

### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Single Life Annuity	1.00000	\$1,377.14	N/A
10 Year Certain and Life Annuity	0.98855	\$1,361.37	N/A
50% Joint and Survivor	0.94671	\$1,303.75	\$651.87
66 2/3% Joint and Survivor	0.93019	\$1,281.00	\$854.00
75% Joint and Survivor	0.92214	\$1,269.91	\$952.43
100% Joint and Survivor	18888.0	\$1,237.78	\$1,237.78

Formula for Benefit B : 2.75% \* 5.4028 years \* \$40,048.72

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Single Life Annuity	1.00000	\$446.27	N/A
10 Year Certain and Life Annuity	0.98862	\$441.19	N/A
50% Joint and Survivor	0.94722	\$422.72	\$211.36
66 2/3% Joint and Survivor	0.93084	\$415.40	\$276.94
75% Joint and Survivor	0.92286	\$411.85	\$308.89
100% Joint and Survivor	0.89973	\$401.53	\$401.53

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 NON-HAZARDOUS DUTY EMPLOYEE

1. Am. 18 1/2 // -	
1, Jean Seelic	do hereby apply to receive benefits under the
(Please print name)	The state of the s
City of Clearwater General Employees' Pension Plan in a	accordance with the fallenting.
Tory or oreal water General Employees Tension Flatting	accordance with the following:
Employee ID # 4/13 Date of Birth: (1/30/53 Gender Job Classification: Development Levie Content Levi	T (circle one): M (F)  Division: Com Kes  Date of Separation: 8/01/18
Constitution of the Contraction	
Spouse's Name: William Picke	
Spouse's Date of Birth: 87/8/51	Spouse's Gender (circle one): (M) F
<u> </u>	
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 Ciearwater 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 % 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.)

f taking Option 1 sign bel	ow:			
Option #: <u>1</u>	Description:	Joint and Survi	vor Annuity	
Employee's Signature:			Date:	
Dependent children under th	ne age of 18 and re	esiding in my house	hold are:	;
Child's Name		Gender (M-F)	Date of Birth	Social Security #
If taking Option 2 sign bel				
Option #: _2_	Description:	Life Annuity	<del></del>	
Employee's Signature:			Date:	
If taking Option 3, fill in be	eneficiary informa	ation and sign belo	ow:	
Option #: _ 3_		10 Year Certai	n and Life Annuity	
My designated beneficiary i	s:			
Name: William C	eeke	Social Sec	curity Number:	
Date of Birth: 8 / 8	151	Gender (C	Circle One) M F	1 753,
Address: 3284	Buckhon	rn Dr.	Clearwater	17 25/61
Name: Will (2011)  Date of Birth: 8 / 8  Address: 3 2 8 4  Phone Number: 3 2 8 4	) 7/89-)=	$\frac{9}{7}$	onship <u>hus</u>	stand 200
Phone Number: \ / / / / / / / / / / / / / / / / / /	Jun Hoe	Ke_	Date:	05-10-2018

	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:			
hone Number:		Relationship	
mployee's Signature:		Date:	
f taking a Partial Lump Sun	n Pavment, fill in Po	ercentage and sign below:	
option #: NA		Partial Lump Sum Payment	
		ollowing amount (check only one):	
<del></del>	•	e of the normal retirement benefit	
	•	e of the normal retirement benefit	
30% of the actuaria	ally determined value	e of the normal retirement benefit	
understand my monthly retire	ement henefit for the	e option selected above shall be reduced accordingly.	
Employee's Signature:	Date:		
f naming a beneficiary ONL	Y, fill in beneficiar	y information and sign below:	
My designated beneficiary is:			
Beneficiary Name:		Beneficiary Social Security #:	
		Beneficiary Gender (Circle One) M F	
Beneficiary Date of Birth:		<del></del>	
Beneficiary Date of Birth: Beneficiary Address:			
Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _		Relationship	
Beneficiary Date of Birth:		Relationship	
Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _ Employee's Signature:		Relationship Date:	
Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _	The foregoing ins	Relationship	
Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _ Employee's Signature: STATE OF FLORIDA	The foregoing ins	Relationship	
Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _ Employee's Signature:  STATE OF FLORIDA COUNTY OF	The foregoing ins	Relationship	
Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _ Employee's Signature:  STATE OF FLORIDA COUNTY OF	The foregoing ins	Relationship	
Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _ Employee's Signature:  STATE OF FLORIDA COUNTY OF	The foregoing ins  by Jean who is personally as identification a	Relationship	
Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _ Employee's Signature:  STATE OF FLORIDA COUNTY OF	The foregoing ins	Relationship	
Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: _ Employee's Signature:  STATE OF FLORIDA COUNTY OF	The foregoing ins  by Jean who is personally as identification a	Relationship  Date:  Strument was acknowledged before me this day of	

Rev. 04/13 Form #9900-0009



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.

<del></del>				
1, 100an A	Peeke	an employee	of the City of Cle	arwater, hereby apply fo
pension benefits ur	nder the City's Employees	' Pension Plan		
I hereby certify tha	t I fully understand the pi	references offe	red to me. I choos	e to retire using separatior
				preference. Please use my
leave in the following				
Run Out	vacation	sick	floaters	bonus hours
Lump Sum	vacation _ Q 37.98	sick 598,69	floaters	bonus hours
	ny preference cannot be o	changed once	this form is signed	and that my decision is
	EMPLOYI	EE'S SIGNATU	IRE: Panto	reke
	SOCIAL S	SECURITY #: _		
WITNESSES:	ADDRESS	S:		
		<u> </u>	carwater 1	233761
	DHONE. (	727)780	7-1473 DATE	10-04- Dr.18

Social Security No.

#### Member Data

Name : JEAN PEEKE
Date of Birth : 06/30/1953

: 06/30/1953

Age at Retirement : 65 Years 1 Month 1 Day

Beneficiary Data

Name : WILLIAM PEEKE Social Security No.

Date of Birth : 08/08/1951

Age at Retirement : 66 Years 11 Months 24 Days Relationship : Spouse # of children under 18 : 0

Retirement Data

Pension Start Date : 01/19/1999 Calculation Type : Estimate

Termination Date : 08/01/2018 Benefit Group : Non-Hazardous - Tier II
Effective Date : 08/01/2018 Retirement Type : Normal Retirement
FAC : \$ 37,836.63 Option Elected :

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

Post-Tax Contributions : \$ 0.00 Total Member Service : 19 Years 6 Months 12 Days

Formula for Benefit A : 2.75% \* 13.95 years \* \$37,836.63

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,209.59	N/A
Single Life Annuity 1693.71	1.00000	\$1,209.59	N/A
10 Year Certain and Life Annuity 1 68, 17	0.95530	\$1,155.52	N/A
50% Joint and Survivor 1576.63	0.93031	\$1,125.29	\$562.65
66 2/3% Joint and Survivor $1 \le 45$ , $34$	0.90918	\$1,099.73	\$733.16
75% Joint and Survivor 15 23.11	0.89898	\$1,087.40	\$815.55
100% Joint and Survivor レイフ3.6分	0.86969	\$1,051.97	\$1,051.97

Formula for Benefit B : 2.75% \* 5.5833 years \* \$37,836.63

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$484.12	N/A
Single Life Annuity	1.00000	\$484.12	N/A
10 Year Certain and Life Annuity	0.95565	\$462.65	N/A
50% Joint and Survivor	0.93104	\$450.74	\$225.37
66 2/3% Joint and Survivor	0.91012	\$440.61	\$293.74
75% Joint and Survivor	0.90000	\$435.71	\$326.78
100% Joint and Survivor	0.87097	\$421.66	\$421.66

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. Maragivet flennert	do hereby apply to receive benefits under the			
(Please print name)	do hereby apply to receive benefits under the			
City of Clearwater General Employees' Pension	Plan in accordance with the following:			
Only of Great Water General Employees   ension	rian in accordance with the following.			
Employee ID # 2/65				
Date of Birth	Gandar (girala ana): M (F)			
Date of Birth.  Job Classification; Police Communication of Spirit Communication of the Commu	Tender (circle one). Wing.			
Department:	Division: Patral/Superus			
Date of Hire: 7/5/88	Date of Separation: 37116			
Benefits Effective Date: 7/5/88	Date of departation.			
	<b>-</b>			
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 (c	heck 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 % 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 Survi	vor Annuity	
Employee's Signature: _	······································		Date:	
Dependent children unde	er the age of 18 and re	siding in my house	hold are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security #
ļ	· · · · · · · · · · · · · · · · · · ·	<del></del>		
		interview to the standard and a stan		
If taking Option 2 sign		· · · · · · · · · · · · · · · · · · ·		
Option #: _2_	Description: _	Life Annuity		t
Option #: _2_ Employee's Signature: _	Margarexfle	maint	Date:	2/18
If taking Option 3, fill in	beneficiary informat	ion and sign belo	w:	
Option #: 3			and Life Annuity	
My designated beneficial	ry is:			
Name:		Social Secu	urity Number:	<del></del>
Date of Birth:		Gender (Ci	rcle One) M F	
Address:				······································
Phone Number:				
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		
Option #: NA		Partial Lump Sum Payment
l elect to take a partial lump s	um payment in the f	ollowing amount (check only one):
		e of the normal retirement benefit
		e of the normal retirement benefit
		e of the normal retirement benefit
	•	
I understand my monthly retir	ement benefit for the	e option selected above shall be reduced accordingly.
Employee's Signature:		Date:
If naming a beneficiary ON	_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:		
STATE OF FLORIDA COUNTY OF PINELLAS	by /// who is personally who i	known to me or who has provided
	n un ment ≥ militie	

Form #9900-0009

#### CITY OF CLEARWATER

pd 2/65

# **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.

<del></del>				
1, Margaret	<u>Pleamert</u>	, an employee	of the City of Cle	arwater, hereby apply for
	der the City's Employ			
I hereby certify that	I fully understand th	e preferences of	fered to me. I choos	e to retire using separation
				preference. Please use my
leave in the following		, 00.101110 10 00 0	orionated differ tills	profotofice. I leade disc my
Run Out	vacation	sick _	floaters	bonus hours
Lump Sum	vacation 68.4℃	sick	floaters	bonus hours
				and that my decision is
irrevocable.	EMPL	OYEE'S SIGNAT	URE: Killingaus	flenne it
	SOCI	AL SECURITY #:		
WITNESSES:	ADDF	RESS:		
	PHON	 VE:	DATE:	5/22/18

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

#### Member Data

Name : MARGARET PLENNERT Social Security No. :

Date of Birth ;

Age at Retirement :

Beneficiary Data

Name : Social Security No.

Date of Birth :

Age at Retirement : Relationship

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

Retirement Data

Pension Start Date : 07/05/1988 Calculation Type : Estimate

Termination Date : 08/01/2018 Benefit Group : Non-Hazardous - Grandfathered

Effective Date : 08/01/2018 Retirement Type : Normal Retirement

FAC : \$ 45,789.24 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 26 Days

Formula for Benefit A : 2.75% \* 30.0722 years \* \$45,789.24

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$3,155.59	N/A
Single Life Annuity	1.00000	\$3,155.59	N/A
10 Year Certain and Life Annuity	0.94755	\$2,990.08	N/A

50% form and Suz, ivor

66.2.3% Joint and Survivor

150 coint 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.

# CITY OF CLEARWATER PENSION ENTITLEMENT OPTION REQUEST FORM HAZARDOUS DUTY EMPLOYEE

I, <u>Gary Spence</u> (Please print name) City of Clearwater General Employees' Pension Plan in	do hereby apply to receive benefits under the accordance with the following:
Job Classification: Free Lieutenant	r (circle one): M F
Department: 1700 Date of Hire: 5/26/98 Benefits Effective Date: 5/26/98	Division:
Spouse's Name: Spouse's Date of Birth:	Spouse's Gender (circle one):
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	lly 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 3/8 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

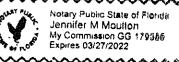
A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump 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:	<del></del>		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_	Description: _	Life Annuity	-	
Employee's Signature:			Date:	
If taking Option 3, fill in bene	ficiary informat	tion and sign belov	<b>v</b> :	
Option #: _ 3_			and Life Annuity	
My designated beneficiary is:				
Name:		Social Secu	rity Number:	
Date of Birth:		Gender (Cire	cle One) M F	
Address:	·····	<u>.,.,.,.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	**************************************	
Phone Number:			nship	44_144
Employee's Signature:			Date:	

	mi in Option Number, Description and beneficiary information and sign below:			
Option #:	Description: <u>10 0% Joint and Survivor Annuity</u>			
My designated beneficiary is:				
Name:	Social Security Number.			
Date of Birth:	Gender (Circle One)			
Address				
Phone Number:				
Employee's Signature:	Date: 5-3-18			
If taking a Partial Lump Sun	n Payment, fill in Percentage and sign below:			
Option #: NA	Description: Partial Lump Sum Payment			
l elect to take a partial lump si	um payment in the following amount (check only one):			
10% of the actuaria	ally determined value of the normal retirement benefit			
	ally determined value of the normal retirement benefit			
	ally determined value of the normal retirement benefit			
	, · · · · · · · · · · · · · · · · · · ·			
I understand my monthly retire	ement benefit for the option selected above shall be reduced accordingly.			
Employee's Signature:	Date:			
	Y, fill in beneficiary information and sign below:			
My designated beneficiary is:	1, in in beneficiary miormation and sign below.			
Beneficiary Name:	Beneficiary Social Security #:			
Beneficiary Date of Birth:				
Beneficiary Address:				
Beneficiary Phone Number:				
Employee's Signature:				
STATE OF FLORIDA COUNTY OF PINELLAS	The foregoing instrument was acknowledged before me this  3 2 day of /// / , 20 8  by Gary Spence			
	who is personally known to me or who has provided			
	as identification and who did/did not take an oath.  Notary Public			
	(Signature)  (Signature)  (Notary Printed)  Name of Notary Printed			
	My Commission expires:			
May Continue Story Co				
	Notary Public State of Flends			
Rev. 04/13	Jennifer M Moulton  My Commission GG 179386			

Form #9900-0009



# **CITY OF CLEARWATER**

#3896

# **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 Gary Spen	CC an omnic	oyee of the City of Clear	
	City's Employees' Pension		water, hereby apply for
I hereby certify that I fully	understand the preference	es offered to me. I choose	to retire using separation
pay preference #	_ and wish my benefits to	be calculated under this pr	reference. Please use my
leave in the following man			
Run Out	vacation sicl	k floaters	bonus hours
Lump Sum	vacation sich	k floaters	bonus hours
		once this form is signed ar	
irrevocable.			
	EMPLOYEE'S SIG	NATURE:	
	SOCIAL SECURITY	Y #:	
WITNESSES:	ADDRESS:		<del></del>
	PHONE:(	DATE:	

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

#### Member Data

Name : GARY SPENCE 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 : 05/26/1998 Calculation Type : Estimate

Termination Date : 05/26/2018 Benefit Group : Hazardous - Tier II
Effective Date : 06/01/2018 Retirement Type : Normal Retirement

FAC : \$ 88,003.79 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

Formula for Benefit A : 2.75% \* 14.5972 years \* \$88,003.79

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form 903255	1.00000	\$2,943.90	N/A
Single Life Annuity 43 04,18	1.07021	\$3,150.58	N/A
10 Year Certain and Life Annuity 4 2 76, 8 2	1.06204	\$3,126.54	N/A
50% Joint and Survivor 4115, 45	1.02102	\$3,005.78	\$1,502.89
66 2/3% Joint and Survivor Value Value	1.00561	\$2,960.41	\$1,973.61
75% Joint and Survivor 4 5 2-7, 509	0.99807	\$2,938.23	\$2,203.67
100% Joint and Survivor 3.6 4.2 .6 1	0.97615	\$2,873.67	\$2,873,67

Formula for Benefit B : 2.75% \* 5.4028 years \* \$88,003.79

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,089.61	N/A
Single Life Annuity	1.05873	\$1,153.60	N/A
10 Year Certain and Life Annuity	1.05018	\$1,144.28	N/A
50% Joint and Survivor	1.01837	\$1,109.62	\$554.82
66 2/3% Joint and Survivor	1.00559	\$1,095.70	\$730.47
75% Joint and Survivor	0.99931	\$1,088.86	\$816.64
100% Joint and Survivor	0.98096	\$1,068.87	\$1,068.87

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.