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

1. Holly Albright	do hereby apply to receive benefits under the
(Please print name) City of Clearwater General Employees' Pension	Plan in accordance with the following:
Employee ID # 3202 Date of Birth: Job Classification: Department: Date of Hire: Benefits Effective Date: 5/20/96	Gender (circle one): M (F) Technicic Division: <u>hnance Operations</u> Date of Separation: 1/21/18
Spouse's Name: Spouse's Date of Birth:	Spouse's Gender (circle one): (
The type of pension for which I am applying is (compared to the pension based on years of Job-connected Disability Pension Non-job-connected Disability Pension	service

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

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

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

Option 2 – Life Annuity

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

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

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

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

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

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

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

Option 7 - 66 3% 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 I	pelow:			
Option #: _1_	Description:	Joint and Surviv	or Annuity	
Employee's Signature:	***************************************		Date:	
Dependent children unde	er the age of 18 and re	esiding in my housel	nold are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#
		4,0,0,0,0	**************************************	
If taking Option 2 sign I			· · · · · · · · · · · · · · · · · · ·	
i .	Description:			
Employee's Signature:	Holly R.	Albright	Date:	-18
If taking Option 3, fill in	\lor	0		
Option #: _ 3_			and Life Annuity	
My designated beneficiar				
Name:		Social Secu	urity Number:	
Date of Birth:		Gender (Ci	rcle One) M F	
Address:				**************************************
Phone Number:		Relatio	nship	
Employee's Signature: _			Date: _	

Option #:	Description: % Joint and Survivor Annuity
My designated beneficiary is:	
Name:	
Date of Birth:	
Phone Number:	Polotionship
	Relationship Date:
	m Payment, fill in Percentage and sign below: 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
30% of the actuari	ally determined value of the normal retirement benefit
Lunderstand my monthly reti	rement benefit for the option selected above shall be reduced accordingly.
Employee's Signature:	Date:
If naming a beneficiary ON	LY, fill in beneficiary information and sign below:
My designated beneficiary is:	
Beneficiary Name:	Beneficiary Social Security #:
Beneficiary Date of Birth:	Beneficiary 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 day of July , 2018 by Holly Albright who is personally known to me or who has provided as identification and who did/did not take an eath. Notary Public Name of Notary Printed My Commission expires: Notary Public State of Florida Notary Public State of Florida
Rev. 04/13	Jennifer M Moulton My Commission GG 179386 Expires 03/27/2022

Rev. 04/13 Form #9900-0009

Name: Pension Entitlement Option Form

CITY OF CLEARWATER

3702

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, +1011	Albright	, an employe	ee of the City of Cle	earwater, hereby apply for
	der the City's Employ			
I hereby certify that	l fully understand th	ne preferences o	offered to me. I choos	se to retire using separation
pay preference #	\mathcal{I} and wish m	y benefits to be	e calculated 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
4504 6/22/18	236,76	1310-82	floaters	
I understand that m	ny preference cannot	be changed on	ce this form is signed	and that my decision is
irrevocable.				, , , ,
	EMPL	OYEE'S SIGNA	ATURE: Xolly 2	Albught
	SOCI	AL SECURITY #	<u>;</u>	<i>//</i>
			·	
WITNESSES:	ADDF	RESS:	,	
		······································		
	PHO	NE:	_ DATE:	July 3, 2018

Member Data

Name : HOLLY ALBRIGHT 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 : 05/20/1996 Calculation Type : Estimate

Termination Date : 07/21/2018 Benefit Group : Non-Hazardous - Tier II
Effective Date : 08/01/2018 Retirement Type : Normal Retirement

FAC : \$ 38,862.90 Option Elected

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

Post-Tax Contributions : \$ 0.00 Total Member Service : 22 Years 2 Months 1 Day

Formula for Benefit A : 2.75% * 16.6139 years * \$38,862.90

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form 1979473	1.00000	\$1,479.65	N/A
Single Life Annuity —	1.00000	\$1,479.65	N/A
10 Year Certain and Life Annuity	0.92743	\$1,372.27	N/A
50% Joint and Survivor	0.90272	\$1,335.71	\$667.85
66 2/3% Joint and Survivor	0.87437	\$1,293.76	\$862.51
75% Joint and Survivor	0.86085	\$1,273.75	\$955.32
100% Joint and Survivor	0.82270	\$1,217.31	\$1,217.31

Formula for Benefit B : 2.75% * 5.5556 years * \$38,862.90

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$494.78	N/A
Single Life Annuity	1.00000	\$494.78	N/A
10 Year Certain and Life Annuity	0.92807	\$459.19	N/A
50% Joint and Survivor	0.90381	\$447.19	\$223.59
66 2/3% Joint and Survivor	0.87573	\$433.30	\$288.86
75% Joint and Survivor	0.86234	\$426.67	\$320.00
100% Joint and Survivor	0.82450	\$407.95	\$407.95

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

(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 # 2920 Date of Birth: Gender Job Classification: *totice Service Techn Department: Police Date of Hire: 2/1/95 Benefits Effective Date: 4/27/98	C(circle one): M F) 11:Ci an Division: Police Svc Tech (Pst's) Date of Separation: 8/2/18
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	ly one):

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

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

An annuity paid monthly for the life of the Participant, with a 100% survivor annuity paid monthly for a period of five years following the death of the Participant to the beneficiary, previded 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 $\frac{2}{3}$ percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

Partial Lump Sum Payment Option

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

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

If taking Option 1 sign below	•			
Option #: _1_	Description: _	Joint and Surviv	or Annuity	
Employee's Signature:	·····	W-1-11	Date:	Harriston Commence of the Comm
Dependent children under the a	age of 18 and re	siding in my househ	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 bene	ficiary informa	tion and sign below	w:	
Option #: _ 3			and Life Annuity	
My designated beneficiary is:				
Name:		Social Secu	ırity Number:	
Date of Birth:		Gender (Cir	rcle 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: 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:	Klinde O Halesto Date: 7/11/18
If taking a Partial Lump Sur	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
20% of the actuaria	ally determined value of the normal retirement benefit
30% of the actuaria	ally determined value of the normal retirement benefit
I understand my monthly retir	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 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
	as identification and who did/did not take an oath. Notary Public (Signature) Name of Notary Printed
Rev. 04/13	My Commission expires: Notary Public State of Florida Jennifer M Moulton My Commission GG 179386 Expires 03/27/2022 File Name: Penging Entitlement Option Form

Form #9900-0009

File Name: Pension Entitlement Option Form

CITY OF CLEARWATER 2920

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.

Market and the second				
1, Linda E	falioto.	an employee	of the City of Clea	rwater, hereby apply for
	er the City's Employee			
pay preference #	$\frac{b}{}$ and wish my b			e to retire using separation preference. Please use my
leave in the following Run Out	vacation _	sick	floaters	honus hours
				bonus hours Comp time
l understand that my	preference cannot be	changed once t	his form is signed a	and that my decision is
irrevocable.	EMPLO'	YEE'S SIGNATU	RE: Amila	1. Halists
	SOCIAL	SECURITY #:		
WITNESSES:	ADDRES	SS:		
	PHONE	: 1	ATE:	7/10/18

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

Member Data

Name : LINDA GALIOTO 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 : 04/27/1998 Calculation Type : Estimate

Termination Date : 08/02/2018 Benefit Group : Non-Hazardous - Tier II Effective Date : 09/01/2018 Retirement Type : Normal Retirement

FAC : \$ 44,893.60 Option Elected

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

Post-Tax Contributions 0.00 Total Member Service : 20 Years 3 Months 5 Days

Formula for Benefit A : 2.75% * 14.6778 years * \$44,893.60

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,510.07	N/A
Single Life Annuity 2084, 78 10 Year Certain and Life Annuity 1991.79	1.00000	\$1,510.07	N/A
10 Year Certain and Life Annuity 1991. 19	0.95530	\$1,442.57	N/A
50% Joint and Survivor 1930, 36 662/3% Joint and Survivor 1883.86	0.92572	\$1,397.90	\$698.95
66 2/3% Joint and Survivor 1883 66	0.90335	\$1,364.12	\$909.41
75% Joint and Survivor 1861.43	0.89257	\$1,347.84	\$1,010.88
100% Joint and Survivor 1 797.25	√5° 0.86171	\$1,301.24	\$1,301.24

Formula for Benefit B : 2.75% * 5.5861 years * \$44,893.60

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$574.71	N/A
Single Life Annuity	1.00000	\$574.71	N/A
10 Year Certain and Life Annuity	0.95565	\$549.22	N/A
50% Joint and Survivor	0.92650	\$532.46	\$266.23
66 2/3% Joint and Survivor	0.90435	\$519.74	\$346.49
75% Joint and Survivor	0.89366	\$513.59	\$385.19
100% Joint and Survivor	0.86307	\$496.01	\$496.01

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

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

1, Brenda fatrick	do hereby apply to receive benefits under the
(Please print name)	
City of Clearwater General Employees' Pension Plan in ac	cordance with the following:
Job Classification: Personnel Payrol Department: Gas	Division: Action - Supply Admin Date of Separation: 77
Spouse's Name: Jinnie Patrick	
Spouse's Date of Birth: 3/5/61	Spouse's Gender (circle one):(M) F
The type of pension for which I am applying is (check only	one):
Regular Pension based on years of service Job-connected Disability Pension Non-job-connected Disability Pension	

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

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

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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 $\frac{2}{3}$ 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 Birt	h	Social Security#	
						- - -
If taking Option 2 sign below:						
Option #: _2_	Description: _	Life Annuity				
Employee's Signature:			Date:			
If taking Option 3, fill in benefic	ciary informati	on and sign below				
Option #: <u>3</u>	Description: _	10 Year Certain a	and Life Annu	ity		
My designated beneficiary is:						
Name:	······································	Social Securi	ity Number: _			
Date of Birth:	· · · · · · · · · · · · · · · · · · ·	Gender (Circ	le One) M	F		
Address:						
Phone Number:		Relations	ship	·		
Employee's Signature:				Date:		

ii taking Optjon 4, 5, 6,6r 7,	ill in Option Number, Description and beneficiary information and sign below:
Option #:	Description: 100 % Joint and Survivor Annuity
My designated beneficiary is:	
Name: Jimmie	Patricle Social Security Number:
Address: 1615	Benair St Clw FL 33755 -3/14
Phone Number: 727	465-3730 Relationship Spouse
Employee's Signature Du	nder & Patrick Date: \$17/18
If taking a Partial Lump Sun	n Payment, fill in Percentage and sign below:
Option #: NA	
I 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:
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	The foregoing instrument was acknowledged before me this
COUNTY OF PINELLAS	day of August, 2018
	by Brenda Patrick
	who is personally known to me or who has provided
	as identification and who did/did not take an oath.
	Notary Public (Signature)
	Jennifer M. Mou Tow Name of Notary Printed
	My Commission expires:
	Notary Public State of Florida Jennifer M Moulton
Rev 04/13	My Commission GG 179386 Expires 03/27/2022

Rev. 04/13 Form #9900-0009

File Name: Pension Entitlement Option Form

CITY OF CLEARWATER #2025

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, Brenda Patri	an employee of the City of Clearwater, hereby apply for
pension benefits under the City's	
I hereby certify that I fully unders	stand 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:	
Run Out vaca	
Lump Sym vaca	ation sick floaters bonus hours
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	cannot be changed once this form is signed and that my decision is
irrevocable.	EMPLOYEE'S SIGNATURE Windall Paluel
	COCIAL CECURITY #
	SOCIAL SECURITY #:
WITNESSES:	ADDRESS: 16/5 DONAIR ST
	Clearwater, R33755
	PHONE: (7) 7) 953-8444 DATE: 87/18
Revised 1/02	127-365-32/6
Form #9900-0008	File Name: Employee Separation Pay Pref

Social Security No.

Member Data

Name : BRENDA PATRICK

Date of Birth : 02/11/1964

Age at Retirement : 54 Years 5 Months 19 Days

Beneficiary Data

Name : JIMMIE PATRICK Social Security No.

Date of Birth : 03/05/1961

Age at Retirement : 57 Years 4 Months 27 Days Relationship : Spouse # of children under 18 : 0

Retirement Data

Pension Start Date : 03/30/1987 Calculation Type : Estimate

Termination Date : 07/25/2018 Benefit Group : Non-Hazardous - Tier II
Effective Date : 08/01/2018 Retirement Type : Normal Retirement

FAC : \$ 44,540.12 Option Elected :

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

Post-Tax Contributions : \$ 0.00 Total Member Service : 31 Years 3 Months 25 Days

Formula for Benefit A : 2.75% * 25.7528 years * \$44,540.12

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,628.61	N/A
Single Life Annuity 3/96.81	1.00000	\$2,628.61	N/A
10 Year Certain and Life Annuity	0.99005	\$2,602.46	N/A
50% Joint and Survivor 3566 70	0.95923	\$2,521.45	\$1,260.72
66 2/3% Joint and Survivor	0.94637	\$2,487.64	\$1,658,43
75% Joint and Survivor	0.94007	\$2,471.08	\$1,853.31
100% Joint and Survivor 20,46,74	0.92166	\$2,422.69	\$2,422.69

Formula for Benefit B : 2.75% * 5.5667 years * \$44,540.12

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$568.20	N/A
Single Life Annuity	1.00000	\$568.20	N/A
10 Year Certain and Life Annuity	0.99012	\$562.58	N/A
50% Joint and Survivor	0.95962	\$545.25	\$272.63
66 2/3% Joint and Survivor	0.94687	\$538.01	\$358.67
75% Joint and Survivor	0.94063	\$534.46	\$400.85
100% Joint and Survivor	0.92237	\$524.09	\$524.09

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

CITY OF CLEARWATER PENSION ENTITLEMENT OPTION REQUEST FORM HAZARDOUS DUTY EMPLOYEE

I, Jay Schmitt (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 # 2550 Date of Birth: Gende Job Classification: Fire Lieurena Department: FYE Date of Hire: 5/18/92 Benefits Effective Date: 5/18/92	Division: Separation: 7/21/18
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	ly one):

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit. 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 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:	······································		Date:	MANAGEMENT CONTRACTOR AND	
Dependent children under the age	of 18 and res	iding in my househo	old are:		
Child's Name		Gender (M-F)	Date of Birth	Social Security#	
If taking Option 2 sign below:					
	Description:	Life Annuity			
Employee's Signature:	***************************************	**************************************	Date:		
If taking Option 3, fill in benefici					
			and Life Annuity		
My designated beneficiary is:					
Name:		Social Secur	rity Number:		
Date of Birth:		Gender (Circ	cle One) M F		
Address:					
Phone Number:		Relation	ship		
Employee's Signature:			Date: _		

If taking Option 4, 5, 6,or 7	, fill in Option Number, Description and beneficiary information and sign below:
Option #:	Description:
My designated beneficiarv is	
Name: _	Social Security Number:
Date of Birth:	Gender (Circle One)
Address:	
Phone Number:	Relationship
Employee's Signature:	Date: 7-10 18
	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 actuar	ally determined value of the normal retirement benefit
20% of the actuari	ally determined value of the normal retirement benefit
30% of the actuari	ally determined value of the normal retirement benefit
Lunderstand my monthly reti	rement benefit for the option selected above shall be reduced accordingly.
	•
Employee's Signature:	Date:
If naming a beneficiary ON	LY, fill in beneficiary information and sign below:
My designated beneficiary is:	
Beneficiary Name:	Beneficiary Social Security #:
Beneficiary Date of Birth:	
Beneficiary Phone Number:	
	Date:
Ann	
STATE OF FLORIDA	The foregoing instrument was acknowledged before me this
COUNTY OF	10 day of 5014 , 2018
PINELLAS	by Jay Schnitt
	who is personally known to me or who has provided
	as identification and who did/did not take an oath.
	Conner M. That Notary Public
	Jennifer M. Moulton Name of Notary Printed
	My Commission expires:
	~~~~~
	Notary Public State of Florida Jennifer M Moulton
Rev. 04/13	My Commission GG 179386 Expires 03/27/2022 File Name: Pension Entitlement Ontion Form

Form #9900-0009

CITY OF CLEARWATER

2550

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, Jay Sd	nmitt,	an employee	of the City of Cle	arwater, hereby apply for
	er the City's Employee			
I hereby certify that I	fully understand the p	oreferences offe	red to me. I choos	e to retire using separation
	,			preference. Please use my
leave in the following	manner:			
Run Out	vacation _	sick	floaters	bonus hours
Lump Sum	vacation	sick	floaters	bonus hours
I. /				and that my decision is
irrevocable.			M	
	EMPLO	/EE'S SIGNATU	RE:	
	SOCIAL	SECURITY #: _		
WITNESSES:	ADDRES	SS:		
	PHONE:	1	DATE:	7-10-18

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

Member Data

Name

: JAY SCHMITT

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 : \$

: 05/18/1992 : 07/21/2018

: 08/01/2018 : \$ 137,566.35

> 0.00 0.00

Social Security No.

Relationship

of children under 18 :

Calculation Type Benefit Group

Retirement Type

Option Elected

Partial Lump Sum : \$0.00 (0 %)

: Estimate

Total Member Service: 26 Years 2 Months 3 Days

: Hazardous - Grandfathered

: Normal Retirement

Formula for Benefit A : 2.75% * 26.175 years * \$137,566.35

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$8,251.83	N/A
Single Life Annuity	1.07249	\$8,850.00	N/A
10 Year Certain and Life Annuity	1.05702	\$8,722.39	N/A
50% Joint and Survivor	1.02342	\$8,445.12	\$4,222.56
66 2/3% Joint and Survivor	1.00804	\$8,318.21	\$5,545.48
75% Joint and Survivor	1.00054	\$8,256.26	\$6,192.19
100% Joint and Survivor	0.97865	\$8,075.63	\$8,075.63

96907.56

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, Patricia Shields	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 # 6550 Date of Birth: 2/14/46 Job Classification: Senior Payre (1) Department: Marce Date of Hire: 4/17/06 Benefits Effective Date: 4/17/06	Gender (circle one): M F Technician Division: France Operation: Date of Separation: 8/4/18
Spouse's Name:	Spouse's Gender (circle one): M F
Co	
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 % 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 be	low:			
Option #: _1_	Description: _	Joint and Survi	vor Annuity	
Employee's Signature:			Date:	
Dependent children under t	he age of 18 and re	siding in my house	hold are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#
		· · · · · · · · · · · · · · · · · · ·		
If taking Option 2 sign be	low:			
		Life Appruity		
Option #: _2_	Description.	LIE AUTURY	Maria	
Employee's Signature:	atricia	(g. hus	d Date:	<u>-11.18</u>
If taking Option 3, fill in b				
Option #: 3			n and Life Annuity	-
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:		_ Gender (Circle One) M F
Address:		
Phone Number:		Relationship
Employee's Signature:		Date:
f taking a Partial Lump Sur	n Payment, fill in P	ercentage and sign below:
Option #: NA	 	Partial Lump Sum Payment
elect to take a partial lump s	um payment in the f	ollowing amount (check only one):
	•	e of the normal retirement benefit
	•	e of the normal retirement benefit
30% of the actuana	ally determined value	e of the normal retirement benefit
understand my monthly retir	ement benefit for the	e option selected above shall be reduced accordingly.
Employee's Signature:		Date:
Limployee's digitature.		
		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: _		
Employee's Signature:		Date:
STATE OF FLORIDA COUNTY OF		trument was acknowledged before me this
PINELLAS		day of, 20_18
	by Patr	icia Shlelds
		known to me or who has provided
	as identification a	nd who did/did not take an oath.
	<u>Cann</u>	Notary Public
	<u>Jen</u>	Rifer M. Moulton Name of Notary Printed
	My Commission	expires:
	Surv Pile No	stary Public State of Florida
m 04/40	M. M.	nnifer M Moulton / Commission GG 179386 pires 03/27/2022
Rev. 04/13 Form #9900-0009	\$ ************************************	Name: Pension Entitlement Option F

6550

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.

Managa ang ang ang ang ang ang ang ang an			- M	
1, <u>Patricia</u>	Shields	_, an employee	of the City of	Clearwater, hereby apply for
pension benefits ur	nder the City's Employ	ees' Pension Plan	•	
I hereby certify tha	t I fully understand the	e preferences offe	ered to me. I cl	noose to retire using separation
pay preference #	and wish my	benefits to be c	alculated under	this preference. Please use my
leave in the followi	ng manner:			/
Run Out	vacation	sick	floaters	bonus hours
Lump Sum	vacation	645.78-12	floaters	bonus hours
I understand that n	ny preference cannot	oe changed once	this form is sig	ned and that my decision is
irrevocable.			$\left(\cdot \right)$	(P.
	EMPL	OYEE'S SIGNATI	JRE: <u>Satri</u>	in A. hued,
		AL SECURITY #: _		
		-		Newbern Are
WITNESSES:	ADDR	ESS:	2512	TVELLIBERA TIVE
			Cleary	vater, fr 33761
	PUON	E. (727) 42		ATE: 7-11-18

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

Member Data

Name : PATRICIA SHIELDS Social Security No.

Date of Birth : 02/14/1946

Age at Retirement : 72 Years 6 Months 15 Days

Beneficiary Data

Social Security No. Name

Date of Birth

Age at Retirement Relationship # of children under 18:

Retirement Data

Pension Start Date : 04/17/2006 Calculation Type : Estimate

: Non-Hazardous - Tier II Termination Date : 08/04/2018 Benefit Group : Normal Retirement Effective Date : 09/01/2018 Retirement Type

FAC 35,613.72 Option Elected : \$

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

Total Member Service : 12 Years 3 Months 17 Days Post-Tax Contributions : **S** 0.00

: 2.75% * 6.7056 years * \$35,613.72 (Formula for Benefit A

12013. Monthly Benefit Potential To Member To Beneficiary Form of Payment N/A 1.00000 \$547.27 Normal Form Single Life Annuity 1003,63 1.00000 \$547.27 N/A 10 Year Certain and Life Annuity 887, 76 0.88403 \$483.81 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% * 5.5917 years * \$35,613.72

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$456.36	N/A
Single Life Annuity	1.00000	\$456.36	N/A
10 Year Certain and Life Annuity	0.88515	\$403.95	N/A
50% Joint and Survivor			

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

100% Joint and Survivor

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

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

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

1, Christopher Varnis	do hereby apply to receive benefits under the
(Please print name)	
City of Clearwater General Employees' Pension Plan in	accordance with the following:
	y
Employee ID # 5211	
Date of Birth: 5/2 4/50 Gende	r (circle one): (M) F
Date of Birth: 5/24/50 Gender Job Classification: Building & Main + Cna	we foremon
Department: Solid waster bensucs	Division: Bldg + Main tenance
Date of Hire: 518182	Date of Separation: 9/1/8
Benefits Effective Date: 518/02	
1	
Spouse's Name:	
Spouse's Date of Birth:	Spouse's Gender (circle one): M F
The type of pension for which I am applying is (check or	nly 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.]

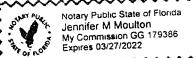
I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

If taking Option 1 sign below:				
Option #: 1 De	scription: Joint	and Survivor Annui	ty	
Employee's Signature:		Dat	e:	The state of the s
Dependent children under the age o	f 18 and residing in I	my household are:		
Child's Name	Gender	(M-F) Date	of Birth	Social Security#

If taking Option 2 sign below:				
	escription: Life A	nnuity		
Option #: 2 De Employee's Signature:	`		te: 7 - 23	-18
Employee's Signature:		Dat	te: /	
If taking Option 3, fill in beneficia	y information and	sign below:		
Option #:3 De	escription: 10 Ye	ear Certain and Life	Annuity	
My designated beneficiary is:				
Name:		ocial Security Num	ber:	
Date of Birth:		Gender (Circle One)) M F	
Address:				
Phone Number:		Relationship		
Employee's Signature:			_ Date: _	

		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:		_ Gender (Circle One) M F
Address:		
Phone Number:		Relationship
Employee's Signature:		Date:
If taking a Partial Lump Su	m Payment, fill in P	ercentage and sign below:
		Partial Lump Sum Payment
l elect to take a partial lump :	sum payment in the f	following amount (check only one):
10% of the actuar	ially determined value	e of the normal retirement benefit
	•	e of the normal retirement benefit
	•	e of the normal retirement benefit
I understand my monthly reti	rement benefit for the	e option selected above shall be reduced accordingly.
Employee's Signature:		Date:
If naming a beneficiary ON	LY. fill in beneficiar	ry information and sign below:
My designated beneficiary is		
Beneficiary Name:		Beneficiary Social Security #:
Beneficiary Date of Birth:		
Beneficiary Address:		
Beneficiary Phone Number:		Relationship
Employee's Signature:		Date:
STATE OF FLORIDA COUNTY OF PINELLAS	by Chrise who is personally as identification a Tennif My Commission of	~~~~~
Rev 04/13	🏈 🛦 🏕 🗞 len	ary Public State of Florida Inifer M Moulton Commission GG 179386

Form #9900-0009



ile Name: Pension Entitlement Option Form

CITY OF CLEARWATER

5211

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.

			Provide the latest the	-
1, Christopher	Varnis, an e	mployee	of the City of Clea	rwater, hereby apply for
pension benefits under the	City's Employees' Per	ision Plan		
I hereby certify that I fully	understand the prefer	ences offe	ered to me I choose	to retire using separation
pay preference #/				- ·
leave in the following man				
_	vacation	sick	floaters	bonus hours
Lump Sum	vacation 7,69 \29,2	sick ュール	floaters	bonus hours
I understand that my prefe	erence cannot be chan	ged once	this form is signed a	nd that my decision is
irrevocable.	EMPLOYEE'S	SIGNATI	JRE:	
	SOCIAL SECU	JRITY #: _		Andrews
WITNESSES:	ADDRESS:	3	113 SR 580	Lot 2/7
		-5	afety Hark	por F234695
	PHONE 12	1)72	3-9709 DATE: _	7-23-18

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

Member Data

Name

: CHRISTOPHER VARNIS

Social Security No.

Date of Birth

: 05/24/1950

Age at Retirement

: 68 Years 3 Months 8 Days

Beneficiary Data

Name

Social Security No.

Date of Birth

Age at Retirement

Relationship

of children under 18:

Retirement Data

Pension Start Date

: 05/18/2002

Calculation Type

: Estimate

Termination Date

: 09/01/2018

Benefit Group

: Non-Hazardous - Tier II

Effective Date

: 09/01/2018

Retirement Type Option Elected

: Normal Retirement

FAC

40,617.35 : \$

: \$0.00 (0 %)

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

Partial Lump Sum

Total Member Service: 16 Years 3 Months 13 Days

Formula for Benefit A

: 2.75% * 10.6194 years * \$40,617.35

0.00

Monthly Benefit

Potential To Beneficiary N/A

N/A

N/A

Form of Payment	C Factor	To Member
Normal Form	1.00000	\$988.47
Single Life Annuity 1515, 93 XV	1.00000	\$988.47
Normal Form Single Life Annuity 1515, 93 X12 10 Year Certain and Life Annuity 14 18.65	0.93564	\$924.85

50% Joint and Survivor 66 2/3% Joint and Survivor 75% Joint and Survivor 100% Joint and Survivor

Formula for Benefit B

: 2.75% * 5.6667 years * \$40,617.35

Monthly Benefit

Potential To Member To Beneficiary Factor Form of Payment 1.00000 \$527.46 N/A Normal Form 1.00000 \$527.46 N/A Single Life Annuity \$493.80 N/A 0.93618 10 Year Certain and Life Annuity

50% Joint and Survivor 66 2/3% Joint and Survivor 75% Joint and Survivor 100% Joint and Survivor

Important Note: This calculation is provided only as a point-in-time estimate and is not a guarantee of your actual benefit. This calculation may contain errors and is subject to correction even if utilized in a formal benefit determination. You may not rely on this calculation as an accurate statement of your benefit. The accuracy of this calculation is based on the underlying data and assumptions that were provided to us and utilized to generate this estimate. We reserve the right to alter this calculation at any time, including after the payment of a benefit. The plan also reserves the right to recover any payments made to you in error. If you become aware of any errors in this calculation, please contact a plan representative.

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