ARPLICATION FOR VESTED RIGHTS PENSION ___, being a person leaving employment with the City of Glearwater, Florida, and having completed ten (10) or more years of credited service, such service having occurred during the period from (date of entry into Pension Plan) _ to (date of resignation or change of status) / / / hereby makes application to receive the vested rights pension provided for by the City Code of Ordinances. As such former employee, I understand the pension requested will be computed if pursuant to the provisions of the City Code of Ordinance, in effect on the date of resignation. I hereby further certify that my date of birth is The date I will begin to receive my pension will be Further, I additionally certify that I have made no application seeking to obtain a return of the contributions that I paid into the Pension Fund during the period of my employment set forth above, I have not been convicted of a felony during my period of employment, and I have not received any other type of pension from the atv Social Security Number Brighwas The foregoing instrument was acknowledged before STATE OF FLORIDA me this 19th day of Februar COUNTY OF PINELLAS Tokar by Mark who is personally known to me or who has provided Plonida Drivers Vicense as identification and who did/did not take an oath. RYAN THOMAS MACKIEWICZ Notary Public. State of Florida Commission# GG 272651 My comm. expires Oct. 30, 2022 Notary Public Machine Name of Notary Printed My commission expires: _Oct