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

I, MIChael AleKsa (Please print name) City of Clearwater General Employees' Pension Plan in a	do hereby apply to receive benefits under the coordance with the following:
Employee ID # 3/43 Date of Birth:  Job Classification: FireFighter/Drive  Department: Five	(circle one): (M) F EV-DAR rator Division: <u>Hye Operations</u> Date of Separation: 8/1/2020
Spouse's Name:   A   A   Spouse's Date of Birth:   A   A	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)

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 75 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.]

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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.)

if taking Option 1 sign belo	ow:			1
Option #: _1		Joint and Survi	vor Annuity	
Employee's Signature:			_ Date:	
Dependent children under th	e 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 belo	ow:			
Option #: 2	Description:	Life Annuity		
Employee's Signature:			Date:	
If taking Option 3, fill in be				
Option #; 3			and Life Annuity	
My designated beneficiary is				
Name:	•	Social Sec	urity Number:	
Date of Birth:	-	Gender (Ci		•
Address:	2			
Phone Number:		Relatio	nship	,
Employee's Signature:			Date: _	7-28-10

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:		Gender (Circle One) M F
Address:		T dandar (dilitie Offe) Mi P
Phone Number:		Relationship
Employee's Signature:		Date:
Option #: NA	Description:	ercentage and sign below: Partial Lump Sum Payment
elect to take a partial lump s	um payment in the fo	pllowing amount (check only one):
10% of the actuaris	aily determined value	of the normal retirement benefit
		of the normal retirement benefit
		of the normal retirement benefit
understand my monthly retir		option selected above shall be reduced accordingly.
Employee's Signature:		Date: 7-28 -7010
f naming a beneficiary ONL	Y, fill in beneficiary	/ information and sign below:
My designated beneficiary is:		
Beneficiary Name:	P444 - 444 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	Beneficiary Social Security #:
Beneficiary Date of Birth:		
Beneficiary Address:		
Beneficiary Phone Number: _		
Employee's Signature:		
STATE OF FLORIDA	The foregoing instr	rument was acknowledged before me this
COUNTY OF PINELLAS	3872 gs	ay of <u>VIU</u> , 20 20
- 11 * Im In	by Michael	
	1	chown to me or who has provided DL
	(	dwho did/did not take an oath)
	Z , and a series of an	
		(Signature) Notary Public
	Hlyssa (	Scsliardi Name of Notary Printed
	My Commission ex	
		Commission # GG 952165 Expires January 28, 2024
		Expres dating y 20, 2024

File Name: Pension Entitlement Option Form

# CITY OF CLEARWATER 3143

## **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.

		and the second		
1. Michael Al	eKsa	, an employee	of the City of Cle	arwater, hereby apply for
pension benefits under the	City's Employe	es' Pension Plan.	•	manage apply to
I hereby certify that I fully	understand the	preferences offe	red to me. I choose	e to retire using separation
pay preference #/	_ and wish my	benefits to be ca	lculated under this	preference. Please use my
leave in the following man				
Run Out	_ vacation	sick	floaters	bonus hours
Lump Sum	_ vacation	sick	floaters	bonus hours
Lump Sum	168	26.99-12	96	
I understand that my prefe	rence cannot be	e changed once t	his form is signed a	and that my decision is
irrevocable.			Λ	
	EMPLO	YEE'S SIGNATU	RE:	7-29
	SOCIAL	SECURITY#:		***************************************
WITNESSES;	ADDRE	ss:		-
	4	-	4	
	PHONE		DATE:	7-28-7020

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

#### Member Data

Name : MICHAEL ALEKSA 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

Effective Date : 08/01/2020 Benefit Group : Hazardous - Tier II

Effective Date : 08/01/2020 Retirement Type : Normal Retirement

FAC : \$ 75,063.31 Option Elected :

Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$64,843.11 (10 %)

Post-Tax Contributions : \$ 0.00 Total Member Service : 24 Years 4 Months 27 Days

Formula for Benefit A : 2.75% \* 16.825 years \* \$75,063.31

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Single Life Annuity	1.01005	\$2,630,99	N/A
10 Year Certain and Life Annuity	1.00000	\$2,604.81	N/A
50% Joint and Survivor	0.95624	\$2,490.84	\$1,245.42
66 2/3% Joint and Survivor	0.93956	\$2,447.38	\$1,631.58
75% Joint and Survivor	0.93144	\$2,426.22	\$1,819.66
100% Joint and Survivor	0,90788	\$2,364.87	\$2,364.87

Formula for Benefit B : 2.75% \* 7.5833 years \* \$75,063.31

#### Monthly Benefit

Factor	To Member	Potential To Beneficiary
1.01057	\$1,186.45	N/A
1.00000	\$1,174.04	N/A
0.96551	\$1,133.54	\$566.77
0.95137	\$1,116.95	\$744.63
0,94446	\$1,108.83	\$831.62
0.92431	\$1,085.17	\$1,085.17
•	1.01057 1.00000 0.96551 0.95137 0.94446	1.01057 \$1,186.45 1.00000 \$1,174.04 0.96551 \$1,133.54 0.95137 \$1,116.95 0.94446 \$1,108.83

#### \* This is Only an Estimate \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

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.

The GRS document retention policy requires destruction of all copies of this document no later than 7 years from the participant's date of retirement. You may want to retain a copy of this document in case this information is needed in the future.

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

i, Sean A-Laster (Please print name) City of Clearwater General Employees' Pension Pl	do hereby apply to receive benefits under the lan in accordance with the following:
Employee ID #	4
Spouse's Name: Spouse's Date of Birth:	Spouse's Gender (circle one):
The type of pension for which I am applying is (che Regular Pension based on years of se Job-connected Disability Pension Non-job-connected Disability Pension	

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

Option 1 - Joint and Survivor Annuity

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

Option 2 - Life Annuity

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

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

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

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

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

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

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 75 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.]

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Option 7 – 66 3/2 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. 3.1

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	ige of 18 and re	siding in my househ	old are:	
Child's Name		Gender (M-F)	Date of Birth	
If taking Option 2 sign below:				
Option #: _2_	Description: _	Life Annuity	-	
Employee's Signature:			Date:	
If taking Option 3, fill in benef				
Option #: _ 3			and Life Annuity	
My designated beneficiary is:				
Name:		Social Secu	rity Number:	
Date of Birth:		Gender (Circ	cle One) M F	•
Address:				
Phone Number:			ship	
Employee's Signature;			Date:	

Option #: 6,6,6,7	, fill in Option Number, Description: / 6 ()	Description and beneficiary info % Joint and Survivor Annuity	ermation and sign below:
My designated beneficiary is			
Name:		Social Security Number:	
Date of Birth;		Gender (Circle One)	
Address:	,		
Phone Number:	7	Relationship	
Employee's Signature:	2000	Date:	8/4/20
If taking a Partial Lump Su	m Payment fill in Perce	entage and sign belows	
Option #: NA		Partial Lump Sum Payment	
I elect to take a partial lump s	sum payment in the follow	wing amount (check only one):	
10% of the actuar	ally determined value of	the normal retirement benefit	
		the normal retirement benefit	
		the normal retirement benefit	
I understand my monthly retir	rement benefit for the op	tion selected above shall be reduc	ed accordingly.
Employee's Signature:	•	Date:	
If naming a beneficiary ON	Y fill in beneficiary in		
My designated beneficiary is:		To the state of th	
Beneficiary Name:		Beneficiary Social Security #	
Beneficiary Date of Birth:		Beneficiary Gender (Circle One)	
Beneficiary Address:			
Beneficiary Phone Number:			
Employee's Signature:			
STATE OF FLORIDA	110	ent was acknowledged before me	e this
COUNTY OF PINELLAS	14th day o	of August	20 <u>3</u> 0
	by Sean Path	rick Allaster	
	who is personally know	wn to me or who has provided $\overline{\mathcal{L}}$	
	as identification and w	/ho did/did not take an oath.	
	N.	(Signature)	Notary Public
	Alussa Goo	aliand:	Name of Notary Printed
	My Commission expir	es:	
	my continuous oxpii	ALYSSA (	SAGLIARDI
		+ PAR + Commission	# GG 952165

Expires January 28, 2024 Bonded Thru Budget Notary Services

Expires January 28, 2024

Forevor Bonded Thru Bedget Noting Services

File Name: Pension Entitlement Option Form

# CITY OF CLEARWATER 2512

## **EMPLOYEES' SEPARATION PAY PREFERENCES**

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Revised 1/02 Form #9900-0008 Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

File Name: Employee Separation Pay Pref

		<del></del>	
1, Sean Allaster	, an employee o	of the City of Clea	rwater, hereby apply for
pension benefits under the City's Emplo			
I hereby certify that I fully understand	the preferences offer	ed to me. I choose	to retire using separation
pay preference # and wish	my benefits to be cal	culated under this p	oreference. Please use my
leave in the following manner:			
	sick		
Lump Sum vacation	sick	floaters	bonus hours
Fre 18/20 282.69	1560-12	32 1	1.3 Comp
l understand that my preference canno	ot be changed once t	his form is signed a	nd that my decision is
irrevocable.			
EM	PLOYEE'S SIGNATUI	RE:	271
soc	CIAL SECURITY #:		
WITNESSES: ADI	ORESS:		_
PHO	ONE:	PATE: _	8/14/20

#### Member Data

Name : SEAN ALLASTER Social Security No. :
Date of Birth :

Age at Retirement

Beneficiary Data

Name : Social Security No.

Date of Birth :
Age at Retirement : Relationship

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

Retirement Data

Pension Start Date : 12/27/1994 Calculation Type : Estimate

Termination Date : 08/28/2020 Benefit Group : Hazardous - Tier II

Effective Date : 09/01/2020 Retirement Type : Normal Retirement

FAC : \$ 118,040.40 Option Elected :

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

Post-Tax Contributions : \$ 0.00 Total Member Service : 25 Years 8 Months 1 Day

Formula for Benefit A : 2.75% \* 18.0111 years \* \$118,040.40

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$4,872.17	N/A
Single Life Anguity	1.05732	\$5,151.43	N/A
10 Year Certain and Life Annuity	1.05100	\$5,120.68	N/A
50% Joint and Survivor	1.01746	\$4,957.22	\$2,478.62
66 2/3% Joint and Survivor	1.00483	\$4,895.72	\$3,263.81
75% Joint and Survivor	0.99864	\$4,865.53	\$3,649.14
100% Joint and Survivor 6816.57	0.98049	\$4,777.13	\$4,777.13

Formula for Benefit B : 2.75% \* 7.6583 years \* \$118,040.40

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,071.65	N/A
Single Life Annuity	1.04784	\$2,170.77	N/A
10 Year Certain and Life Annuity	1.04120	\$2,157.01	N/A
50% Joint and Survivor	1.01516	\$2,103.07	\$1,051,53
66 2/3% Joint and Survivor	1.00472	\$2,081.42	\$1,387.61
75% Joint and Survivor	0.99957	\$2,070.76	\$1,553.07
100% Joint and Survivor	0.98445	\$2,039.44	\$2,039.44

### 

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.

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

(Please print name)	do hereby apply to receive benefits under the
City of Clearwater General Employees' Pension Plan in accomployee ID# 2697  Date of Birth: 130158 Gender (conditional Conditions)  Department: Marine + Aviation Distriction Date of Hire: 11129193  Benefits Effective Date: 41899	ordance with the following:  Ircle one): (M) F  Prator  Vision: Marina Ops  ate of Separation: (6/27/2020)
Spouse's Name: A   /\ Spouse's Date of Birth: Spouse's	ouse's Gender (circle one): M F
The type of pension for which I am applying is (check only of the type of pension for which I am applying is (check only of the type of pension based on years of service Job-connected Disability Pension Non-job-connected Disability Pension	ne):

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 Actuariat 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 remardes. 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.]

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Option 7 - 66 3/4 Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 2/4 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:				
	Description:	Joint and Surviv	or Annuity	
Employee's Signature:	·		Date:	
Dependent children under the 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:				
	Description:	Life Annuity		/ /
Employee's Signature:	4.C		Date:	1/20
If taking Option 3, fill in benefici	iary informat	ion and sign belov	V:	
Option #: _3	Description: _	10 Year Certain	and Life Annuity	
My designated beneficiary is:				
Name:		Social Secur	rity Number:	
Date of Birth:			cie One) M F	•
Address:	· · · · · · · · · · · · · · · · · · ·			
Phone Number:	,	Relation	ship	,
Employee's Signature:				

Option #:	Description:	er, Description and beneficiary information and sign below: % Joint and Survivor Annuity
My designated beneficiary is:		
Name;		Social Security Number:
Date of Birth:		Gender (Circle One) M F
Address:		
Phone Number:		
Employee's Signature:		
If taking a Partial Lump Sun		
		Partial Lump Sum Payment
		ollowing 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
		of the normal retirement benefit
t and and and	.,	
I understand my monthly retin	ement benefit for the	option selected above shall be reduced accordingly.
Employee's Signature:	***************************************	. Date:
If naming a beneficiary ONL	Y, fill in benefician	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	A Col-	rument was acknowledged before me this
PINELLAS	0	ay of 1014 2030
	by Michael	Vaught England
	who is personally	known to me or who has provided DL-
	as identification ar	nd who did/did not take an oath.
		(Signature) Notary Public
	Alussa	Name of Notary Printed
	My Còmmission e	xpires: ALYSSA GAGLIARDI
		Commission # GG 952165
		Expires January 28, 2024 Bonded Thru Budget Notary Services

File Name: Pension Entitlement Option Form

# CITY OF CLEARWATER #2697

#### **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

Form #9900-0008

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

File Name: Employee Separation Pay Pref

The same of the first control of				
1, Michael	England	, an employee	of the City of C	learwater, hereby apply fo
pension benefits und	der the City's Employe			4
		0		
I hereby certify that	I fully understand the	preferences offe	red to me. I choo	se to retire using separation
pay preference #	and wish my	benefits to be ca	culated under thi	s preference. Please use my
leave in the followin				
Run Out	vacation	sick	floaters	bonus hours
Lump Sum	vacation	sick	floaters	bonus hours
ASTO POR Choro	239.91	146356-2	24	16
	y preference cannot b	e changed once	this form is signe	d and that my decision is
irrevocable.				
	EMPLO	DYEE'S SIGNATU	IRE:	
	SOCIA	L SECURITY #: _		***************************************
WITNESSES:	ADDR	ESS:	1309 Cr	on well Dr.
			Tarpon S	ornes & 346.89
	PHON	E: (727) 9397	DOG DATE	: 7/1/2020
Povined 1/02		- , , ,	-9049	. / /

#### Member Data

Name : MICHAEL ENGLAND

Date of Birth : 01/30/1958

Age at Retirement : 62 Years 5 Months 2 Days

Beneficiary Data

Name : Social Security No.

Age at Retirement : Relationship

# of children under 18 :

Social Security No.

Retirement Data

100% Joint and Survivor

100% Joint and Survivor

FAC : \$ 44,478.70 Option Elected

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

Post-Tax Contributions : S 0.00 Total Member Service : 26 Years 2 Months 9 Days

Formula for Benefit A : 2.75% \* 18.7028 years \* 544,478.70 (Forms of Payment limited due to IRC 401(a)(9))

Monthly Benefit

Form of Payment	Factor	To Member	To Beneficiary
Single Life Annuity	1.00000	\$1,906.38	N/A
10 Year Certain and Life Annuity	0.96959	\$1,848.41	N/A
50% Joint and Survivor	0.82243	\$1,567.86	\$783.93
66 2/3% Joint and Survivor			
75% Joint and Survivor			

Formula for Benefit B : 2.75% \* 7.4889 years \* \$44,478.70 (Forms of Payment limited due to IRC 401(a)(9))

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Single Life Annuity	1.00000	\$763.35	N/A
10 Year Certain and Life Annuity	0.96981	\$740,30	N/A
50% Joint and Survivor	0,82412	\$629.09	\$314.54
66 2/3% Joint and Survivor			
75% 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.

The GRS document retention policy requires destruction of all copies of this document no later than 7 years from the participant's date of retirement. You may want to retain a copy of this document in case this information is needed in the future.

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

I, Michael Hutto (Please print name) City of Clearwater General Employees' Pension	do hereby apply to receive benefits under the
Employee ID # 4333  Date of Birth:  Job Classification: Fire Ned Concentration: Fire Date of Hire: 7/19/99  Benefits Effective Date: 7/19/99	Gender (circle one): (M) =
Spouse's Name: Spouse's Date of Birth:	Spouse's Gender (circle one):
The type of pension for which I am applying is (  Regular Pension based on years of Job-connected Disability Pension Non-job-connected Disability Pension	f 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. 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 dles 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 75 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.]

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 tan 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 bel	ow:			1
Option #: 1		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	ow:			
Option #: _2_	Description:	Life Annuity		
Employee's Signature:	me re		Date:	7-14-2020
If taking Option 3, fill in be	eneficiary informa	tion and sign belo	ow:	
Option#: 3			n and Life Annuity	
My designated beneficiary is	s:			
Name:		Social Sec	urity Number:	
Date of Birth:			ircle One) M F	
Address:				
Phone Number:			onship	
Employaa's Signature			Date:	

Option #:	Description:	er, 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:		Relationship
Employee's Signature:		Date:
lf taking a Partial Lump Sun		
Option#: NA	Description:	Partial Lump Sum Payment
		ollowing amount (check only one):
	•	of the normal retirement benefit
		of the normal retirement benefit
30% of the actuaria	lly determined value	of the normal retirement benefit
Understand my monthly refire	ement benefit for the	option selected above shall be reduced accordingly.
	,	
Employee's Signature:		Date: 7-14-2020
if naming a beneficiary ONL	Y, fill in beneficiary	vinformation 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: _		
the state of the s		Relationship
Employee's Signature:		
Employee's Signature:		
STATE OF FLORIDA	The foregoing inst	
STATE OF FLORIDA COUNTY OF	The foregoing instr	rument was acknowledged before me this ay of August
STATE OF FLORIDA	The foregoing inst	rument was acknowledged before me this ay of Aggst , 20 3 0
STATE OF FLORIDA COUNTY OF	The foregoing insti	rument was acknowledged before me this ay of August
STATE OF FLORIDA COUNTY OF	The foregoing instruction of the design of t	rument was acknowledged before me this ay of ACCH HUHC  known to me or who has provided DL
STATE OF FLORIDA COUNTY OF	The foregoing instruction of the design of t	rument was acknowledged before me this ay of ACCH HUHC  known to me or who has provided DL  nd who did/dig not take an oath.)
STATE OF FLORIDA COUNTY OF	The foregoing instruction of the design of t	rument was acknowledged before me this ay of ACCH HUHO  known to me or who has provided DL  id who did/dig not take an oath.  Notary Public
STATE OF FLORIDA COUNTY OF	The foregoing instruction of the foregoing in	rument was acknowledged before me this ay of ACCH HUHC  known to me or who has provided DL  ad who did/dig not take an oath.  Notary Public  (Signature)  Name of Notary Printed
STATE OF FLORIDA COUNTY OF	The foregoing instruction of the design of t	rument was acknowledged before me this ay of ACCH HUHC  known to me or who has provided DL  ad who did/dig not take an oath.  Notary Public  CSCI OCC Name of Notary Printed

OF FLOR Bonded Thru Budget Hotsey Sarvices

File Name: Pension Entitlement Option Form

## CITY OF CLEARWATER \$4333

### **EMPLOYEES' SEPARATION PAY PREFERENCES**

PREFERENCE #1

Employees can receive a lump sum payment for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave at the time of separation from the City. There will be no deduction for pension from this lump sum payment nor will this amount count as earnings in the calculation of the pension. The last day of work will be the termination date and pension benefits will begin the following month.

PREFERENCE #2

Revised 1/02

Form #9900-0008

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

File Name: Employee Separation Pay Pref

1. <u>Michael Hutto</u>	, an employee o	of the City of Cleary	vater, hereby apply for
pension benefits under the City's E			
I hereby certify that I fully underst			
pay preference # and w	ish my benefits to be cal	culated under this pre	eference, Please use my
leave in the following manner:			
Run Out vacat	tion sick	floaters	bonyrs hours
Lump Sumvacat	ionsick	floaters	bonus hours
006 1/31/2010	44.35 = 2	48	20 Bonk
I understand that my preference c	annot be changed once t	his form is signed an	d that my decision is
irrevocable.		2011	11
	EMPLOYEE'S SIGNATU	RE:	<u></u>
	SOCIAL SECURITY #:		
WITNESSES:	ADDRESS:		
		DATE.	8-14-2020
The state of the s	annot be changed once t	his form is signed and	d that my decision is

#### Member Data

Name : MICHAEL HUTTO 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 : 07/19/1999 Calculation Type : Estimate

Termination Date : 08/11/2020 Benefit Group : Hazardous - Tier II
Effective Date : 09/01/2020 Retirement Type : Normal Retirement

FAC : \$ 95,822.85 Option Elected

Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$234,950.39 (30 %)

Post-Tax Contributions : \$ 0.00 Total Member Service : 21 Years 0 Months 22 Days

Formula for Benefit A : 2.75% \* 13.45 years \* \$95,822.85

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	00000.1	\$2,067.48	N/A
Single Life Annuity	1.07857	\$2,229.93	N/A
10 Year Certain and Life Annuity	1.07129	\$2,214.87	N/A
50% Joint and Survivor	1.02219	\$2,113.35	\$1,056.67
66 2/3% Joint and Survivor	1.00468	\$2,077.15	\$1,384.77
75% Joint and Survivor	0.99615	\$2,059.52	\$1,544.64
100% Joint and Survivor	0.97140	\$2,008.34	\$2,008.34

Formula for Benefit B : 2.75% \* 7.6111 years \* \$95,822.85

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1,00000	\$1,169.95	N/A
Single Life Annuity	1.06365	\$1,244,41	N/A
10 Year Certain and Life Annuity	1.05603	\$1,235.51	N/A
50% Joint and Survivor	1.01893	\$1,192.10	\$596.05
66 2/3% Joint and Survivor	1.00485	\$1,175.62	\$783.75
75% Joint and Survivor	0,99796	\$1,167.56	\$875.67
100% Joint and Survivor	0.97782	\$1,144.00	\$1,144.00

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

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.

The GRS document retention policy requires destruction of all copies of this document no later than 7 years from the participant's date of retirement, You may want to retain a copy of this document in case this information is needed in the future.

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

I(Please print name) City of Clearwater General Employees' Pension Plan in according to the control of	do hereby apply to receive benefits under the dance with the following:
Department: PAVIS & Recurrent Divisor Date of Hire: 4/3/80 Date Benefits Effective Date: 6/10/2010	le one): M F  sion: Pring / Long Conter  of Separation: The frozo  8   1 2000
Spouse's Name: 上入覧 の Novris Spouse's Date of Birth: ソノタル Spo	use's Gender (circle one): M (F)
The type of pension for which I am applying is (check only one	r);
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 annulty 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 75 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.]

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 bel	ow:			
Option #: _1_	Description:	Joint and Surv	ivor Annuity	
Employee's Signature:			Date:	
Dependent children under ti	ne age of 18 and r	esiding in my house	ehold are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security #
If taking Option 2 sign bel-		***************************************		
Option #: 2	Description:	Life Annuity		
Employee's Signature:			Date:	
If taking Option 3, fill in be				
Option #: _ 3		· · · · · · · · · · · · · · · · · · ·	and Life Annuity	
My designated beneficiary is	S			
Name: Lilian No		Social Seci	urity Number:	
Date of Birth: 04 / 20	1/19/08		role One) M (F)	•
Address: 2588 Kn			200 F1 340	83
Phone Number: 727-7			nship wife	
Employee's Signature:				07/23/2020

Social Security Number:  Gender (Circle One) M F  Relationship  Date:  Partial Lump Sum Payment, fill in Percentage and sign below:  NA Description:  Partial Lump Sum Payment  a partial lump sum payment in the following amount (check only one):  of the actuarially determined value of the normal retirement benefit  of the actuarially determined value of the normal retirement benefit  of the actuarially determined value of the normal retirement benefit  my monthly retirement benefit for the option selected above shall be reduced accordingly.  Signature:  Date:  Date:		Description:	per, Description and beneficiary information and sign below:  % Joint and Survivor Annuity
Gender (Circle One) M F  Fer:	My designated beneficiary is		
Gender (Circle One) M F  Fer: Relationship	Name;		Social Security Number:
Relationship  Date:  Partial Lump Sum Payment, fill in Percentage and sign below:  NA Description:  Partial Lump Sum Payment  a partial lump sum payment in the following amount (check only one):  of the actuarially determined value of the normal retirement benefit  of the actuarially determined value of the normal retirement benefit  of the actuarially determined value of the normal retirement benefit  my monthly retirement benefit for the option selected above shall be reduced accordingly.  Interesticiary ONLY, fill in beneficiary information and sign below:  deneficiary ONLY, fill in beneficiary information and sign below:  deneficiary Social Security #  ate of Birth:  Beneficiary Gender (Circle One) M F  ddress:  Relationship	Date of Birth:		Gender (Circle One) M F
Relationship	Address:		
intial Lump Sum Payment, fill in Percentage and sign below:  NA Description: Partial Lump Sum Payment  a partial lump sum payment in the following amount (check only one):  of the actuarially determined value of the normal retirement benefit  of the actuarially determined value of the normal retirement benefit  of the actuarially determined value of the normal retirement benefit  my monthly retirement benefit for the option selected above shall be reduced accordingly.  ignature: Date:  peneficiary ONLY, fill in beneficiary information and sign below:  d beneficiary is:  Beneficiary Social Security #:  ate of Birth: Beneficiary Gender (Circle One) M F  ddress:  mone Number: Relationship	hone Number.		
And Description: Partial Lump Sum Payment  And Description: Partial Lump Sum Payment  A partial lump sum payment in the following amount (check only one):  A of the actuarially determined value of the normal retirement benefit  A of the actuarially determined value of the normal retirement benefit  A of the actuarially determined value of the normal retirement benefit  Any monthly retirement benefit for the option selected above shall be reduced accordingly.  A dignature: Date:  A deneficiary ONLY, fill in beneficiary information and sign below:  A display of Beneficiary Social Security #:  Beneficiary Gender (Circle One) M F  Address:  Beneficiary Gender (Circle One) M F  Address:  Beneficiary Relationship	Employee's Signature;		Date:
NA Description: Partial Lump Sum Payment a partial lump sum payment in the following amount (check only one): % of the actuarially determined value of the normal retirement benefit % of the actuarially determined value of the normal retirement benefit my monthly retirement benefit for the option selected above shall be reduced accordingly. ignature:			
a partial lump sum payment in the following amount (check only one):  % of the actuarially determined value of the normal retirement benefit % of the actuarially determined value of the normal retirement benefit my monthly retirement benefit for the option selected above shall be reduced accordingly.  ignature:	)ption#:NA	Description:	Partial Lump Sum Payment
of the actuarially determined value of the normal retirement benefit  my monthly retirement benefit for the option selected above shall be reduced accordingly.  Indignature:	10% of the actuari	ially determined value	of the normal retirement benefit
my monthly retirement benefit for the option selected above shall be reduced accordingly.    Date:			
ignature:	30% of the actuar	ally determined value	of the normal retirement benefit
ignature:	1		
beneficiary ONLY, fill in beneficiary information and sign below:  d beneficiary is:  Beneficiary Social Security #:  ate of Birth:  Beneficiary Gender (Circle One) M F  ddress:  Relationship	understand my monthly refin	rement benefit for the	option selected above shall be reduced accordingly.
d beneficiary ONLY, fill in beneficiary information and sign below:    Beneficiary is:   Beneficiary Social Security #:	······································		, Defen
Beneficiary is:  Beneficiary Social Security #:  ate of Birth:  Beneficiary Gender (Circle One) M F  ddress:  Relationship	mpioyee's Signature:		Date:
Beneficiary Social Security #:  ate of Birth: Beneficiary Gender (Circle One) M F  ddress: Relationship			
ate of Birth: Beneficiary Gender (Circle One) M F  ddress: Relationship	f naming a beneficiary ONI	LY, fill in benefician	
none Number: Relationship	f naming a beneficiary ONI	LY, fill in benefician	
none Number: Relationship	f naming a beneficiary ONI Ny designated beneficiary is:	LY, fill in beneficiary	y information and sign below:
	naming a beneficiary ONI  My designated beneficiary is:  Beneficiary Name:	LY, fill in beneficiary	y information and sign below:  Beneficiary Social Security #:
ignature: Date:	f naming a beneficiary ONI  My designated beneficiary is:  Beneficiary Name:  Beneficiary Date of Birth:	LY, fill in beneficiary	y information and sign below:  Beneficiary Social Security #:  Beneficiary Gender (Circle One) M F
	naming a beneficiary ONI My designated beneficiary is: eneficiary Name: eneficiary Date of Birth:	LY, fill in beneficiary	y information and sign below:  Beneficiary Social Security #: Beneficiary Gender (Circle One) M F
I ODIDA The formating instrument was colonewised and before the			
	f naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature:	LY, fill in beneficiary	y Information and sign below:  Beneficiary Social Security #: Beneficiary Gender (Circle One) M F  Relationship  Date:
220	If naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature:  STATE OF FLORIDA COUNTY OF	LY, fill in beneficiary	y information and sign below:  Beneficiary Social Security #:  Beneficiary Gender (Circle One) M F  Relationship Date:  rument was acknowledged before me this
day of kily 2020	f naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature:	The foregoing inst	Beneficiary Social Security #:
by Cliff Nennes 2020	f naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature:  STATE OF FLORIDA COUNTY OF	The foregoing instruction of the by the foregoing instruction of the by the foregoing instruction of the by the foregoing instruction of the foregoing instructio	Beneficiary Social Security #:  Beneficiary Gender (Circle One) M F  Relationship  Date:  rument was acknowledged before me this ay of Luly  Lance C
by Cliff Nances  who is personally known to me or who has provided Personally known	f naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature:  STATE OF FLORIDA COUNTY OF	The foregoing institution of the foregoing in	Beneficiary Social Security #:  Beneficiary Gender (Circle One) M F  Relationship  Date:  rument was acknowledged before me this ay of Luly  (MANL 5  Known to me or who has provided AMOrusally known
by Cliff Nennis 2020	if naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature:  STATE OF FLORIDA COUNTY OF	The foregoing institution of the foregoing in	Beneficiary Social Security #:  Beneficiary Gender (Circle One) M F  Relationship  Date:  rument was acknowledged before me this ay of Luly  (MANL 5  Known to me or who has provided AMOrusally known
by It A New to me or who has provided All Course Dec know.  as identification and who did/did not take an oath.  Notary Public	f naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature:  STATE OF FLORIDA COUNTY OF PINELLAS	The foregoing institution of the foregoing in	Beneficiary Social Security #:  Beneficiary Gender (Circle One) M F  Relationship  Date:  rument was acknowledged before me this ay of Lily 2020  known to me or who has provided Amorica Eley known to who did/did not take an oath.
by It A New to me or who has provided Alborrable know.  as identification and who did/did not take an oath.  Notary Public SSION#GG 053828	f naming a beneficiary ONI My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature:  STATE OF FLORIDA COUNTY OF PINELLAS	The foregoing institution of the foregoing in	Beneficiary Social Security #:  Beneficiary Gender (Circle One) M F  Relationship  Date:  rument was acknowledged before me this ay of Luly  known to me or who has provided Amorus Illy known ad who did/did not take an oath.  Notary Public

File Name: Pension Entitlement Option Form

## CITY OF CLEARWATER 1457

## **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.

CUCCA	Noce's				
, Clittory	1/2/1/2	_, an employee	of the City of Cle	earwater, hereby apply fo	ır
pension benefits u	nder the City's Employ	ees' Pension Plan.			
I horoby postification	*1 <b>6</b> -11				
rieredy certify tha	it i fully understand th	e preferences offe	red to me. I choos	se to retire using separation	3
pay preference #	and wish m	y benefits to be ca	culated under this	preference. Please use my	y
leave in the followi	ng manner:				
Run Out	vacation	sick	floaters	bonus hours	
Lump Sum	vacation				
Ka/3/2020	vacation	93.9412	24 1	20	
I understand that n	ny preference cannot	be changed once t	his form is signed	and that my decision is	
irrevocable.			-21 1		
	EMPL	OYEE'S SIGNATU	RE: Class	Jonis	_
	SOCIA	AL SECURITY #:			
WITNESSES:	ADDR	ESS: 25	88 Knoll S	St. West	_
		P	alm Harbi	r F 34683	-
	PHON			7-23-2000	-

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Fref

#### Member Data

Name

: CLIFFORD NORRIS

Date of Birth

: 03/25/1955

Age at Retirement

: 65 Years 4 Months 7 Days

Beneficiary Data

Name

FAC

: LILIAN NORRIS

Date of Birth

: 04/29/1968

Age at Retirement

: 52 Years 3 Months 2 Days

Relationship

# of children under 18 : 0

Social Security No.

Social Security No.

: Spouse

: Estimate

Retirement Data

Pension Start Date Termination Date Effective Date

: 06/10/2010

: 08/01/2020

: 08/01/2020

: \$ 68,946,87 0.00

: 8 : \$

0.00

Calculation Type

Benefit Group

Retirement Type

Non-Hazardous - Tier II Normal Retirement

Option Elected

Partial Lump Sum

: \$0.00 (0 %)

Total Member Service : 10 Years 1 Month 21 Days

Formula for Benefit A

Pre-Tax Contributions

Post-Tax Contributions

: 2.75% \* 2.5583 years \* \$68,946.87

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$404.22	N/A
Single Life Annuity 1602,41	1.00000	\$404.22	N/A
10 Year Certain and Life Annuity (53), 2	0.95530	\$386.16	N/A
50% Joint and Survivor 378,68	0.85929	\$347,35	\$173,67
66 2/3% Joint and Survivor 1317, 36	0.82079	\$331.78	\$221.19
75% Joint and Survivor 1288.71	0.80280	\$324.51	\$243.38
100% Joint and Survivor 1209.77	0.75329	\$304.50	\$304.50

Formula for Benefit B

: 2.75% \* 7.5833 years \* \$68,946.87

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,198.19	N/A
Single Life Annuity	1.00000	\$1,198.19	N/A
10 Year Certain and Life Annuity	0.95565	\$1,145.05	N/A
50% Joint and Survivor	0.86074	\$1,031.33	\$515.67
66 2/3% Joint and Survivor	0.82256	\$985.58	\$657.06
75% Joint and Survivor	0.80471	\$964.20	\$723.15
100% Joint and Survivor	0.75553	\$905.27	\$905.27

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

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 assumptious that were provided to us and utilized to generate this estimate. We reserve the right to after 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.

The GRS document retention policy requires destruction of all copies of this document no later than 7 years from the participant's date of retired You may want to retain a copy of this document in case this information is needed in the future.

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

City of Clearwater General Employees' Pension Plan in	The second apply to receive perfettes under the
Employee ID # 3014 Date of Birth: Gende Job Classification: Custodial Wey Department: Police Date of Hire: 7/24/95 Benefits Effective Date: 10/11/95	Division: Property + EVidence Units Date of Separation: 8/1/2020
Spouse's Name:	Spouse's Gender (circle one): M F
The type of pension for which I am applying is (check or  Regular Pension based on years of service Job-connected Disability Pension Non-job-connected Disability Pension	ily one):

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

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

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

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

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

The Participant receives his/her pension as long as he/she lives. If the Participant dies before 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 75 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.]

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 Survi	vor Annuity	
Employee's Signature:	<del></del>	<u> </u>	Date:	
Dependent children under the ag	ge of 18 and re	siding in my house	hold are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#
If faking Ontion 2 cian below	· · · · · · · · · · · · · · · · · · ·			
If taking Option 2 sign below: Option #: _2_		Life Annuity		
Employee's Signature:			Date: 7//3	120
If taking Option 3, fill in benef	iciary informa	tion and sign belo	ow:	
			n and Life Annuity	
My designated beneficiary is:				
Name:		Social Sec	urity Number:	
Date of Birth:			ircle One) M F	
Address:				
Phone Number:			onship	
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:		Relationship
mployee's Signature:		Date:
		ercentage and sign helow
Option #: NA	Description:	Partial Lump Sum Payment
		ollowing amount (check only one):
		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
undominad	41 515 4	
		option selected above shall be reduced accordingly.
mployee's Signature:		Date:
My designated beneficiary is:	-1, IIII III beneficiary	/ information and sign below:
•		
Beneficiary Name:		
Beneficiary Date of Birth:		
leneficiary Address:		
Beneficiary Phone Number: _		
mployee's Signature:	·····	Date:
STATE OF FLORIDA	The foregoing instr	rument was acknowledged before me this
COUNTY OF	1 74-5	ay of <u>July</u> , 20,20
PINELLAS		Hare Radriquez
		known to me or who has provided TOL
	~ / \	d who did/glid not take an cath.
	as identification and	
		(Signature) Notary Public
	Hyssa 6	Name of Notary Printed
	My Commission ex	cpires:
		ALYSSA GAGLIARDI Commission a GG 952165
		Expires January 28, 2024
Pay 04/43		FOFFLOT Bonded Thru budget Notary Services

File Name: Pension Entitlement Option Form

# CITY OF CLEARWATER 3014

#### **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.

the state of the s		
i, <u>Sharon</u>	Rodrigilez, an employe	ee of the City of Clearwater, hereby apply for
pension benefits unde	r the City's Employees' Pension Pl	an.
	• 1	
I hereby certify that I f	ully understand the preferences of	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 i	manner:	
Run Out	vacation sick	floatersbonus hours
Lymp Sum A300 6/19/200 (	$\frac{1}{17.85}$ vacation $\frac{17.85}{17.85}$	floatersbonus hoursbonus hours
I understand that my p	preference cannot be changed on	ce this form is signed and that my decision is
irrevocable.		11
	EMPLOYEE'S SIGNA	TURE: dhaw Porl
	SOCIAL SECURITY #	
WITNESSES:	ADDRESS:	
	PHONE:	_DATE: 7/13/20

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

#### Member Data

Name : SHARON RODRIGUEZ 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 : 10/11/1995 : Calculation Type : Estimate

Termination Date : 07/31/2020 Benefit Group : Non-Hazardous - Tier II
Effective Date : 08/01/2020 Retirement Type : Normal Retirement

FAC : \$ 33,237.37 Option Elected : Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$

Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$0.00 (0 %)
Post-Tax Contributions : \$ 0.00 Total Member Service : 24 Years 9 Months 20 Days

Formula for Benefit A : 2.75% \* 17.2222 years \* \$33,237.37

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,311.80	N/A
Single Life Annuity 1889.41	1.00000	\$1,311.80	N/A
10 Year Certain and Life Annuity	0.94293	\$1,236.93	N/A
50% Joint and Survivor			

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

Formula for Benefit B : 2.75% \* 7.5833 years \* \$33,237.37

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$577.61	N/A
Single Life Annuity	1.00000	\$577.61	N/A
10 Year Certain and Life Annuity	0.94340	\$544.92	N/A
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.

The GRS document retention policy requires destruction of all copies of this document no later than 7 years from the participant's date of retirement. You may want to retain a copy of this document in case this information is needed in the future.

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

I, John Shaudov (Please print name) City of Clearwater General Employees' Pension Plan in	do hereby apply to receive benefits under the accordance with the following:
Employee ID # 2744 Date of Birth: Gender	(circle one): M F  PERATURE  Division: Marina Ops  Date of Separation: 7/11/2020
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	y 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 75 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.]

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:			
	iption: <u>Joint and Survi</u>	vor Annuity	
Employee's Signature:		Date:	
Dependent children under the age of 18	and residing in my house		
Child's Name	Gender (M-F)	Date of Birth	Social Security#
If taking Option 2 sign below:			
Option #: 2 Descri	ption: Life Annuity	_	
Option #: 2 Descri		Date:	-2020
If taking Option 3, fill in beneficiary in			
	ption: 10 Year Certain		
My designated beneficiary is:			<i>y</i>
Name:	Social Sec	urity Number:	
Date of Birth:			
Address:			
Phone Number:		enship	
Employee's Signature:			

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:		Relationship
		Date:
lf taking a Partial Lump Sur		
		Partial Lump Sum Payment
l elect to take a partial lump s	um payment in the fo	ollowing amount (check only one):
		e of the normal retirement benefit
		e of the normal retirement benefit
50% of the actuaria	illy determined value	e of the normal retirement benefit
I understand my monthly retire	ement benefit for the	e option selected above shall be reduced accordingly.
Employee's Signature:		Date:
		y information and sign below:
My designated beneficiary is:	.t, in its beneficial	y information and sign below.
Beneficiary Name:		Beneficiary Social Security #:
Beneficiary Date of Birth:		
Beneficiary Address:		
Beneficiary Phone Number: _		
Employee's Signature:		
STATE OF FLORIDA		trument was acknowledged before me this
COUNTY OF PINELLAS	d	lay of <u>JUIY</u> 20, 20
, inccono	by John T	schader
	who is personally	known to me or who has provided 1
	as identification ar	nd who did/did not take an oath.
		Notary Public
	Alyssa C	Signature)  Name of Notary Printed
	My Commission e	vyniras,
	My Conditionion C	ALYSSA GAGLIARDI  Commission # GG 952185
		Expires January 28, 2024

File Name: Pension Entitlement Option Form

### #2744 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.

4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
1, John Sc	chauder.	an employee	of the City of t	Clearwater, hereby apply for
pension benefits und	der the City's Employees	s' Pension Plan.		apply 101
		•		
I hereby certify that	I fully understand the p	references offe	red to me. I cho	ose to retire using separation
				is preference. Please use my
leave in the following				
Run Out	vacation	sick	floaters	bonus hours
Lump Sum	vacation	sick	floaters	bonus hours
PPE 10/19/2020	vacation	1029,1512	24	
				ed and that my decision is
irrevocable.			7	
	EMPLOY	EE'S SIGNATU	RE: Calil	2
	SOCIAL	SECURITY #:		
WITNESSES:	ADDRES	S:		
	PHONE:		_ DATE	- 7-1-2020

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

#### Member Data

Name : JOHN SCHAUDER

Social Security No. Date of Birth

Age at Retirement Beneficiary Data

Name Social Security No.

Date of Birth

Age at Retirement Relationship # of children under 18

Retirement Data

Pension Start Date : 11/27/1995 Calculation Type : Estimate

Termination Date : 07/11/2020 Benefit Group Non-Hazardous - Tier II Effective Date : 08/01/2020 Retirement Type : Normal Retirement

FAC : \$ 42,132.86 Option Elected

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

Post-Tax Contributions : \$ 0.00 Total Member Service: 24 Years 7 Months 14 Days

Formula for Benefit A : 2.75% \* 17.0944 years \* \$42,132.86

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,650.55	N/A
Single Life Annuity 2377,39	1.00000	\$1,650.55	N/A
10 Year Certain and Life Annuity 234 6.08	0.98681	\$1,628.77	N/A
50% Joint and Survivor 2184.10	0.91846	\$1,515.96	\$757.98
50% Joint and Survivor 2184.10 662/3% Joint and Survivor 2126,47 75% Joint and Survivor 2048.	0.89416	\$1,475.85	\$983.90
75% Joint and Survivor 2048,	0.88249	\$1,456.59	\$1,092.44
100% Joint and Survivor 2019, 89	0.84922	\$1,401.68	\$1,401.68

Formula for Benefit B : 2.75% \* 7.5278 years \* \$42,132.86

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$726.84	N/A
Single Life Annuity	1.00000	\$726.84	N/A
10 Year Certain and Life Annuity	0,98689	\$717.31	N/A
50% Joint and Survivor	0.91924	\$668.14	\$334.07
66 2/3% Joint and Survivor	0.89514	\$650.62	\$433.75
75% Joint and Survivor	0.88356	\$642.21	\$481.66
100% Joint and Survivor	0.85055	\$618.21	\$618.21

#### 

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,

The GRS document retention policy requires destruction of all copies of this document no later than 7 years from the participant's date of retirement, You may want to retain a copy of this document in case this information is needed in the future.

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

I, Daniel Tupponce (Please print name)  City of Clearwater General Employees' Pension Plan in	do hereby apply to receive benefits under the accordance with the following:
Employee ID # 3051	Division: Patrol/DistrictIII Date of Separation: 8 1 2020
Spouse's Name:Spouse's Date of Birth:	Spouse's Gender (circle one):
The type of pension for which I am applying is (check or Regular Pension based on years of service Job-connected Disability Pension Non-Job-connected Disability Pension	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 120</u> 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 75 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.]

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.)

If taking Option 1 sign belooption #: _1_		Joint and Survi	vor Annuity	
Employee's Signature:			Date:	
Dependent children under th				
Child's Name		Gender (M-F)	Date of Birth	Social Security#
	ALL STATE OF THE S			
lf taking Option 2 sign belo	ow:			
Option #: 2		Life Annuity	_	
Employee's Signature:			Date:	
If taking Option 3, fill in be			Nw:	
			and Life Annuity	
My designated beneficiary is	;			
Name:		Social Sec	urity Number:	
Date of Birth:			ircle One) M F	•
Address:				
Phone Number:			nship	, , ,
Emplovee's Signature:			Date:	

Option #:6	, fill in Option Number, Description and beneficiary information and sign below 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:	
f taking a Partial Lump Su	m Payment, fill in Percentage and sign below:
Totion the Ale	Description: Partial Lump Sum Payment
elect to take a partial lump of	sum payment in the following amount (check only оле):
	ally determined value of the normal retirement benefit
	ally determined value of the normal retirement benefit
30% of the actuari	ally determined value of the normal retirement benefit
understand my monthly retir	rement benefit for the option selected above shall be reduced accordingly.
mployee's Signature:	Date:
f naming a beneficiary ONI	Y, fill in beneficiary information and sign below:
My designated beneficiary is:	
Beneficiary Name:	Beneficiary Social Security #:
Beneficiary Date of Birth:	
	Relationship
	Date:
STATE OF FLORIDA	The foregoing instrument was acknowledged before me this
COUNTY OF	day of June 2000
PINELLAS	by Daniel Tuppance
	who is personally known to me or who has provided TX
	as identification and who did/did not take an oath.
	Notary Public
	(Signature)
	Name of Notary Printed
	My Commission expires: ALYSSA GAGLIARDI
	Commission # GG 952165 Expires January 28, 2024
	Bonded Thru Budget Natary Services

File Name: Pension Entitlement Option Form

# CITY OF CLEARWATER 次为51

# **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

Form #9900-0008

Employee can extend termination date by part or all of the time due for vacation, floating holiday pay, sick leave incentive, bonus days (if applicable), and 1/2 of accrued sick leave. Employee may choose to run out this time in any manner. Balance will be paid in a lump sum on employee's final paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

File Name: Employee Separation Pay Pref

		442	
, <u>Daniel</u> Tu pension benefits under th	PPNCE an employed an employed e City's Employees' Pension Pla	e of the City of Clearwater, he	ereby apply for
I hereby certify that I fully pay preference #	and wish my benefits to be	ffered to me. I choose to retire u calculated under this preference.	sing separation Please use my
Run Out  Lump Sum  AS & PACTOR 30	vacation sick _ vacation sick _   Sbo + 2 erence cannot be changed once	floatersbony floatersbony 20.9 Co e this form is signed and that my  URE:amil	is hours mp time
WITNESSES:	SOCIAL SECURITY #:_		
Revised 1/02	PHONE:	DATE: 6/23	/20

#### Member Data

Name : DANIEL TUPPONCE Social Security No. :

Age at Retirement

Beneficiary Data

Name : Social Security No.

Date of Birth
Age at Retirement : Relationship

ge at Retirement : Relationship # of children under 18

Retirement Data

Pension Start Date : 10/02/1995 Calculation Type : Estimate

Termination Date : 07/31/2020 Benefit Group : Mazardous - Tier II

Effective Date : 08/01/2020 Retirement Type : Normal Retirement

FAC : \$ 84,279.76 Option Elected

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

Post-Tax Contributions : \$ 0.00 Total Member Service : 24 Years 9 Months 29 Days

Formula for Benefit A : 2.75% \* 17.2472 years \* \$84,279.76

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$3,331.15	N/A
Single Life Annuity	1.07073	\$3,566.77	N/A
10 Year Certain and Life Annuity	1.06143	\$3,535.77	N/A
50% Joint and Survivor	1.02159	\$3,403.06	\$1,701.52
66 2/3% Joint and Survivor	1.00620	\$3,351.80	\$2,234.53
75% Joint and Survivor	0.99867	\$3,326.72	\$2,495.04
100% Joint and Survivor 4690.92	0.97677	\$3,253.75	\$3,253.75

Formula for Benefit B : 2.75% \* 7.5833 years \* \$84,279.76

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,464.65	N/A
Single Life Annuity	1.06000	\$1,552.52	N/A
10 Year Certain and Life Annuity	1.05029	\$1,538.31	N/A
50% Joint and Survivor	1.01910	\$1,492.63	\$746.31
66 2/3% Joint and Survivor	1.00616	\$1,473.67	\$982,45
75% Joint and Survivor	0,99981	\$1,464.37	\$1,098.28
100% Joint and Survivor	0.98124	\$1,437.17	\$1,437.17

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