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

1. William Dillashaw	do hereby apply to receive benefits under the
(Please print name)	, , , ,
City of Clearwater General Employees' Pension Plan in a	ccordance with the following:
Employee ID# 10 4509 Date of Birth: 11 24 56 Gender Job Classification: Senior Stormwater Te Department: Engineering Date of Hire: 2/28/200 Benefits Effective Date: 11 6 2000	(circle one): W F  Chrician  Division: Cleaning + Inspection  Date of Separation: 11/36/2020
Spouse's Name: Donna DillaShaw	
Spouse's Date of Birth: 11148	Spouse's Gender (circle one): M (E)
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 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.]

Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)

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

# Option 7 - 66 3/2% 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.]

#### 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.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below	<b>/</b> :			
Option #: _1_	Description: _	Joint and Survi	vor Annuity	
Employee's Signature:	······································	***************************************	Date:	Additional and the second seco
Dependent children under the	age of 18 and res	siding in my house	hold are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security #
		**************************************		
		M-4-1		
If taking Option 2 sign below	7:			
Option #: 2		Life Annuity		
Employee's Signature:	1. Chius	hour of	Date:/_/	120/2020
If taking Option 3, fill in bene		0		
Option #: 3			and Life Annuity	
My designated beneficiary is:				
Name:		Social Sec	urity Number:	······································
Date of Birth:		Gender (Ci	rcle One) M F	
Address:				
Phone Number:		Relation	nship	
Employee's Signature:			Date:	

If taking Option 4, 5, 6,or 7, f	ill in Option Number	, Description and beneficiary information and sign below:
Option #:	Description:	% Joint and Survivor Annuity
My designated beneficiary is:		
Name:		Social Security Number:
Date of Birth:		Gender (Circle One) M F
Address:		
Phone Number:		Relationship
Employee's Signature:		Date:
If taking a Partial Lump Sum	Payment, fill in Pero	centage and sign below:
		Partial Lump Sum Payment
I elect to take a partial lump su	m payment in the follo	owing amount (check only one):
10% of the actuarial	ly determined value o	f the normal retirement benefit
20% of the actuarial	ly determined value o	f the normal retirement benefit
30% of the actuarial	ly determined value o	f the normal retirement benefit
t understand my monthly retire	ment benefit for the o	ption selected above shall be reduced accordingly.
Employee's Signature:		Date:
If naming a beneficiary ONL	Y, fill in beneficiary i	nformation and sign below:
My designated beneficiary is:		
Beneficiary Name:		Beneficiary Social Security #:
Beneficiary Date of Birth:		
Beneficiary Address:		
Beneficiary Phone Number:		Relationship
Employee's Signature:		Date:
STATE OF FLORIDA COUNTY OF PINELLAS	by William who is personally kn as identification and	who did/did not take an oath.  Who did/did not take an oath.  Notary Public  (Signature)  Name of Notary Printed

Rev. 04/13 Form #9900-0009

File Name: Pension Entitlement Option Form

104509

#### **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.

<del></del>	<del>, , , , , , , , , , , , , , , , , , , </del>				
1. William	Dillashaw.	an employee o	f the City of (	Clearwater, hereby a	pply for
	der the City's Employee		•		
I hereby certify that	I fully understand the	preferences offere	ed to me. I cho	ose to retire using se	paration
pay preference #	and wish my b	penefits to be calc	culated under th	nis preference. Please	use my
leave in the followin	g manner:				
Run Out	vacation _				
Lump Sum 🦼	vacation _	sick	floaters	bonus hours	3
BDE 10/23/201	vacation _	67.18-12	24 .		
I understand that m	y preference cannot be	changed once th	nis form is signe	ed and that my decisi	on is
irrevocable.					
	EMPLO	YEE'S SIGNATUF	RE: <u>/////</u>	Luashan	)
		SECURITY #:			
WITNESSES:	ADDRE	ss:	7605 D	riftwood Ln	Ç
WITHLOSES.					
		627 657.	- 3057 par	335 <i>58</i> E:////6/20	150
	PHUNE	: (   0	DAI	E	<u> </u>

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

# City of Clearwater Employees' Retirement System Benefit Estimate

# Member Data

Name : WILLIAM DILLASHAW

Date of Birth : 11/24/1956

Age at Retirement : 64 Years 0 Months 7 Days

**Beneficiary Data** 

Name : DONNA DILLASHAW

Date of Birth : 11/11/1948

Age at Retirement : 72 Years 0 Months 20 Days Relationship : Spouse

# of children under 18 : 0

Social Security No.

Social Security No.

Retirement Data

Pension Start Date : 11/06/2000 Calculation Type : Estimate

Termination Date : 11/30/2020 Benefit Group : Non-Hazardous - Tier II

Effective Date : 12/01/2020 Retirement Type : Normal Retirement

FAC: \$ 38,141.41 Option Elected

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

Post-Tax Contributions : \$ 0.00 Total Member Service : 20 Years 0 Months 25 Days

Formula for Benefit A : 2.75% \* 12.1528 years \* \$38,141.41

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,062.24	N/A
Single Life Annuity 1754.22	1.00000	\$1,062.24	N/A
10 Year Certain and Life Annuity	0.96058	\$1,020.37	N/A
50% Joint and Survivor	0.95658	\$1,016.12	\$508.06
66 2/3% Joint and Survivor	0.94293	\$1,001.62	\$667.75
75% Joint and Survivor	0.93625	\$994.52	\$745.89
100% Joint and Survivor	0.91677	\$973.83	\$973.83

Formula for Benefit B : 2.75% \* 7.9167 years \* \$38,141.41

## Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$691.98	N/A
Single Life Annuity	1.00000	\$691.98	N/A
10 Year Certain and Life Annuity	0.96089	\$664.91	N/A
50% Joint and Survivor	0.95701	\$662.23	\$331.11
66 2/3% Joint and Survivor	0.94350	\$652.88	\$435.25
75% Joint and Survivor	0.93688	\$648.30	\$486.22
100% Joint and Survivor	0.91757	\$634.94	\$634.94

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, Davian Dublin (Please print name) City of Clearwater General Employees' Pension Plan in a	do hereby apply to receive benefits under the accordance with the following:
Employee ID # 102383  Date of Birth: 9///65 Gender  Job Classification: 50160 Waste Boom  Department: 50160 Waste A Recycling  Date of Hire: 10/08/1990  Benefits Effective Date: 12/17/1990	c (circle one): M F Crane Oper Division: Transfer Station Date of Separation: 1/8/2021
Spouse's Name: Melissa Dublim Spouse's Date of Birth: \$16/69	Spouse's Gender (circle one): M (F)
The type of pension for which I am applying is (check on	ly one):
Regular Pension based on years of service Job-connected Disability Pension Non-job-connected Disability Pension	

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

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

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

Option 2 - Life Annuity

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

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

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

#### Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)

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

## Option 7 - 66 3/4 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 % 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

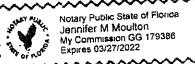
A partial lump sum payment equal to either ten percent (10%), twenty percent (20%), or thirty percent (30%) of the actuarially determined value of the normal retirement benefit due the member may be elected in combination with any of the options indicated above. If a member elects such a partial lump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

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:				
Option #: _1_	Description: _	Joint and Survivo	Annuity	
Employee's Signature:			Date:	
Dependent children under the age	e of 18 and res	iding in my househo	ld are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#
If taking Option 2 sign below:				
Option #: _2_	Description: _	Life Annuity		
Employee's Signature:			Date:	
If taking Option 3, fill in benefic	iary informat	ion and sign below	<b>:</b>	
		10 Year Certain a		
My designated beneficiary is:				
Name:	<del></del>	Social Securi	ty Number:	· · · · · · · · · · · · · · · · · · ·
Date of Birth:		Gender (Circ	le One) M F	
Address:			·	
Phone Number:		Relations	ship	
Employee's Signature:			Date:	

Option # Description / 20 % Joint and Survivor Annuity  My designated beneficiary is:  Namer	ii taking Option 4, 5, 6,or 7, 1	ill in Option Number, Description and beneficiary information and sign below:
Name:    Name:	Option #:	Description/ O % Joint and Survivor Annuity
Date of Birth: State of Birth: Beneficiary Phone Number: Place Signature: Beneficiary Phone Number: Place Signature: Beneficiary Phone Number: Place Signature: Beneficiary Phone Number: Beneficiary Phone Phone Number: Beneficiary Phone Phon	My designated beneficiary is:	
Address: 3 Manual Ave Phone Number: 727 9 8 9 20 Relationship DOUS   Employee's Signature: Date: 12 / 29 / 20    If taking a Partial Lump Sum Payment, fill in Percentage and sign below: Option #: NA Description: 30 Partial Lump Sum Payment   1 elect to take a partial lump sum payment in the following amount (check only one):  10% of the actuarially determined value of the normal retirement benefit 20% of the actuarially determined value of the normal retirement benefit 30% of the actuarially determined value of the normal retirement benefit   1 understand my monthly retirement benefit for the option selected above shall be reduced accordingly. Employee's Signature: Date: 1 2 / 29 / 20    If naming a beneficiary ONLY, fill in beneficiary information and sign below:  My designated beneficiary is:  Beneficiary Name: Beneficiary Social Security #: Beneficiary Date of Birth: Beneficiary Gender (Circle One) M F  Beneficiary Phone Number: Relationship	Name /////55a /	nn Sub// Secial Security Number:
Phone Number: 72798653 Relationship Dobus Date: 12/29/20  If taking a Partial Lump Sum Payment, fill in Percentage and sign below:  Option #: NA Description: 30 Partial Lump Sum Payment  I elect to take a partial lump sum payment in the following amount (check only one):  10% of the actuarially determined value of the normal retirement benefit 20% of the actuarially determined value of the normal retirement benefit 30% of the actuarially determined value of the normal retirement benefit I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.  Employee's Signature: Date: 12/29/20  If naming a beneficiary ONLY, fill in beneficiary information and sign below:  My designated beneficiary is:  Beneficiary Name: Beneficiary Social Security #: Beneficiary Date of Birth: Beneficiary Gender (Circle One) M F  Beneficiary Phone Number: Relationship Employee's Signature: Date:  STATE OF FLORIDA COUNTY OF PINELLAS  The foregoing instrument was acknowledged before me this COUNTY OF PINELLAS  The foregoing instrument was acknowledged before me this county of by Date of Date: Notary Public Repairer M Moulton Reproduced Segment of Strasse County My Commission expires:  **Rev. 04/13**  **Rev. 04/13**	Date of Birth: 5, 6.6	
If taking a Partial Lump Sum Payment, fill in Percentage and sign below:  Option #: NA Description: 30% Partial Lump Sum Payment  Lelect to take a partial lump sum payment in the following amount (check only one):  10% of the actuarially determined value of the normal retirement benefit 20% of the actuarially determined value of the normal retirement benefit 30% of the actuarially determined value of the normal retirement benefit I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.  Employee's Signature:  Date: 12/29/20  If naming a beneficiary ONLY, fill in beneficiary information and sign below:  My designated beneficiary is:  Beneficiary Social Security #:  Beneficiary Address:  Beneficiary Gender (Circle One) M F  Beneficiary Phone Number:  Employee's Signature:  Date:  STATE OF FLORIDA COUNTY OF PINELLAS  The foregoing instrument was acknowledged before me this 20 day of December, 2020  by Dation Dubin Who is personally known to me or who has provided as identification and who did/diseat.take,an-eath.  Who is personally known to me or who has provided My Commission expires:  Notary Public State of Revolution My Commission expires:  Notary Public State of Revolution Notary Printed My Commission expires:	Address: <u>39 Milwha</u>	Wee Ave
If taking a Partial Lump Sum Payment, fill in Percentage and sign below:  Option #: NA	Phone Number: 72790	786531 Relationship DOUS C.,
Option #: NA Description: 30% Partial Lump Sum Payment  I elect to take a partial lump sum payment in the following amount (check only one):  10% of the actuarially determined value of the normal retirement benefit 20% of the actuarially determined value of the normal retirement benefit 30% of the actuarially determined value of the normal retirement benefit I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.  Employee's Signature: Date: 12 29 20  If naming a beneficiary ONLY, fill in beneficiary information and sign below:  My designated beneficiary is:  Beneficiary Name: Beneficiary Social Security #:  Beneficiary Date of Birth: Beneficiary Gender (Circle One) M F  Beneficiary Phone Number: Relationship  Employee's Signature: Date:  STATE OF FLORIDA COUNTY OF PINELLAS  The foregoing instrument was acknowledged before me this acknowledged before me this country of by Dar Lam Dublin  who is personally known to me or who has provided as identification and who diddishabitake an oath.  Notary Public State of Fiorida Jannifer in Moutiton	Employee's Signature:	Date: 12/29/20
Option #: NA Description: 30% Partial Lump Sum Payment  I elect to take a partial lump sum payment in the following amount (check only one):  10% of the actuarially determined value of the normal retirement benefit 20% of the actuarially determined value of the normal retirement benefit 30% of the actuarially determined value of the normal retirement benefit I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.  Employee's Signature: Date: 12 29 20  If naming a beneficiary ONLY, fill in beneficiary information and sign below:  My designated beneficiary is:  Beneficiary Name: Beneficiary Social Security #:  Beneficiary Date of Birth: Beneficiary Gender (Circle One) M F  Beneficiary Phone Number: Relationship  Employee's Signature: Date:  STATE OF FLORIDA COUNTY OF PINELLAS  The foregoing instrument was acknowledged before me this acknowledged before me this country of by Dar Lam Dublin  who is personally known to me or who has provided as identification and who diddishabitake an oath.  Notary Public State of Fiorida Jannifer in Moutiton	If taking a Partial Lump Sum	Payment, fill in Percentage and sign below:
10% of the actuarially determined value of the normal retirement benefit 20% of the actuarially determined value of the normal retirement benefit 30% of the actuarially determined value of the normal retirement benefit  I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.  Employee's Signature:  Date: 12 29 20  If naming a beneficiary ONLY, filt in beneficiary information and sign below:  My designated beneficiary is:  Beneficiary Name:  Beneficiary Social Security #:  Beneficiary Gender (Circle One) M F  Beneficiary Phone Number:  Beneficiary Phone Number:  Beneficiary Phone Number:  Beneficiary Phone Number:  Beneficiary Date:  STATE OF FLORIDA COUNTY OF PINELLAS  The foregoing instrument was acknowledged before me this  29 The day of December 2020  by Dariam Dubin  who is personally known to me or who has provided as identification and who did/distributed as identification and who did/dis		
10% of the actuarially determined value of the normal retirement benefit 20% of the actuarially determined value of the normal retirement benefit 30% of the actuarially determined value of the normal retirement benefit  I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.  Employee's Signature:  Date: 12 29 20  If naming a beneficiary ONLY, filt in beneficiary information and sign below:  My designated beneficiary is:  Beneficiary Name:  Beneficiary Social Security #:  Beneficiary Gender (Circle One) M F  Beneficiary Phone Number:  Beneficiary Phone Number:  Beneficiary Phone Number:  Beneficiary Phone Number:  Beneficiary Date:  STATE OF FLORIDA COUNTY OF PINELLAS  The foregoing instrument was acknowledged before me this  29 The day of December 2020  by Dariam Dubin  who is personally known to me or who has provided as identification and who did/distributed as identification and who did/dis	I elect to take a partial lump su	um payment in the following amount (check only one):
20% of the actuarially determined value of the normal retirement benefit  30% of the actuarially determined value of the normal retirement benefit  I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.  Employee's Signature:  Date: 12 29 20  If naming a beneficiary ONLY, fill in beneficiary information and sign below:  My designated beneficiary is:  Beneficiary Name:  Beneficiary Social Security #:  Beneficiary Date of Birth:  Beneficiary Gender (Circle One) M F  Beneficiary Phone Number:  Employee's Signature:  Date:  STATE OF FLORIDA  COUNTY OF PINELLAS  The foregoing instrument was acknowledged before me this  COUNTY OF PINELLAS  The foregoing instrument was acknowledged before me this  Accounty of by Daria Dubin  Who is personally known to me or who has provided  as identification and who did/distributable an-oath.  Who are public Signature.  Notary Public State of Pence  My Commission expires:  Notary Public State of Pence  Jannifer M Moulton  My Commission expires:  Notary Public State of Pence  Jannifer M Moulton  My Commission of 179388		
30% of the actuarially determined value of the normal retirement benefit  I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.  Employee's Signature:  Date: 12 / 29 / 20  If naming a beneficiary ONLY, fill in beneficiary information and sign below:  My designated beneficiary is:  Beneficiary Name:  Beneficiary Social Security #:  Beneficiary Date of Birth:  Beneficiary Gender (Circle One) M F  Beneficiary Phone Number:  Employee's Signature:  STATE OF FLORIDA COUNTY OF PINELLAS  The foregoing instrument was acknowledged before me this  2	<u> </u>	
I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.  Employee's Signature:  Date: 12 29 20  If naming a beneficiary ONLY, fill in beneficiary information and sign below:  My designated beneficiary is:  Beneficiary Name:  Beneficiary Social Security #:  Beneficiary Date of Birth:  Beneficiary Address:  Beneficiary Phone Number:  Employee's Signature:  STATE OF FLORIDA  COUNTY OF PINELLAS  The foregoing instrument was acknowledged before me this  COUNTY OF PINELLAS  The foregoing instrument was acknowledged before me this  Date:  Notary Public  Signature:  Notary Public  My Commission expires:  Notary Public State of Florice Jennifer M Moulton Notary Printed  My Commission of Pinase Jennifer M Moulton Signature  Notary Public State of Florice Jennifer M Moulton Notary Public State of Florice Jennifer M Moulton Signature  Notary Public State of Florice Jennifer M Moulton Signature  Notary Public State of Florice Jennifer M Moulton Signature State of Florice Jennifer M Moulton Signature Signatu		
If naming a beneficiary ONLY, fill in beneficiary information and sign below:  My designated beneficiary is:  Beneficiary Name:  Beneficiary Social Security #:  Beneficiary Date of Birth:  Beneficiary Gender (Circle One) M F  Beneficiary Phone Number:  Employee's Signature:  STATE OF FLORIDA COUNTY OF PINELLAS  The foregoing instrument was acknowledged before me this  29Th day of Dubin  who is personally known to me or who has provided as identification and who did/distract take an oath.  Notary Public  Signature:  Notary Public  My Commission expires:  Rev. 04/13	oo 70 or the detached	ny dote minod valdo or the normal residential benefit
If naming a beneficiary ONLY, fill in beneficiary information and sign below:  My designated beneficiary is:  Beneficiary Name: Beneficiary Social Security #:  Beneficiary Date of Birth: Beneficiary Gender (Circle One) M F  Beneficiary Phone Number: Relationship  Employee's Signature: Date:  STATE OF FLORIDA COUNTY OF PINELLAS  The foregoing instrument was acknowledged before me this  COUNTY OF PINELLAS  The foregoing instrument was acknowledged before me this  Output and Dubin  who is personally known to me or who has provided as identification and who did/distract take an oath.  Signature) M. Moult Name of Notary Public  My Commission expires:  Notary Public State of Florida  Jannifer M Moulton  My Commission expires:	I understand my monthly retire	
If naming a beneficiary ONLY, fill in beneficiary information and sign below:  My designated beneficiary is:  Beneficiary Name: Beneficiary Social Security #:  Beneficiary Date of Birth: Beneficiary Gender (Circle One) M F  Beneficiary Phone Number: Relationship  Employee's Signature: Date:  STATE OF FLORIDA COUNTY OF PINELLAS  The foregoing instrument was acknowledged before me this  COUNTY OF PINELLAS  The foregoing instrument was acknowledged before me this  Output and Dubin  who is personally known to me or who has provided as identification and who did/distract take an oath.  Signature) M. Moult Name of Notary Public  My Commission expires:  Notary Public State of Florida  Jannifer M Moulton  My Commission expires:	Employee's Signature:	Date: 12/29/20
My designated beneficiary is:  Beneficiary Name:		
Beneficiary Name:		t, the in beneficiary enformation and sign below:
Beneficiary Date of Birth: Beneficiary Gender (Circle One) M F  Beneficiary Address: Beneficiary Phone Number: Relationship Beneficiary Phone Number: Relationship Beneficiary Phone Number: Pate: Date: Date: Date: Date: Date: Date: Date:		Renoficiany Social Security #
Beneficiary Address:  Beneficiary Phone Number:  Employee's Signature:  STATE OF FLORIDA COUNTY OF PINELLAS  The foregoing instrument was acknowledged before me this  29 day of Dubin who is personally known to me or who has provided as identification and who did/distant take an oath.  Notary Public  Signature:  Notary Public State of Florida Jannifer M Moulton My Commission expires:  Notary Public State of Florida Jannifer M Moulton My Commission 63 179386		
Beneficiary Phone Number:	1	
STATE OF FLORIDA COUNTY OF PINELLAS  The foregoing instrument was acknowledged before me this  29Th day of December , 2020 by Darian Dubin who is personally known to me or who has provided as identification and who did/distract take an eath.  Notary Public  Tennifer M. Moulton Notary Printed My Commission expires:  Notary Public State of Florida Jennifer M. Moulton My Commission GG 179386		
STATE OF FLORIDA COUNTY OF PINELLAS  The foregoing instrument was acknowledged before me this  29 day of December, 2020 by December, 2020 who is personally known to me or who has provided so identification and who did/district take an oath.  Notary Public  Tennifer M. Moulton Jannifer M Moulton My Commission expires:  Notary Public State of Florion Jannifer M Moulton My Commission GG 179386	_	
day of December, 2020  by Darian Dublin  who is personally known to me or who has provided as identification and who did/distract take an eath.  Notary Public State of Florida  My Commission expires:  Notary Public State of Florida  Jennifer M Moulton  My Commission GG 179386  My Commission GG 179386		
day of December, 2020  by Darian Dublin  who is personally known to me or who has provided as identification and who did/distract take an eath.  Notary Public State of Florida  My Commission expires:  Notary Public State of Florida  Jennifer M Moulton  My Commission GG 179386  My Commission GG 179386	STATE OF FLORIDA	The foregoing instrument was acknowledged before me this
who is personally known to me or who has provided  as identification and who did/district take an oath.  Notary Public  My Commission expires:  Notary Public State of Florida  Jennifer M Moulton  My Commission GG 179386  My Commission GG 179386		$\sim 1$
as identification and who did/distract take an oath.  Notary Public  Signature)  My Commission expires:  Notary Public State of Florida  Jennifer M Moulton  My Commission GG 179386	PINELLAS	by Darian Dublin
My Commission expires:  Notary Public State of Florida  Jennifer M Moulton  My Commission GG 179386  Notary Public State of Florida  My Commission GG 179386		who is personally known to me or who has provided
My Commission expires:  Notary Public State of Florida  Jennifer M Moulton  My Commission GG 179386		as identification and who did/distract take an oath.
My Commission expires:  Notary Public State of Florida  Jennifer M Moulton  My Commission GG 179386		
Rev. 04/13  Notary Public State of Florida  Jennifer M Moulton  My Commission GG 179386		
Rev. 04/13 Jennifer M Moulton My Commission GG 179386		My Commission expires:
Rev. 04/13 Jennifer M Moulton My Commission GG 179386		
Rev. 04/13 My Commission GG 1/9386		✓ 🍑 🌦 tennifor M Moullon 🥄
		My Commission GG 179386



# CITY OF CLEARWATER 执2383

# **EMPLOYEES' SEPARATION PAY PREFERENCES**

#### PREFERENCE #1

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

#### PREFERENCE #2

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

			•	
1, Davian Di	ublin	_, an employee c	of the City of Cl	earwater, hereby apply for
pension benefits under	the City's Employ	ees' Pension Plan.		
I hereby certify that I fu	lly understand the	e preferences offer	ed to me. I choo	se to retire using separation
pay preference #	and wish my	benefits to be cale	culated under this	s preference. Please use my
leave in the following m	nanner:			,
Run Out	vacation	sick	floaters	bonus hours
Lump Sum	vacation	sick	floaters	bonus hours
ASOBPEILORO	18.76	sick	/	
I understand that my p	reference cannot l	be changed once tl	nis form is signed	and that my decision is
irrevocable.				$\mathcal{M}$
	EMPL	OYEE'S SIGNATUI	RE:	<u> </u>
	SOCIA	AL SECURITY #:,		
		39 MIT	Waukee M	The Are
WITNESSES:	ADDR	ESS:	+11 1V VVas	nirgionitie
		Dured 34498	Icarwa t	er +2337576_
	PHON	IF: (727) 678	-4548 DATE	:12/29/2020

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

# City of Clearwater Employees' Retirement System **Benefit Estimate**

#### Member Data

Name

: DARIAN DUBLIN

Social Security No.

Date of Birth

: 09/14/1965

Age at Retirement

: 55 Years 4 Months 17 Days

#### Beneficiary Data

: MELISSA DUBLIN

Social Security No.

Date of Birth

: 05/06/1969

Age at Retirement

: 51 Years 8 Months 26 Days

Relationship

# of children under 18 :

### Retirement Data

Pension Start Date

: 12/17/1990

Calculation Type

: Estimate

Termination Date

: 01/08/2021

Benefit Group

: Non-Hazardous - Tier II

Effective Date

: 02/01/2021

Retirement Type

: Normal Retirement

**FAC** 

: \$ 43,702,22 : \$

Option Elected Partial Lump Sum

: \$140,076.55 (30 %)

Pre-Tax Contributions Post-Tax Contributions 0.000.00

Total Member Service: 30 Years 0 Months 22 Days

Formula for Benefit A : 2.75% \* 22.0389 years \* \$43,702.22

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,545.05	N/A
Single Life Annuity 210145  10 Year Certain and Life Annuity	1.00000	\$1,545.05	N/A
10 Year Certain and Life Annuity	0.98855	\$1,527.36	N/A
50% Joint and Survivor	0.94128	\$1,454.33	\$727.16
66 2/3% Joint and Survivor	0.92321	\$1,426.40	\$950.94
75% Joint and Survivor	0.91443	\$1,412.84	\$1,059.63
100% Joint and Survivor 1874, 24	0.88907	\$1,373.66	\$1,373.66

Formula for Benefit B

: 2.75% \* 8.0222 years \* \$43,702.22

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$562.40	N/A
Single Life Annuity	1.00000	\$562.40	N/A
10 Year Certain and Life Annuity	0.98862	\$556.00	N/A
50% Joint and Survivor	0.94184	\$529.70	\$264.85
66 2/3% Joint and Survivor	0.92392	\$519.62	\$346.41
75% Joint and Survivor	0.91522	\$514.72	\$386.04
100% Joint and Survivor	0,89007	\$500.58	\$500.58

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

1. Carl Freeman	
	do hereby apply to receive benefits under the
(Please print name)	
City of Clearwater General Employees' Pension Plan in	accordance with the following:
, and the second	2000 dance with the following.
5-minus 10.4 10579V	
Employee ID # 105/19 9	
Date of Birth: 12/28/50 Gende	r (circle one): (M) F
Job Classification: Skilled Tradeswa	rker
Department: 6-en Support Services	Division: GS Traderworker Team
Date of Hire: 3/22/2004	Date of Separation: 12/31/2020
Benefits Effective Date: 3142/7004	, , , , , , , , , , , , , , , , , , , ,
Spouse's Name: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Spouse's Date of Birth:	Spouse's Gender (circle one): M F
The type of pension for which I am applying is (check on	ly anal:
The type of pension for which I am applying is (check of	ly one).
Regular Pension based on years of service	
Job-connected Disability Pension	
Non-job-connected Disability Pension	
14011-Job-confidenced Disability (Ferision	
	}

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.]

# Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)

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

# Option 7 - 66 3/4 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 % 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.]

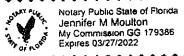
I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below	•			
Option #: _1_	Description:	Joint and Surviv	or Annuity	
Employee's Signature:	<del></del>		_ Date:	····
Dependent children under the a	age of 18 and re	siding in my housel	nold are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#
		<del></del>		
If taking Option 2 sign below	•		<del></del>	
Employee's Signature:			Date:	
If taking Option 3, fill in bene	ficiary informa	tion and sign belo	w:	
Option #: 3			and Life Annuity	
My designated beneficiary is:				
Name:		Social Secu	urity Number:	
Date of Birth:		Gender (Ci	rcle One) M F	
Address:				
Phone Number:	<u></u>	Relatio	nship	
Employee's Signature:			Date: _	

If taking Option 4, 5, 6,or 7,	fill in Option Number, Description and beneficiary information and sign below:
Option #:	Description: 50 % Joint and Survivor Annuity
My designated beneficiary is:	
Name: Mary Ann	Bergin Social Security Number:
Date of Birth: 5 20 19	
	freet north St. Petersburg, F1.
Phone Number: (727) 5	22-5154 Relationship Significant other
	0,0 3 seemen Date: 12/11/2020
	n Payment, fill in Percentage and sign below:
Option #: NA	
I elect to take a partial lump s	sum payment in the following amount (check only one):
10% of the actuaria	ally determined value of the normal retirement benefit
20% of the actuaria	ally determined value of the normal retirement benefit
30% of the actuaria	ally determined value of the normal retirement benefit
I understand my monthly retir	ement benefit for the option selected above shall be reduced accordingly.
Employee's Signature:	Date:
If naming a heneficiary ONI	_Y, fill in beneficiary information and sign below:
My designated beneficiary is:	11, the art beneficiary shormacion and sign below.
Beneficiary Name:	Beneficiary Social Security #:
Beneficiary Date of Birth:	Beneficiary Gender (Circle One) M F
Beneficiary Address:	
Beneficiary Phone Number: _	Relationship
Employee's Signature:	Date:
STATE OF FLORIDA COUNTY OF PINELLAS	The foregoing instrument was acknowledged before me this
Day 04/42	Notary Public State of Florida Jennifer M Moulton

Rev. 04/13 Form #9900-0009



jile Name: Pension Entitlement Option Form

# CITY OF CLEARWATER

#105794

## **EMPLOYEES' SEPARATION PAY PREFERENCES**

#### PREFERENCE #1

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

#### PREFERENCE #2

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

1, Carl Freem	$\frac{2N}{}$ , an employ	vee of the City of Clearw	ater, hereby apply for
pension benefits under the City	's Employees' Pension F	Plan.	
I hereby certify that I fully unde	erstand the preferences	offered to me. I choose to	retire using separation
pay preference #i an			
leave in the following manner:			,
Run Out va	acation sick	floaters	bonus hours
Lump Sum va	acation sick	floaters	bonus hours
Run Out va Lump Sum va AS SPRE 11/2020 7	146 11.291	2 8	
I understand that my preference	ce cannot be changed o	nce this form is signed and	I that my decision is
irrevocable.			
	EMPLOYEE'S SIGN	ATURE: Cart-un	eme
	SOCIAL SECURITY	#:	
			$\sim$
WITNESSES:	ADDRESS:	3636/7th St.	<u> </u>
	<u></u>	St. Petersburg	1 12337/3
	BHONE. (727) 5	12-0951 DATE:	12/11/2020

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

# City of Clearwater Employees' Retirement System **Benefit Estimate**

#### Member Data

Name

: CARL FREEMAN

Social Security No.

Date of Birth

: 12/28/1950

Age at Retirement

: 70 Years 0 Months 4 Days

**Beneficiary Data** 

Name

: MARY ANN BERGIN

: 05/20/1954

Date of Birth Age at Retirement

: 66 Years 7 Months 12 Days

Relationship

: Other

# of children under 18 : 0

Social Security No.

Retirement Data

Pension Start Date

: 03/22/2004

Calculation Type

: Estimate

Termination Date

: 12/31/2020

Benefit Group Retirement Type : Non-Hazardous - Tier II

Effective Date FAC

: 01/01/2021 40,843.35

Option Elected

: Normal Retirement

Pre-Tax Contributions

: \$ : **S** 

0.00 0.00

Partial Lump Sum : \$0.00 (0 %)

Total Member Service: 16 Years 9 Months 9 Days

Post-Tax Contributions

Formula for Benefit A : 2.75% \* 8.775 years \* \$40,843.35

### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Single Life Annuity 1570112	1.00000	\$821.33	N/A
10 Year Certain and Life Annuity 1442, 22	0.91819	\$754.14	N/A
250% Joint and Survivor 15965	0.88652	\$728.13	\$364.06
66 2/3% Joint and Survivor 13 42, 42	0.85421	\$701.59	\$467.73
75% Joint and Survivor 1318. 5	0.83892	\$689.03	\$516.78
100% Joint and Survivor 1251.66	0.79618	\$653.93	\$653.93

Formula for Benefit B

: 2.75% \* 8 years \* \$40,843.35

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Single Life Annuity	1.00000	\$748.79	N/A
10 Year Certain and Life Annuity	0.91892	\$688.08	N/A
50% Joint and Survivor	0.88781	\$664.79	\$332.39
66 2/3% Joint and Survivor	0.85581	\$640.83	\$427.22
75% Joint and Survivor	0.84066	\$629.48	\$472.11
100% Joint and Survivor	0.79826	\$597.73	\$597.73

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

1. Michael Head	do hereby apply to receive benefits under the
(Please print name)	as its training apply to reserve belleting under the
City of Clearwater General Employees' Pension Plan in	accordance with the following:
Employee ID# 10 4543	Division: Light Equipment Date of Separation: 12/18/2020
Spouse's Name: <u>Margaret Head</u>	
Spouse's Date of Birth: 67153	Spouse's Gender (circle one): M (E)
The type of pension for which I am applying is (check or	ly one):
Regular Pension based on years of service Job-connected Disability Pension Non-job-connected Disability Pension	

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

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

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

## Option 2 - Life Annuity

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

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

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

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

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

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

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

# Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)

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

# Option 7 - 66 3/2 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.]

## 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.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign belo	w:			
Option #: _1_	Description: _	Joint and Survi	or Annuity	
Employee's Signature:	,		Date:	
Dependent children under the	e age of 18 and re	siding in my house	hold are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security #
		41 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
If taking Option 2 sign belo	w:			
Option #: 2	Description:	Life Annuity	<del></del>	
Employee's Signature:	Michael	HEarl	Date: _//-	4-2020
If taking Option 3, fill in be				
Option #: 3			n and Life Annuity	····
My designated beneficiary is:				
Name:		Social Sec	urity Number:	
Date of Birth:		Gender (C	ircle One) M F	
Address:				
Phone Number:		Relation	onship	
Employed's Signature:			Date: _	

Option #:	Description:     Washington Number, Description and Servivor Annuity   Description:   Washington Annuity   W
My designated beneficiary is:	
	Consider Comparish Newson
Name:	
Date of Birth:	·
Phone Number:	Relationship
	Date:
	Payment, fill in Percentage and sign below:  Description: Partial Lump Sum Payment
I elect to take a partial lump su	m payment in the following amount (check only one):
10% of the actuarial	ly determined value of the normal retirement benefit
20% of the actuarial	ly determined value of the normal retirement benefit
30% of the actuarial	ly determined value of the normal retirement benefit
I understand my monthly retire	ment benefit for the option selected above shall be reduced accordingly.
Employee's Signature:	Date:
If naming a beneficiary ONL	Y, fill in beneficiary information and sign below:
My designated beneficiary is:	
My designated beneficiary is:	Reneficiany Social Security #:
Beneficiary Name:	Beneficiary Social Security #:
Beneficiary Name: Beneficiary Date of Birth:	Beneficiary Gender (Circle One) M F
Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address:	Beneficiary Gender (Circle One) M F
Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number:	Beneficiary Gender (Circle One) M F  Relationship
Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address:	Beneficiary Gender (Circle One) M F
Beneficiary Name:  Beneficiary Date of Birth:  Beneficiary Address:  Beneficiary Phone Number:  Employee's Signature:	Beneficiary Gender (Circle One) M F  Relationship  Date:
Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	Beneficiary Gender (Circle One) M F  Relationship  Date:  The foregoing instrument was acknowledged before me this \( \sum_{N}^{N} \)
Beneficiary Name:  Beneficiary Date of Birth:  Beneficiary Address:  Beneficiary Phone Number:  Employee's Signature:  STATE OF FLORIDA	Beneficiary Gender (Circle One) M F  Relationship  Date:  The foregoing instrument was acknowledged before me this \( \sigma^m \)  of the Movember (2000)
Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	Beneficiary Gender (Circle One) M F  Relationship  Date:  The foregoing instrument was acknowledged before me this Jam's  4TB day of Chabar November 2020  by Michael Head
Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	Beneficiary Gender (Circle One) M F  Relationship  Date:  The foregoing instrument was acknowledged before me this \int m  if \text{Tb} day of \text{Descender} November 2000  by \text{Michael Head}  who is personally known to me or who has provided
Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	Beneficiary Gender (Circle One) M F  Relationship  Date:  The foregoing instrument was acknowledged before me this Jam's  4TB day of Chabar November 2020  by Michael Head
Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	Beneficiary Gender (Circle One) M F  Relationship  Date:  The foregoing instrument was acknowledged before me this \www.  \( \frac{175}{475} \) day of \( \frac{1}{475} \) day of \( \frac{1}{475} \) \( \frac{1}{475} \) day of \( \frac{1}{475} \) \( \frac{1}{4
Beneficiary Name: Beneficiary Date of Birth: Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF	Beneficiary Gender (Circle One) M F  Relationship  Date:  The foregoing instrument was acknowledged before me this imm  of the day of the day November, 2020  by Michael Head  who is personally known to me or who has provided as identification and who did/did not take an oath,  (Signature)  Notary Public  Jennifer M. Moulton Name of Notary Printed
Beneficiary Name:  Beneficiary Date of Birth:  Beneficiary Address:  Beneficiary Phone Number:  Employee's Signature:  STATE OF FLORIDA  COUNTY OF	Beneficiary Gender (Circle One) M F  Relationship  Date:  The foregoing instrument was acknowledged before me this \int m  ITh day of \text{Tobser November, 2000}  by \text{Michael Head}  who is personally known to me or who has provided  as identification and who did/did not take an oath.  Notary Public

Rev. 04/13 Form #9900-0009 Notary Public State of Florida Jennifer M Moulton My Commission GG 179386 Expires 03/27/2022

File Name: Pension Entitlement Option Form

# 104543

#### CITY OF CLEARWATER

# **EMPLOYEES' SEPARATION PAY PREFERENCES**

#### PREFERENCE #1

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

#### PREFERENCE #2

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

1, michael Hea	d, an em	oloyee of the	City of Clearw	rater, hereby apply for
pension benefits under the City	's Employees' Pensi	on Plan.		
I hereby certify that I fully und	erstand the preferen	ces offered to	me. I choose to	retire using separation
pay preference # ar	d wish my benefits	to be calculate	d under this pre	ference. Please use my
leave in the following manner:				,
Run Out v	acations	ick/fl	oaters	bonus hours
Run Out v.  Lump Sum v.  POE 10/23/2070 6,196	acations	ick よっと fl	oaters	bonus hours
I understand that my preference	ce cannot be change	d once this for	m is signed and	I that my decision is
irrevocable.	EMPLOYEE'S S	GNATURE:	Michel	HEAL
	SOCIAL SECUR	ITY #:		
WITNESSES:	ADDRESS:	13	40 Fair	mont St.
		Clear	runter F	3375
	PHONE: (72T)	1) 612-874	// DATE: /	11-4-2020

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

# City of Clearwater Employees' Retirement System Benefit Estimate

#### Member Data

Name : MICHAEL HEAD Social Security No.

Date of Birth : 12/02/1953

Age at Retirement : 67 Years 1 Month

**Beneficiary Data** 

Name : MARGARET HEAD Social Security No.

Date of Birth : 06/07/1953

Age at Retirement : 67 Years 6 Months 24 Days Relationship :

# of children under 18 :

Retirement Data

Pension Start Date : 04/10/2000 Calculation Type : Estimate

Termination Date : 12/18/2020 Benefit Group : Non-Hazardous - Tier II
Effective Date : 01/01/2021 Retirement Type : Normal Retirement

FAC: \$ 42,608.52 Option Elected

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

Post-Tax Contributions : \$ 0.00 Total Member Service : 20 Years 8 Months 9 Days

Formula for Benefit A : 2.75% \* 12.725 years \* \$42,608.52

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,242.53	N/A
Single Life Annuity 2020,47,	1.00000	\$1,242.53	N/A
Single Life Annuity 2020,47, 10 Year Certain and Life Annuity 1905,49	0.94293	\$1,171.62	N/A
50% Joint and Survivor 1859,67	0.92010	\$1,143.25	\$571.62
66 2/3% Joint and Survivor 18 11.62	0.89623	\$1,113.59	\$742.39
75% Joint and Survivor 1788. 51	0.88475	\$1,099.33	\$824.49
100% Joint and Survivor 17 22.60	0.85202	\$1,058.66	\$1,058.66

Formula for Benefit B : 2.75% \* 7.9667 years \* \$42,608.52

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1,00000	\$777.90	N/A
Single Life Annuity	1.00000	\$777.90	N/A
10 Year Certain and Life Annuity	0.94340	\$733.87	N/A
50% Joint and Survivor	0.92096	\$716.42	\$358.21
66 2/3% Joint and Survivor	0.89732	\$698.03	\$465.35
75% Joint and Survivor	0.88595	\$689.18	\$516.89
100% Joint and Survivor	0,85350	\$663.94	\$663.94

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, Julie Hudson (Please print name) City of Clearwater General Employees' Pension	do hereby apply to receive benefits under the Plan in accordance with the following:
Employee ID # 102583 Date of Birth: 7/12/53 Job Classification: Librarian Department: Librarian Date of Hire: 8/24/92 Benefits Effective Date: 8/24/92	Gender (circle one): MF  Division: Countryside /outh Date of Separation: 2/3/2021
Spouse's Name: Robert Huds Spouse's Date of Birth: 10/8/53	Spouse's Gender (circle one): M F
The type of pension for which I am applying is (continuous pension based on years of Job-connected Disability Pension Non-job-connected Disability Pension	service

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

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

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

Option 2 - Life Annuity

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

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

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

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

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

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

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

### Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)

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

# Option 7 - 66 3/4 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 ¾ percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

#### **Partial Lump Sum Payment Option**

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

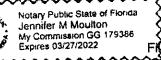
I have considered the various benefit payment methods under such Plan and have elected to receive my retirement benefits as indicated below. (Note: Option selection to be indicated both by Number and Description.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign below:				
Option #: 1 Description: Joint and Survivor Annuity				
Employee's Signature:			Date:	Market and the second s
Dependent children under the a	ge of 18 and re	siding in my househ	old are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security #
***				
If taking Option 2 sign below:			**************************************	
Option #: _2_	Description: _	Life Annuity	-	
Employee's Signature:			Date:	<u> </u>
If taking Option 3, fill in benef	iciary informa	tion and sign belov	v:	
Option #: 3			and Life Annuity	******
My designated beneficiary is:				
Name:	·	Social Secu	rity Number:	
Date of Birth:	Gender (Circle One) M F			
Address:	***************************************			
Phone Number:				
Employee's Signature:			Date:	

	fill in Option Number, Description and beneficiary information and sign below:
Option #:	Description: 66 2/3 % Joint and Survivor Annuity
My designated beneficiary is:	
Name: Robert Hud	SOY) Social Security Number:
Date of Birth: 10/8/	
1 1	icld Dr Clearwater FL
	384965 Relationship Hosband
	Jun His Date: 12/31/20
	m Payment, fill in Percentage and sign below:
Option #: NA	
Letect to take a partial lump s	um payment in the following amount (check only one):
,	
· · · · · · · · · · · · · · · · · · ·	ally determined value of the normal retirement benefit
20% of the actuaria	ally determined value of the normal retirement benefit
30% of the actuaria	ally determined value of the normal retirement benefit
Lunderstand my monthly retir	rement benefit for the option selected above shall be reduced accordingly.
• •	
Employee's Signature:	Date:
If naming a beneficiary ONL	LY, fill in beneficiary information and sign below:
My designated beneficiary is:	
Beneficiary Name:	Beneficiary Social Security #:
Beneficiary Date of Birth:	Beneficiary Gender (Circle One) M F
Beneficiary Address:	
Beneficiary Phone Number: _	Relationship
Employee's Signature:	Date:
STATE OF FLORIDA	The foregoing instrument was acknowledged before me this
COUNTY OF PINELLAS	31St day of December, 2020
PINELLAS	by Julie Robinson
	who is personally known to me or who has provided
	as identification and who did/did not take an oath.
	Notary Public
	Jennifer M. Moulton Name of Notary Printed
	My Commission expires:
	my Continuation expires.
	Notary Public State of Florida
D 04/40	Jennifer M Moulton

Rev. 04/13 Form #9900-0009



File Name: Pension Entitlement Option Form

102583

File Name: Employee Separation Pay Pref

## **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

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.

, Julia Hudson, an employee of the City of Clearwater, hereby apply for
pension benefits under the City's Employees' Pension Plan.
hereby certify that I fully understand the preferences offered to me. I choose to retire using separation
pay preference # and wish my benefits to be calculated under this preference. Please use my
eave in the following manner:
Run Out vacation sick floaters bonus hours
Lump Sum vacation sick floaters bonus hours
Run Out vacation sick floaters bonus hours
understand that my preference cannot be changed once this form is signed and that my decision is
irrevocable.
EMPLOYEE'S SIGNATURE:
SOCIAL SECURITY #:
WITNESSES: ADDRESS: 1485 East Field Dr.
Clearwater F2 33764
PHONE: (727)538-4965 DATE: 12/31/20

# City of Clearwater Employees' Retirement System **Benefit Estimate**

#### Member Data

Name

: JULIE HUDSON

Social Security No.

Date of Birth

: 07/12/1953

Age at Retirement

: 67 Years 7 Months 20 Days

**Beneficiary Data** 

Name

: ROBERT HUDSON

Social Security No.

Date of Birth

: 10/08/1953

Age at Retirement

Relationship

: Spouse

: 67 Years 4 Months 24 Days

# of children under 18 : 0

**Retirement Data** 

Pension Start Date

: 08/24/1992

Calculation Type

: Estimate

Termination Date

: 02/03/2021

Benefit Group

: Non-Hazardous - Grandfathered

Effective Date

: 03/01/2021

Retirement Type Option Elected

: Normal Retirement

FAC

: \$ 58,216.27 : \$ 0.00

Partial Lump Sum

: \$0.00 (0 %)

Pre-Tax Contributions Post-Tax Contributions

: \$

0.00

Total Member Service : 28 Years 5 Months 10 Days

Formula for Benefit A : 2.75% \* 28.4444 years \* \$58,216.27

### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$3,794.84	N/A
Single Life Annuity	1.15259	\$4,373.90	N/A
10 Year Certain and Life Annuity	1.07536	\$4,080.81	N/A
50% Joint and Survivor	1.04860	\$3,979.29	\$1,989.64
66 2/3% Joint and Survivor	1.01799	\$3,863.12	\$2,575.41
75% Joint and Survivor	1.00334	\$3,807.52	\$2,855.64
100% Joint and Survivor	0.96183	\$3,649.97	\$3,649.97

\* 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, Vernon Kearney (Please print name) City of Clearwater General Employees' Pension Plan in a	do hereby apply to receive benefits under the accordance with the following:
Employee ID# 104612 Date of Birth: 4/12/64 Gender Job Classification: Senior Storm Water Department: 24/12/64 Gender Department: 5/27/2000 Benefits Effective Date: 7/15/2000	c (circle one). M. F Er Technician  Division: Cleaning + Inspection  Date of Separation:     8   2021
Spouse's Name:	Spouse's Gender (circle one): M F
The type of pension for which I am applying is (check on	ly one):
Regular Pension based on years of service Job-connected Disability Pension Non-job-connected Disability Pension	:

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

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

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

#### Option 2 - Life Annuity

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

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

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

### Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)

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

#### Option 7 - 66 3/4 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 % 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.)

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign belo	W:			
Option #: <u>1</u>	Description:	Joint and Survivo	or Annuity	
Employee's Signature:			Date:	
Dependent children under th	e age of 18 and re	esiding in my househ	old are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#
**************************************				
If taking Option 2 sign belo	ow:			
Option #: _2_		Life Annuity	_	
Employee's Signature: N.	-	_ '	Date: <u> </u>	<u> 30-2020</u>
If taking Option 3, fill in be				
Option #: 3			and Life Annuity	
My designated beneficiary is	:			
Name:		Social Secu	rity Number:	
Date of Birth:		Gender (Cir	cle One) M F	
Address:				
Phone Number:		Relation	nship	
Employee's Signature			Date:	

If taking Option 4, 5, 6,or 7, fi	II in Option Numb	er, Description and beneficiary information and sign below:
Option #:	Description:	% Joint and Survivor Annuity
My designated beneficiary is:		
Name:		Social Security Number:
Date of Birth:		Gender (Circle One) M F
Address:		
Phone Number:		Relationship
Employee's Signature:		Date:
If taking a Partial Lump Sum	Payment, fill in Pe	ercentage and sign below:
Option #: NA	Description: 20	Partial Lump Sum Payment
I elect to take a partial lump su	m payment in the fo	ollowing amount (check only one):
10% of the actuarial	lv determined value	of the normal retirement benefit
	•	of the normal retirement benefit
i <del></del>	•	of the normal retirement benefit
		option selected above shall be reduced accordingly.
Employee's Signature: <u></u>	\\	
If naming a beneficiary ONL	Y, fill in beneficiary	y information and sign below:
My designated beneficiary is:		
Beneficiary Name:		Beneficiary Social Security #:
Beneficiary Date of Birth:		Beneficiary Gender (Circle One) M F
Beneficiary Address:		
Beneficiary Phone Number:		Relationship
Employee's Signature:		Date:
STATE OF FLORIDA COUNTY OF PINELLAS	by Vern who is personally	known to me or who has provided

Rev. 04/13 Form #9900-0009

File Name: Pension Entitlement Option Form

#### CITY OF CLEARWATER

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

#### PREFERENCE #1

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

#### PREFERENCE #2

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

1, Vernon Ke	ow ney, an employee of the City of Clearwater, hereby apply for
	City's Employees' Pension Plan.
	nderstand the preferences offered to me. I choose to retire using separation
pay preference #	and wish my benefits to be calculated under this preference. Please use my
leave in the following mann	er:
	vacation sick floaters bonus hours
Lump Sum	vacation sick floaters bonus hours
885 17/4/2010 153	vacation sick floaters bonus hours
I understand that my prefer	ence cannot be changed once this form is signed and that my decision is
irrevocable.	
	EMPLOYEE'S SIGNATURE: N
	SOCIAL SECURITY #:
	ADDRESS: 2219 Norman Dr.
WITNESSES:	ADDRESS:
	Clear Water FL 33765
	PHONE: (727) 5 20-3932 DATE: 12-30-2020
	FRUNE. LIGHT STATE OF THE STATE

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

# City of Clearwater Employees' Retirement System Benefit Estimate

#### Member Data

Name : VERNON KEARNEY Social Security No.

Date of Birth : 04/12/1964

Age at Retirement : 56 Years 9 Months 19 Days

Beneficiary Data

Name : NATASHA DAWES Social Security No. :

Date of Birth : 01/25/1985

Age at Retirement : 36 Years 0 Months 7 Days Relationship : Child

# of children under 18 : 0

Retirement Data

Pension Start Date : 07/15/2000 Calculation Type : Estimate

Termination Date : 01/08/2021 Benefit Group : Non-Hazardous - Tier II

Effective Date : 02/01/2021 Retirement Type : Normal Retirement

FAC : \$ 40,081.90 Option Elected

Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$56,131.17 (20 %)

Post-Tax Contributions : \$ 0.00 Total Member Service : 20 Years 5 Months 24 Days

Formula for Benefit A : 2.75% \* 12.4611 years \* \$40,081.90

Potential To Beneficiary Factor To Member Form of Payment \$915.69 N/A Single Life Annuity 1505 (19 1.00000 \$901.79 N/A 10 Year Certain and Life Annuity 0.98483 \$406.01 50% Joint and Survivor 0.88678 \$812.01 0.85453 \$782.48 \$521.66 66 2/3% Joint and Survivor \$768.50 \$576.38 0.83927 75% Joint and Survivor \$729.42 \$729.42 0.79659 100% Joint and Survivor

Formula for Benefit B : 2.75% \* 8.0222 years \* \$40,081.90

#### Monthly Benefit

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Single Life Annuity	1.00000	\$589.50	N/A
10 Year Certain and Life Annuity	0.98493	\$580.62	N/A
50% Joint and Survivor	0.88784	\$523.38	\$261.69
66 2/3% Joint and Survivor	0.85584	\$504.52	\$336.34
75% Joint and Survivor	0.84070	\$495.59	\$371.70
100% Joint and Survivor	0.79830	\$470.60	\$470.60

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,	do hereby apply to receive benefits under the accordance with the following:
Employee ID # 102893 Date of Birth: Gende Job Classification: Hire Fighter / Driver Department: Te Date of Hire: 121294 Benefits Effective Date: 121294	or (circle one): M F  Der  Division: Suppression  Date of Separation: I 25 2621
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	nly one):

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

#### Option 1 - Joint and Survivor Annuity

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

#### Option 2 – Life Annuity

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

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

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

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

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

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

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

# Option 6 - 100% Joint & Survivor Annuity - (must designate a beneficiary)

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

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

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 ½ percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

# Partial Lump Sum Payment Option

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

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

I understand that once my first pension check is received, my decision on this option is irrevocable.

If taking Option 1 sign belo	w:			
Option #: _1_	Description:	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#
				:
		<del></del>		
If taking Option 2 sign belo	w.			
Option #: <u>2</u>		Life Annuity		:
Employee's Signature:			Date:	
If taking Option 3, fill in be				:
			and Life Annuity	·
My designated beneficiary is	:			
Name:		Social Seci	urity Number:	
Date of Birth:		Gender (Ci	rcle One) M F	
Address:				
Phone Number:	<u></u>	Relatio	nship	
Employee's Signature			Date:	

Option #: 6	Description: 100 % Joint and Survivor Annuity	
My designated beneficiary is:		
Name:	Social Security Number:	
Date of Birth;	Gender (Circle One)	
Address:		
Phone Number:	Relationship	
Employee's Signature:	Date: 12/29/2020	
f taking a Partial Lump Sui	m Payment, fill in Percentage and sign below:	
Option #: NA		
elect to take a partial lump s	sum payment in the following amount (check only one):	
	ally determined value of the normal retirement benefit	
	ally determined value of the normal retirement benefit	
50% of the actuary	ally determined value of the normal retirement benefit	
understand my monthly retir	rement benefit for the option selected above shall be reduced accordingly.	
	12/22/2010 (2022)	
mployee's Signature:	Date: 12/29/2000	
f naming a beneficiary ONI	Y, fill in beneficiary information and sign below:	
Ny designated beneficiary is:		
Beneficiary Name:	Beneficiary Social Security #:	
Seneficiary Date of Birth:	Beneficiary Gender (Circle One) M F	
Seneficiary Address:		
Beneficiary Phone Number: _		
mployee's Signature:	Date:	
TATE OF FLORIDA The foregoing instrument was acknowledged before me this COUNTY OF 2070		
PINELLAS		
	by Darrin Maser	
	who is personally known to me or who has provided	
	as identification and who did/did-not take an oath.	
	Notary Public (Signature)	
	Jennifer M. Moulton Name of Notary Printed	
	My Commission expires:	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	Notary Public State of Florida  Solution  Notary Public State of Florida  Jennifer M Moulton	
Day 04/12	My Commission GG 179388	

Rev. 04/13 Form #9900-0009 Expires 03/27/2022 File Name: Pension Entitlement Option Form

£ 102845

## **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

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

I, Davyin Ma Ser, an employee of the City of Clearwater, hereby apply for
pension benefits under the City's Employees' Pension Plan.
I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation
pay preference # and wish my benefits to be calculated under this preference. Please use my
leave in the following manner:
Run Out vacation sick floaters bonus hours
Run Out vacation sick floaters bonus hours  Lump Sum vacation sick floaters bonus hours  \[ \frac{12\frac{12}{12\frac{12}{12}}}{12} = \frac{12}{12} = \f
I understand that my preference cannot be changed once this form is signed and that my decision is
irrevocable.  EMPLOYEE'S SIGNATURE:
SOCIAL SECURITY #:
WITNESSES: ADDRESS:
PHONE:DATE:

# City of Clearwater Employees' Retirement System Benefit Estimate

#### Member Data

Name : DARRIN MASER 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 : 12/12/1994 Calculation Type : Estimate

Termination Date : 01/25/2021 Benefit Group : Hazardous - Tier II
Effective Date : 02/01/2021 Retirement Type : Normal Retirement

FAC: \$ 91,462.13 Option Elected

Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$267,493.88 (30 %)

Post-Tax Contributions : \$ 0.00 Total Member Service : 26 Years 1 Month 14 Days

Formula for Benefit A : 2.75% \* 18.0528 years \* \$91,462.13

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form 3832,67 Single Life Annuity	1.00000	\$2,648.72	N/A
Single Life Annuity	1.06751	\$2,827.53	N/A
10 Year Certain and Life Annuity	1.05689	\$2,799.39	N/A
50% Joint and Survivor	1.02139	\$2,705.37	\$1,352.69
66 2/3% Joint and Survivor	1.00690	\$2,666.98	\$1,777.98
75% Joint and Survivor	0.99980	\$2,648.17	\$1,986.13
100% Joint and Survivor 3757 00	0.97910	<b>\$2,</b> 593.35	\$2,593.35

Formula for Benefit B : 2.75% \* 8.0694 years \* \$91,462.13

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,183.95	N/A
Single Life Annuity	1.05845	\$1,253.15	N/A
10 Year Certain and Life Annuity	1.04738	\$1,240.04	N/A
50% Joint and Survivor	1.01925	\$1,206.75	\$603.38
66 2/3% Joint and Survivor	1.00682	\$1,192.03	\$794.68
75% Joint and Survivor	1.00072	\$1,184.80	\$888.61
100% Joint and Survivor	0.98285	\$1,163.65	\$1,163.65

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

1. David Roberts	do hereby apply to receive benefits under the				
(Please print name)					
City of Clearwater General Employees' Pension Plan in accordance with the following:					
Benefits Effective Date: 4/18/94	o Oper				
Spouse's Name: Brenda Roberts					
	se's Gender (circle one): M (€)				
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.]

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 3/4 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 % 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.]

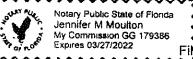
## Partial Lump Sum Payment Option

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		Joint and Survivo	or Annuity	
Employee's Signature:	<u>, , , , , , , , , , , , , , , , , , , </u>		Date:	**************************************
Dependent children under the a	ge of 18 and re	siding in my househ	old are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#
If taking Option 2 sign below:				
Option #: 2	Description: _	Life Annuity	-	
Employee's Signature:			Date:	
If taking Option 3, fill in benef	iciary informa	tion and sign belov	v:	
Option #: 3		10 Year Certain		
My designated beneficiary is:				
Name:		Social Secu	rity Number:	
Date of Birth:		Gender (Cir	cle One) M F	
Address:				A CONTRACTOR OF THE CONTRACTOR
Phone Number:		Relation	nship	
Employee's Signature			Date: _	

	ill in Option Number, Description and beneficiary information and sign below:
Option #:6	Description: 100 % Joint and Survivor Annuity
My designated beneficiary is:	
Name: Breamd J Rob	Social Security Number:
Date of Birth: 11-29-62	
Address: 1229 ELari	1905T
Phone Number: $727-4$ Employee's Signature: $\mathcal{D}_{\alpha}$	Date: 12-9-20
If taking a Partial Lump Sum	Payment, fill in Percentage and sign below:
Option #: NA	
Lalact to take a nartial lump su	ım payment in the following amount (check only one):
relect to take a partial fulfip su	In payment in the following amount (check only one).
10% of the actuarial	lly determined value of the normal retirement benefit
20% of the actuarial	lly determined value of the normal retirement benefit
30% of the actuarial	lly determined value of the normal retirement benefit
I understand my monthly retire	ment benefit for the option selected above shall be reduced accordingly.
Employee's Signature:	Date:
	Y, fill in beneficiary information and sign below:
My designated beneficiary is:	
Beneficiary Name:	Beneficiary Social Security #:
Beneficiary Date of Birth:	Beneficiary Gender (Circle One) M F
Beneficiary Address:	
Beneficiary Phone Number:	Relationship
Employee's Signature:	Date:
STATE OF FLORIDA COUNTY OF PINELLAS	The foregoing instrument was acknowledged before me this



File Name: Pension Entitlement Option Form

## CITY OF CLEARWATER

## **EMPLOYEES' SEPARATION PAY PREFERENCES**

## **PREFERENCE #1**

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

#### PREFERENCE #2

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

***************************************	
1, David Ro	berts, an employee of the City of Clearwater, hereby apply for
	ity's Employees' Pension Plan.
pay preference # 2	nderstand the preferences offered to me. I choose to retire using separation and wish my benefits to be calculated under this preference. Please use my
leave in the following manne	
Run Out	vacation sick floatersbonus hours
Lump Sum	vacation sick floaters bonus hours  30.46 186.43-12 24??
I understand that my prefere	ence cannot be changed once this form is signed and that my decision is
irrevocable.	EMPLOYEE'S SIGNATURE: Daw Polant
	SOCIAL SECURITY #:
WITNESSES:	ADDRESS: 1229 Eldridge St.
	ADDRESS: 1229 Eldridge St.  Clearwater F2.33755
	PHONE: (127) 642-6980 DATE: 12-9-20

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

## Member Data

Date of Birth

Name : DAVID ROBERTS

: 06/18/1957

Age at Retirement : 63 Years 7 Months 13 Days

**Beneficiary Data** 

Name : BRENDA ROBERTS

Date of Birth : 11/29/1960

Age at Retirement : 60 Years 2 Months 2 Days Relationship

# of children under 18 : 0

: Spouse

Social Security No.

Social Security No.

Option Elected

Retirement Data

Pension Start Date : 04/18/1994 Calculation Type : Estimate

Termination Date : 01/15/2021 Benefit Group : Non-Hazardous - Tier II
Effective Date : 02/01/2021 Retirement Type : Normal Retirement

FAC : \$ 48,497.88

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

Post-Tax Contributions : \$ 0.00 Total Member Service : 26 Years 8 Months 28 Days

Formula for Benefit A : 2.75% \* 18.7028 years \* \$48,497.88

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,078.64	N/A
Single Life Annuity 2972, 40	1.00000	\$2,078.64	N/A
10 Year Certain and Life Annuity 2855.50	0.96058	\$1,996.70	N/A
50% Joint and Survivor 216 2.22	0.90578	\$1,882.80	\$941.40
50% Joint and Survivor 263,23 66 2/3% Joint and Survivor 261148	0.87820	\$1,825.47	\$1,216.98
75% Joint and Survivor 2572.42	0.86503	\$1,798.09	\$1,348.57
100% Joint and Survivor 2461.45	0.82779	\$1,720.68	\$1,720.68

Formula for Benefit B : 2.75% \* 8.0417 years \* \$48,497.88

### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$893.76	N/A
Single Life Annuity	1.00000	\$893.76	N/A
10 Year Certain and Life Annuity	0.96089	\$858.80	N/A
50% Joint and Survivor	0.90677	\$810.43	\$405.22
66 2/3% Joint and Survivor	0.87944	\$786.01	\$524.01
75% Joint and Survivor	0.86638	\$774.33	\$580.75
100% Joint and Survivor	0.82943	\$741.31	\$741.31

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

1 10 00 0 0 0 11/0	
1, Valerie Smutko	do hereby apply to receive benefits under the
(Please print name)	• • • • • • • • • • • • • • • • • • • •
City of Clearwater General Employees' Pension Plan in a	ccordance with the following:
	association with the following.
Employee ID# 10 5603	
	( ) ( )
	(circle one): M (F)
	les Oper
Department: Soll& Waste + Recycling	Division: Kecycling Commercial
Date of Hire: 6/16/2003 /	Date of Separation:
Benefits Effective Date: 10/2/2006	
Spouse's Name: Mike Smutko	
Spouse's Date of Birth: 8 13/49	Spouse's Gender (circle one): (M) F
opodoo o o o o o o o o o o o o o o o o o	opodse's Cerider (circle one). (My) F
The type of pension for which I am applying is (check only	v 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 3/3 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

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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	r Annuity		
Employee's Signature:		Date:		
Dependent children under the age of 18 and res	siding in my househo	old are:		
Child's Name	Gender (M-F)	Date of Birth	Social Security#	
	<del></del>		•	
If taking Option 2 sign below:				
	Life Annuity			
Employee's Signature:		Date:		
If taking Option 3, fill in beneficiary information and sign below:				
	10 Year Certain a		<del></del>	
My designated beneficiary is:				
Name: MICHOS Social Security Number:				
Date of Birth: 8 13 49	Gender (Circ	de One) 🕅 F		
Address: 2087-PowDERHOPA	1 DR. CLUSA	RWAIDR, -	Li 33755	
Phone Number: (727) 447-51	74 Relation	ship <u>SP009</u>	/ /	
Employee's Signature: Value omt	40	Date:	10/3/2020	

Option #:	Description: % Joint and Survivor Annuity			
My designated beneficiary is:				
· -				
Name:				
Date of Birth:				
1				
Phone Number:				
Employee's Signature:	Date:			
<del></del>	Payment, fill in Percentage and sign below:			
Option #: NA	Description: 10% Partial Lump Sum Payment			
I elect to take a partial lump su	um payment in the following amount (check only one):			
10% of the actuaria	lly determined value of the normal retirement benefit			
20% of the actuaria	lly determined value of the normal retirement benefit			
30% of the actuaria	lly determined value of the normal retirement benefit			
Lunderstand my monthly retire	ement benefit for the option selected above shall be reduced accordingly.			
1 1 1				
Employee's Signature: Value Suite Date: 12/3/2020				
If naming a beneficiary ONL	Y, fill in beneficiary information and sign below:			
My designated beneficiary is:				
Beneficiary Name:	Beneficiary Social Security #:			
Beneficiary Date of Birth:	Beneficiary Gender (Circle One) M F			
Beneficiary Address:				
Beneficiary Phone Number: _	Relationship			
Employee's Signature:	Date:			
STATE OF FLORIDA COUNTY OF PINELLAS	The foregoing instrument was acknowledged before me this  3 PD day of December , 2020  by Valerie Smutko			
	who is personally known to me or who has provided			
	as identification and who did/did not take an oath Notary Public			
	Jennifer M. Moul Towname of Notary Printed			
	My Commission expires:			
	Notary Public State of Florida			

Jennifer M Mouton
My Commission GG 179386
Expires 03/27/2022
File Name: Rension Entitlement Option Form

# CITY OF CLEARWATER # 105 603

## **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, Valerie Smutko	, an employee of the City of Clearwater, hereby apply for
pension benefits under the City's Em	ployees' Pension Plan.
I hereby certify that I fully understan	d the preferences offered to me. I choose to retire using separation
	h my benefits to be calculated under this preference. Please use my
leave in the following manner:	·
Run Out vacation	n sick floaters bonus hours
Lump Sum vacation	n sick floaters bonus hours  n sick floaters bonus hours  y 7.70-7
I understand that my preference can	not be changed once this form is signed and that my decision is
irrevocable.	MPLOYEE'S SIGNATURE: Value Smito
	OCIAL SECURITY #:
	DDRESS: 2087 Powderhorn Dr.
***************************************	Clearwater F2 33755
P	HONE: (7) 447-5124 DATE: 10/3/2020

## Member Data

Name

: VALERIE SMUTKO

Social Security No.

Date of Birth

: 12/30/1955

Age at Retirement

: 65 Years 0 Months 2 Days

**Beneficiary Data** 

Name

: MICHAEL SMUTKO

Social Security No.

Date of Birth

: 08/13/1949

Age at Retirement

: 71 Years 4 Months 19 Days

Relationship

: Spouse

# of children under 18

Retirement Data

Pension Start Date

: 10/02/2006

Calculation Type

: Estimate

Termination Date

: 12/31/2020

Benefit Group

: Non-Hazardous - Tier II

Effective Date

: 01/01/2021

Retirement Type

: Normal Retirement

FAC

: \$ 32,992.75

Option Elected

Pre-Tax Contributions Post-Tax Contributions : \$

0.00 0.00 Partial Lump Sum —: \$13,463.05 (10 %)

Total Member Service: 14 Years 2 Months 29 Days

Formula for Benefit A

: 2.75% \* 6.2472 years \* \$32,992.75

## Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$425.11	N/A
Single Life Annuity 969, 49	1.00000	\$425.11	N/A
10 Year Certain and Life Annuity 926,35	0.95530	\$406.11	N/A
50% Joint and Survivor 918.91	0.94752	\$402.80	\$201.40
66 2/3% Joint and Survivor 903. [9]	0.93123	\$395.87	\$263.92
75% Joint and Survivor 895,54	0.92329	\$392.50	\$294.37
100% Joint and Survivor 873, 35	0.90027	\$382.72	\$382.72

Formula for Benefit B

: 2.75% \* 8 years \* \$32,992.75

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$544.38	N/A
Single Life Annuity	1.00000	\$544.38	N/A
10 Year Certain and Life Annuity	0.95565	\$520.24	N/A
50% Joint and Survivor	0.94806	\$516.11	\$258.06
66 2/3% Joint and Survivor	0.93192	\$507.32	\$338.21
75% Joint and Survivor	0.92406	\$503.04	\$377.28
100% Joint and Survivor	0.90125	\$490.63	\$490.63

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* 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, Ricky Stasiowski (Please print name) City of Clearwater General Employees' Pension Plan in a	do hereby apply to receive benefits under the accordance with the following:
Employee ID # 106989  Date of Birth: Gender  Job Classification: Five Division C  Department: Five Division C  Date of Hire: 7/23/2007  Benefits Effective Date: 12/20/2008	Coircle one): MF  A'CF  Division: Logistics Bureau  Date of Separation: 5/28 / 2021
Spouse's Name:	Spouse's Gender (circle one): M F
The type of pension for which I am applying is (check onl	iy one):
Regular Pension based on years of service Job-connected Disability Pension Non-job-connected Disability Pension	

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

# Option 1 - Joint and Survivor Annuity

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

#### Option 2 – Life Annuity

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

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

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

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

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

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

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 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 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:			
	Joint and Survivo	or Annuity	
Employee's Signature:		Date:	
Dependent children under the age of 18 and res	siding in my househo	old are:	
Child's Name	Gender (M-F)	Date of Birth	Social Security#
	·		
If taking Option 2 sign below:			
Option #: 2			
Employee's Signature:	trouski	Date: <u>/2/2</u> 3	100
If taking Option 3, fill in beneficiary informat		•	
	10 Year Certain a		
My designated beneficiary is:			
Name:	Social Secur	ity Number:	
Date of Birth:	Gender (Circ	cle One) M F	
Address:			<del></del>
Phone Number:	Relation	ship	
Employee's Signature		Date:	

Option #:	Description:	% Joint and Survivor Annuity
My designated beneficiary is:		
Name;		Social Security Number:
Date of Birth:		
Address:	· · · · · · · · · · · · · · · · · · ·	
Phone Number:		
mployee's Signature:		Date:
		ercentage and sign below:
option #: NA		Partial Lump Sum Payment
elect to take a partial lump o		ollowing amount (check only one):
		e of the normal retirement benefit
20% of the actuari	ally determined value	e of the normal retirement benefit
30% of the actuaria	ally determined value	e of the normal retirement benefit
understand my monthly retir	ement benefit for the	e option selected above shall be reduced accordingly.
mployee's Signature:		Date:
naming a beneficiary ONI	Y, fill in beneficiar	y information and sign below:
ly designated beneficiary is:		
eneficiary Name:	······································	Beneficiary Social Security #:
eneficiary Date of Birth:		_ Beneficiary Gender (Circle One) M F
eneficiary Address:		
Beneficiary Phone Number: _	<u></u>	Relationship
imployee's Signature:		
STATE OF FLORIDA	The foregoing inst	rument was acknowledged before me this
COUNTY OF	22 M d	lay of December, 2020
PINELLAS	by Ricky	Stasionski
	7	known to me or who has provided FLDC
	as identification ar	nd who did/did not take an oath.
	Jana	Notary Public
	Je	nnifer M. Moultoname of Notary Printed
	My Commission e	-
	,	Notary Public State of Florida
		Jennifer M Moulton

File Name: Pension Entitlement Option Form

# **CITY OF CLEARWATER**

106989

File Name: Employee Separation Pay Pref

# **EMPLOYEES' SEPARATION PAY PREFERENCES**

### PREFERENCE #1

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

## PREFERENCE #2

Revised 1/02

Form #9900-0008

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

•			
1, Ricky Stasjons	Ki, an employe	ee of the City of	Clearwater, hereby apply for
pension benefits under the City's E			
I hereby certify that I fully understa	and the preferences o	offered to me. I ch	noose to retire using separation
pay preference # and w			
leave in the following manner:		,	/
Run Out vacat	ion sick	floaters	borius hours
Run Out vacat  Lump Sum vacat  \[ \text{VV_Jo4 2020 2G9,71} \]	ion 803,647, 2	floaters	Hi, 62 Box
I understand that my preference ca	annot be changed on	ce this form is sig	ned and that my decision is
irrevocable.	EMPLOYEE'S SIGNA	ATURE: MOLY	Stastonists
		·	•
WITNESSES:	ADDRESS:	<del>-</del>	
	PHONE:	DA	TE: 12/22/20

## Member Data

Name : RICKY STASIOWSKI 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 : 12/20/2008 Calculation Type : Estimate

Termination Date : 05/28/2021 Benefit Group : Hazardous - Tier II Effective Date : 06/01/2021 Retirement Type : Normal Retirement

FAC : \$ 117,451.54 Option Elected : Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$0.00 (0 %)

Post-Tax Contributions : \$ 0.00 Total Member Service : 12 Years 5 Months 9 Days

Formula for Benefit A : 2.75% \* 4.0306 years \* \$117,451.54

#### Monthly Benefit

Form of Payment	Factor	To Member	To Beneficiary
Normal Form	1.02052	\$1,107.12	N/A
Single Life Annuity 34 19.28	1.02052	\$1,107.12	N/A
10 Year Certain and Life Annuity 3348.81	1.00000	\$1,084.87	N/A

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

Formula for Benefit B : 2.75% \* 8.4111 years \* \$117,451.54

Monthly Benefit

Form of Payment	Factor	To Member	To Beneficiary
Normal Form	1.02130	\$2,312.16	N/A
Single Life Annuity	1.02130	\$2,312.16	N/A
10 Year Certain and Life Annuity	1.00000	\$2,263.94	N/A
50% Joint and Survivor			

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

1, Gerald Wells	do hereby apply to receive benefits under the
(Please print name)	
City of Clearwater General Employees' Pension Plan in	accordance with the following:
Employee ID# 101876 Date of Birth: 9/14/55 Gende Job Classification: Public Utilities A Department: Public Utilities Date of Hire: 12/9/85 Benefits Effective Date: 12/9/85	r (circle one): W F 25t Manager Division: Water Rechaim Wstwtz Coll Date of Separation: 1/15/2021
Spouse's Name: Judy Wells	
Spouse's Date of Birth: /6/28/4/	Spouse's Gender (circle one): M (F)
The type of pension for which I am applying is (check or	nly one):
Regular Pension based on years of service Job-connected Disability Pension Non-job-connected Disability Pension	

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

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

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

#### Option 2 - Life Annuity

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

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

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

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

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

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

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 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 below:			·····		
Option #: _1_	Description: _	Joint and Survivo	r Annuity		
Employee's Signature:			Date:	<del> </del>	
Dependent children under the a	ge of 18 and re	siding in my househo	ld are:		
Child's Name		Gender (M-F)	Date of Birt	h	Social Security#
				<del></del>	
If taking Option 2 sign below:					
Option #: 2	Description: _	Life Annuity			
Employee's Signature:			Date:		
If taking Option 3, fill in benef	iciary informat	tion and sign below	= v		
Option #: _ 3		10 Year Certain a		ity	
My designated beneficiary is:					
Name:		Social Securi	ty Number: _		
Date of Birth:		Gender (Circ	le One) M	F	
Address:					· · · · · · · · · · · · · · · · · · ·
Phone Number:		Relations	ship		
Employee's Signature:				Date:	

	ill in Option Number, Description and beneficiary information and sign below:
Option #:	Description: 100 % Joint and Survivor Annuity
My designated beneficiary is:	
Name: Judy C.	Wells Social Security Number:
Date of Birth: 06-28	- 194/ Gender (Circle One) M(F)
Address: <u>6232</u>	Illinois Av. New Fort Ticky, FL. 34653
Phone Number: 727-	204-5089 Relationship WHE
Employee's Signature:	T//ino;'s Av. New Tart Ticky, FL. 34653 204. 5.89 Relationship WHz evall Wills Date: 12-30-2020
If taking a Partial Lump Sum	Payment, fill in Percentage and sign below:
	Description: Partial Lump Sum Payment
I elect to take a partial lump su	um payment in the following amount (check only one):
10% of the actuaria	lly determined value of the normal retirement benefit
20% of the actuaria	lly determined value of the normal retirement benefit
30% of the actuaria	lly determined value of the normal retirement benefit
I understand my monthly retire	ement benefit for the option selected above shall be reduced accordingly.
Employee's Signature:	Date:
If naming a beneficiary ONL	Y, fill in beneficiary information and sign below:
My designated beneficiary is:	
Beneficiary Name:	Beneficiary Social Security #:
Beneficiary Date of Birth:	Beneficiary Gender (Circle One) M F
Beneficiary Address:	
Beneficiary Phone Number:	Relationship
Employee's Signature:	Date:
STATE OF FLORIDA	The foregoing instrument was acknowledged before me this
COUNTY OF PINELLAS	30th day of December , 2020
FINELLMO	by Gerald Wells
	who is personally known to me or who has provided (
	as identification and who did/did not take an oath.
	(Signature) Notary Public
	Jennifer M. Mon Hon Name of Notary Printed
	My Commission expires:
	Notary Public State of Florida Jennifer M Moulton My Commission GG 179386

File Name: Pension Entitlement Option Form

# CITY OF CLEARWATER

# 101876

# **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.

	3 14		Miles and the second of the se	
i, <u>Gerald</u>	Wells.	an employee of	the City of Clearwa	ater, hereby apply for pension
benefits under the City	s Employees' Pension F	lan.		
I hereby certify that I i	fully understand the pre	ferences offered	I to me. I choose	to retire using separation pay
• • • •	•			e. Please use my leave in the
following manner:				
Run Out	vacation	sick	floaters	bonus hours
Lump Sum	vacation	sick	floaters	bonus hours
γνωινη ι I understand that my p	reference cannot be ch	anged once this	form is signed and	that my decision is
irrevocable.			1/ ./.	4. 1.8/1
	EMPLOY	EE'S SIGNATU	RE: Lead V	N/ anr
		SECURITY #: _		the state of the s
WITNESSES:	ADDRES	SS:	6232	ILLInois Ave
			New Po	rt Richey, Frzy
	PHONE	(727)2	04-5589date	rt Richey Frzy) : 12-30-2020

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

## Member Data

Name

: GERALD WELLS

Social Security No.

Social Security No.

Date of Birth

: 09/14/1955

Age at Retirement

: 65 Years 4 Months 17 Days

**Beneficiary Data** 

Name

: JUDY WELLS

Date of Birth

: 06/28/1941

Age at Retirement

: 79 Years 7 Months 3 Days

Relationship

: Spouse

# of children under 18 : 0

Retirement Data

Pension Start Date

: 12/09/1985

Calculation Type

: Estimate

Termination Date

: 01/15/2021

Benefit Group

: Non-Hazardous - Grandfathered

Effective Date

: 02/01/2021

Retirement Type Option Elected

: Normal Retirement

FAC

: \$ Pre-Tax Contributions : \$

76,373.23 0.000.00

Partial Lump Sum

: \$0.00 (0 %) Total Member Service: 35 Years 1 Month 7 Days

Post-Tax Contributions

Formula for Benefit A : 2.75% \* 35.1028 years \* \$76,373.23

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$6,143.76	N/A
Single Life Annuity	1.04328	\$6,409.63	N/A
10 Year Certain and Life Annuity	0.99495	\$6,112.74	N/A
50% Joint and Survivor	1.01754	\$6,251.50	\$3,125.76
66 2/3% Joint and Survivor	1.00924	\$6,200.55	\$4,133.70
75% Joint and Survivor	1.00514	\$6,175.35	\$4,631.52
100% Joint and Survivor	0.99304	\$6,101.01	\$6,101.01

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

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.