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

I, Amelia Alams (Please print name)		apply to receive benefits under the
City of Clearwater General Employees' Pension	Plan in accordance with the	following:
Employee ID# 107754 Date of Birth: 3/11/48 Job Classification: Senior Account Department: Financial Budget Date of Hire: 1/3/2011 Benefits Effective Date: 1/3/2011	Gender (circle one): M (The Tech Division: Proc Date of Separation	E) urement : 2/26/2021
Spouse's Name:		
Spouse's Date of Birth:	Spouse's Gender ((circle one): M F
The type of pension for which I am applying is (c	heck only one):	
Regular Pension based on years of 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 3/3 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

Million Outland along balance

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	DEIOW.		
Option #: _1_	Description: _	Joint and Survivor Annuity	<u>'</u>
Employee's Signature: _		Date	:
Dependent children unde	er the age of 18 and res	siding in my household are:	
Child's Name		Gender (M-F) Date of	f Birth Social Security#
If taking Option 2 sign	below:		
Option #: _2_	Description: _	Life Annuity	1.1
Employee's Signature: _	brelia a	Chans Date	1/8/21
		to a sud sign below	
If taking Option 3, fill in	n beneficiary informat	tion and sign below:	
Option #:3_	Description: _	10 Year Certain and Life	Annuity
My designated beneficia	ary is:		
Name:		Social Security Numb	per:
Date of Birth:		Gender (Circle One)	M F
Address:			
Phone Number:		Relationship	
Employee's Signature:			Date:

ALCOHOL BUILDING

Option #:		% Joint and Survivor An	nuity
My designated beneficiary is	s:		
Name:		Social Security Number	;
Date of Birth:			
Address:		Gender (Olicie One)	VI I
Phone Number:		Relationship	
			Date:
Option #:NA		rcentage and sign below: Partial Lump Sum	
I elect to take a partial lump	sum payment in the fo	ollowing amount (check only	one):
10% of the actua	rially determined value	of the normal retirement be	nefit
20% of the actua	rially determined value	of the normal retirement be	nefit
30% of the actua	rially determined value	of the normal retirement be	nefit
I understand my monthly re	tiroment honofit for the	ontion selected above shall	he reduced accordingly
•			
Employee's Signature:		Date:	
If naming a beneficiary O	NLY, fill in beneficiary	information and sign bel	ow:
My designated beneficiary i	s:		
Beneficiary Name:		Beneficiary Social	Security #:
Beneficiary Date of Birth:			
Beneficiary Address:			
Beneficiary Phone Number		Relationship	
Employee's Signature:			
STATE OF FLORIDA	The foregoing inst	rument was acknowledged	before me this
COUNTY OF	d	ay of January	, 202(
PINELLAS	by Amelia	Adams	
	who is personally	known to me or who has pr	ovided
	as identification ar	nd who did/did not take an	oath.
	In	(Signature)	Notary Public
	Jenr	rifer M. Mon	Name of Notary Printed
	My Commission e	xpires:	
	~~~		~}
	Some	Notary Public State of Florida Jennifer M Moulton My Commission GG 179386	{
Rev. 04/13	S JAM .		
Form #9900-0009	5-00	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

#### CITY OF CLEARWATER

10.7754

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 paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

1, AMelia Ada	, an employee of the City of Clearwater, hereby apply for
pension benefits under th	e 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 ma	
Run Out	vacation sick floaters bonus hours
Lump Sum	vacation sick floaters bonus hours 22.50
I understand that my pre-	ference cannot be changed once this form is signed and that my decision is
irrevocable.	EMPLOYEE'S SIGNATURE: Jonelia a. adams
	EIVII LOTTE O OTGIVITOTIE!
	SOCIAL SECURITY #:
WITNESSES:	ADDRESS: 2749 Merlin Way
	Clearwater F 33761
	PHONE: (727)772-9111 DATE: 1/8/2/

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

Member Data

: AMELIA ADAMS Name

: 03/11/1948 Date of Birth

: 72 Years 11 Months 21 Days Age at Retirement

**Beneficiary Data** 

Name

Date of Birth

Age at Retirement

Retirement Data

: 01/31/2011 Pension Start Date : 02/26/2021 Termination Date Effective Date

: 03/01/2021 : \$ 32,738.16 FAC Pre-Tax Contributions 0.00 : \$ 0.00

Post-Tax Contributions : \$ Social Security No.

Social Security No.

Relationship

# of children under 18:

Calculation Type : Estimate

Benefit Group Retirement Type

Option Elected

Partial Lump Sum

: \$0.00 (0 %)

Total Member Service: 10 Years 0 Months 26 Days

Formula for Benefit A

: 2.75% * 1.9167 years * \$32,738.16

Monthly Benefit

Potential

: Non-Hazardous - Tier II

: Normal Retirement

Form of Payment	Factor	To Member	To Beneficiary
Normal Form	1.00000	\$143.80	N/A
Single Life Annuity 755, 67	1.00000	<b>-</b> \$143.80	N/A
10 Year Certain and Life Annuity 668,72	0.88403	\$127.12	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% * 8.1556 years * \$32,738.16

Monthly Benefit

Form of Payment	Factor	To Member	To Beneficiary
Normal Form Single Life Annuity 10 Year Certain and Life Annuity 50% Joint and Survivor	1.00000	\$611.87	N/A
	1.00000	<b>\$611.87</b>	N/A
	0.88515	\$541.60	N/A

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

	The same of the sa
1, <u>Kichard Garbe</u>	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 # 152517  Date of Birth: 61557  Job Classification: 6as System  Department: 6as  Date of Hire: 11392  Benefits Effective Date: 11392	Gender (circle one): (M) F  Specialist  Division: Service & Repair  Date of Separation: 1   29   2021
7- ( )	
Spouse's Name: Dona Garbe	
Spouse's Date of Birth: 22447	Spouse's Gender (circle one): M 🖅
The type of pension for which I am applying is (	check only one):
Regular 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 3/3 Joint & Survivor Annuity - (must designate a beneficiary)

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 ¾ percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

#### Partial Lump Sum Payment Option

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

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

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 Surviv	or Annuity	
Employee's Signature:			Date:	
Dependent children under th	e age of 18 and res	siding in my househ	old are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#
		1		
If taking Option 2 sign belo	w:			
Option #: _2_	Description: _	Life Annuity	-	
Employee's Signature:			Date:	
If taking Option 3, fill in be	neficiary informat	ion and sign below	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:				
Phone Number:		Relation	nship	
Employee's Signature:			Date:	

Option #: 5	Description: % Joint and Survivor Annuity
My designated beneficiary is	
Name: Name:	Social Security Number:
Date of Birth: 2/25	Gender (Circle One) M F
Address: 270/ (	DINIH COUNT
Phone Number: 222-	510-7082 Relationship 4) I Fe
Employee's Signature:	Date: 1/11/22
•	
Option #: NA	m Payment, fill in Percentage and sign below:  Description: Partial Lump Sum Payment
Option #	Description: Partial Europ Sum Payment
I elect to take a partial lump	sum payment in the following amount (check only one):
10% of the actuar	ially determined value of the normal retirement benefit
20% of the actuar	ially determined value of the normal retirement benefit
30% of the actuar	ially determined value of the normal retirement benefit
I understand my monthly reti	irement benefit for the option selected above shall be reduced accordingly.
Employee's Signature:	Date:
My designated beneficiary is	ILY, fill in beneficiary information and sign below:
Beneficiary Name:	
Beneficiary Date of Birth:	
Beneficiary Address:	
Beneficiary Phone Number:	Relationship
Employee's Signature:	Date:
STATE OF FLORIDA	The foregoing instrument was acknowledged before me this
COUNTY OF PINELLAS	litter day of January, 2021
1 IIVEEE/ (O	by Richard Garbe
	who is personally known to me or who has provided
	as identification and who did/did not take an cath.
*	Notary Public
	Jennifer M. Moulton Name of Notary Printed
	My Commission expires:
	***************************************
	Notary Public State of Florida
Rev. 04/13	Jennifer M Moulton My Commission GG 179386 Expires 03/27/2022 Sile Name: Pension Entitlement Ontion Form
Form #9900-0009	File Name: Pension Entitlement Option Form

# **CITY OF CLEARWATER**

102517

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, Richard Gabe	, an e	employee of	the City of Cle	arwater, hereby apply for
pension benefits under the City's	Employees' Per	nsion Plan.		
I hereby certify that I fully under	stand the prefer	ences offered	d to me. I choos	e to retire using separation
pay preference # and	wish my benefi	ts to be calcu	lated under this	preference. Please use my
leave in the following manner:				
Run Out vac	ation	sick	floaters	bonus hours
Lump Sum vac 1/1/2021 104.67	ation	sick	floaters	bonus hours
111/2021 104.61	1560十	2 2	4	18.45 Ranks
I understand that my preference	cannot be chan	ged once this	s form is signed	and that my decision is
irrevocable.			210	
	EMPLOYEE'S	SIGNATURE	: //h/	Sul
	SOCIAL SECU			
			OT C	-
WITNESSES:	ADDRESS:			•
		Pali	m Harbon	- KL 34684
	PHONE:		232 DATE:	
	FHOINE: TO	. , 10 5 5	DATE:	

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

#### Member Data

Name

: RICHARD GARBE

Social Security No.

Social Security No.

Date of Birth

: 06/15/1957

Age at Retirement

: 63 Years 7 Months 16 Days

**Beneficiary Data** 

: DONA GARBE

Date of Birth

: 02/24/1947

Age at Retirement

: 73 Years 11 Months 5 Days

Relationship

: Spouse

# of children under 18 : 0

Retirement Data

Pension Start Date

: 01/13/1992

Calculation Type

: Estimate

Termination Date

: 01/29/2021

: \$

Benefit Group

: Non-Hazardous - Grandfathered

Effective Date

: 02/01/2021

Retirement Type

: Normal Retirement

FAC

: \$ 77,071.77

Option Elected

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

Partial Lump Sum : \$0.00 (0 %)

Total Member Service: 29 Years 0 Months 17 Days

Formula for Benefit A

: 2.75% * 29.0472 years * \$77,071.77

0.00

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$5,130.40	N/A
Single Life Annuity	1.06238	\$5,450.45	N/A
10 Year Certain and Life Annuity	1.01894	\$5,227.58	N/A
50% Joint and Survivor	1.02326	\$5,249.71	\$2,624.85
66 2/3% Joint and Survivor	1.01085	\$5,186.06	\$3,457.37
75% Joint and Survivor	1.00475	\$5,154.77	\$3,866.08
100% Joint and Survivor	0.98691	\$5,063.25	\$5,063.25

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, Ricky Hess	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 # 103248  Date of Birth: 12/23/65  Job Classification: Envir Code Eh- Department: Engineering Date of Hire: 7/22/96  Benefits Effective Date: 7/22/96  Spouse's Name: Heidi Hess	Gender (circle one): (M)  Finspctr  Division: Environ  Date of Separation	ronmental Engineering: 1/19/2021
Spouse's Date of Birth: 10/18/66	Spouse's Gender (	circle one): M 🐑
The type of pension for which I am applying is (compared to be a second to be a s	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 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 3/8 Joint & Survivor Annuity - (must designate a beneficiary)

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

#### Partial Lump Sum Payment Option

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

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

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

If taking Option 1 sign bel	ow:			
Option #: _1_	Description: _	Joint and Survivo	or Annuity	
Employee's Signature:			Date:	
Dependent children under th	ne age of 18 and res	siding in my househ	old are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security #
If taking Option 2 sign bel	ow:			
Option #: _2_	Description: _	Life Annuity		
Employee's Signature:			Date:	
If taking Option 3, fill in be	eneficiary informat	tion and sign below	v:	
Option #: _ 3_		10 Year Certain		
My designated beneficiary is	s:			
Name:		Social Secu	rity Number:	
Date of Birth:		Gender (Cir	cle One) M F	
Address:				
Phone Number:		Relation	nship	
Employee's Signature			Date:	

Option #:	Description: ( O ( ) % Joint and Survivor Annuity
My designated beneficiar	
Name: Heili	
Date of Birth: 10 -	Gender (Circle One) M F
Address: <u>5 753 k</u>	1WY 85 NORTH # 3784 CRESTULEW FL 32536 -1461-7205 Relationship GDOJE,
Employee's Signature:	Date: 1/4/2021
If taking a Partial Lump	Sum Payment, fill in Percentage and sign below:
Option #: NA	Description: Partial Lump Sum Payment
I elect to take a partial lur	np sum payment in the following amount (check only one):
	uarially determined value of the normal retirement benefit uarially determined value of the normal retirement benefit
30% of the act	uarially determined value of the normal retirement benefit
I understand my monthly	retirement benefit for the option selected above shall be reduced accordingly.
	Date:
	ONLY, fill in beneficiary information and sign below:
My designated beneficiar	y is:
Beneficiary Name:	Beneficiary Social Security #:
Beneficiary Date of Birth:	Beneficiary Gender (Circle One) M F
Beneficiary Address:	
Beneficiary Phone Numb	er: Relationship
Employee's Signature: _	Date:
STATE OF FLORIDA	The foregoing instrument was acknowledged before me this
COUNTY OF PINELLAS	day of January, 20
, 11122210	by Ricky Mess
	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
9	Jennifer M Moulton My Commission GG 179386
Rev. 04/13	Expires 03/27/2022

Rev. 04/13 Form #9900-0009

File Name: Pension Entitlement Option Form

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 benefits will begin the following month.

I, Ricky H				earwater, hereby apply for
	M			se to retire using separation
pay preference #	and wish m	y benefits to be ca	lculated under this	preference. Please use my
leave in the following ma	nner:			
Run Out	vacation	sick	floaters	bonus hours
Lump Sum	vacation	sick	floaters	bonus hours
PPE 12/18/2025	184.76	1364.43-12		
I understand that my pre			this form is signed	and that my decision is
irrevocable.	EMPl	LOYEE'S SIGNATU	JRE:	2 Veni
WITNESSES:		AL SECURITY #: _ 5 153 Hw y851 RESS: 43784 +VIEW32536	<i>y</i>	
	PHO	NE:(727) 461-	-7205_ DATE:	1/4/2021

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

#### Member Data

Name : RICKY HESS Date of Birth : 12/23/1965

Age at Retirement : 55 Years 1 Month 9 Days

Beneficiary Data

Name : HEIDI HESS

Date of Birth : 10/18/1966

Age at Retirement : 54 Years 3 Months 14 Days Relationship : Spouse

# of children under 18 : 0

Social Security No.

Social Security No.

Retirement Data

Pension Start Date Calculation Type : 07/22/1996 : Estimate

Termination Date : 01/19/2021 Benefit Group : Non-Hazardous - Tier II Effective Date : 02/01/2021 Retirement Type : Normal Retirement

**FAC** : \$ 55,800.76 Option Elected

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

Post-Tax Contributions 0.00 Total Member Service: 24 Years 5 Months 28 Days : \$

Formula for Benefit A : 2.75% * 16.4417 years * \$55,800.76

#### **Monthly Benefit**

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,102.51	N/A
Single Life Annuity 3132, 27	1.00000	\$2,102.51	N/A
10 Year Certain and Life Annuity 3096.47	0.98855	\$2,078.43	N/A
50% Joint and Survivor 2965.87	0.94671	\$1,990.46	\$995.23
66 2/3% Joint and Survivor 2914,27	0.93019	\$1,955.73	\$1,303.82
75% Joint and Survivor 2899 14	0.92214	\$1,938.81	\$1,454.10
100% Joint and Survivor 2816 7 6	0.89881	\$1,889.75	\$1,889.75

: 2.75% * 8.0528 years * \$55,800.76 Formula for Benefit B

#### Monthly Benefit

Form of Payment	Factor	To Member	To Beneficiary
Normal Form	1.00000	\$1,029.76	N/A
Single Life Annuity	1.00000	\$1,029.76	N/A
10 Year Certain and Life Annuity	0.98862	\$1,018.04	N/A
50% Joint and Survivor	0.94722	\$975.41	\$487.71
66 2/3% Joint and Survivor	0.93084	\$958.54	\$639.03
75% Joint and Survivor	0.92286	\$950.33	\$712.75
100% Joint and Survivor	0.89973	\$926.51	\$926.51

*************************** 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

1, Kandy Higgins (Please print name)	do hereby apply to receive benefits under the
City of Clearwater General Employees' Pension Plan in a	accordance with the following:
Employee ID # 104269  Date of Birth: 11 125 5 Gender  Job Classification: 510 m Water Heavy &  Department: 51249  Date of Hire: 51249  Benefits Effective Date: 572499	r (circle one): MF
Spouse's Name:	Spouse's Gender (circle one): M F
The type of pension for which I am applying is (check on Regular Pension based on years of service Job-connected Disability Pension Non-job-connected Disability Pension	lly one):

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit 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.

Option #: _1_	Description: _	Joint and Survivo	r Annuity		
Employee's Signature:			Date:		
Dependent children under th	e age of 18 and re	siding in my househo	old are:		
Child's Name		Gender (M-F)	Date of	Birth	Social Security #
If taking Option 2 sign belo	ow:				
Option #: _2_		Life Annuity			
Employee's Signature:	andy Vinga	rind	Date	2-18	-2021
If taking Option 3, fill in be	, ,,,		- 1		
Option #: _ 3_		10 Year Certain		nnuity	
My designated beneficiary is	s:				
Name:		Social Secur	ity Numb	er:	
Date of Birth:		Gender (Circ	cle One)	M F	
Address:					is a second for the second sec
Phone Number:		Relation	ship		
Employee's Signature:				Date:	

			clary information and sign below:
Option #:	Description:	% Joint and Survivor A	nnuity
My designated beneficiary is:			
Name:		_ Social Security Number	r:
Date of Birth:		_ Gender (Circle One)	M F
Address:			
Phone Number:		Relationship	
Employee's Signature:		And the second s	Date:
If taking a Partial Lump Sun	n Payment, fill in P	ercentage and sign below	
Option #: NA	Description:	Partial Lump Sum	Payment
I elect to take a partial lump s	um payment in the	following amount (check only	rone):
10% of the actuaria	ally determined valu	e of the normal retirement be	enefit
20% of the actuaria	ally determined valu	e of the normal retirement be	nefit
30% of the actuaria	ally determined valu	e of the normal retirement be	enefit
I understand my monthly retire	ement benefit for th	e option selected above sha	I be reduced accordingly.
Employee's Signature:		Date:	
If naming a beneficiary ONL	Y, fill in beneficia	ry information and sign be	low:
My designated beneficiary is:			
Beneficiary Name:		Beneficiary Social	Security #:
Beneficiary Date of Birth:		Beneficiary Gender (C	rcle One) M F
Beneficiary Address:			
Beneficiary Phone Number: _		Relationship	
Employee's Signature:		Date:	
STATE OF FLORIDA COUNTY OF PINELLAS	by Rond who is personally		novided, 202 ( rovided

Rev. 04/13 Form #9900-0009

File Name. Pension Entitlement Option Form

## CITY OF CLEARWATER

104269

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 paycheck. Termination date will be the benefits will begin the following month.

1, Rondy His	ggins	, an employee	of the City of	Clearwater, hereby apply for
pension benefits under the	, ,	1		
				pose to retire using separation
pay preference #	and wish my	benefits to be ca	alculated under t	his preference. Please use my
leave in the following ma	nner:			
Run Out	vacation	sick	floaters _	bonus hours
Lump Sum	vacation	sick _	floaters _	bonus hours
Lump Sum	208,18	762.99-2	24	
I understand that my pre	eference cannot b	e changed once	this form is sign	ed and that my decision is
irrevocable.				, 1
	EMPLO	YEE'S SIGNAT	JRE: Randy	Gragins
			r   1	
	SOCIA	L SECURITY #: _		
WITNESSES:	ADDRE	ESS:	16151	)rew St.
WITHLOOLO.		C	learwater	~ FL 3375T
		6122/50		TE: _2 ~ 18 ~ 2013 ]
	PHON	E: (01)01	DA DA	IE: d laranal

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

#### Member Data

Name

: RANDY HIGGINS

Social Security No.

Date of Birth

: 11/25/1955

Age at Retirement

: 65 Years 5 Months 6 Days

Beneficiary Data

Name

: \$

Social Security No.

Date of Birth

Age at Retirement

Relationship

# of children under 18:

Retirement Data

Pension Start Date

: 05/24/1999

Calculation Type

: Estimate

: \$0.00 (0 %)

Termination Date

: 04/30/2021 : 05/01/2021 Benefit Group Retirement Type

: Non-Hazardous - Tier II : Normal Retirement

Effective Date **FAC** 

: \$ 41,469.16

Option Elected

Pre-Tax Contributions Post-Tax Contributions 0.00 0.00

Partial Lump Sum

Total Member Service: 21 Years 11 Months 7 Days

Formula for Benefit A

: 2.75% * 13.6028 years * \$41,469.16 (Forms of Payment limited due to IRC 401(a)(9))

Monthly Benefit

Form of Payment Single Life Annuity 2084, 67 10 Year Certain and Life Annuity (99), 75 50% Joint and Survivor 1 37, 80 75% Joint and Survivor

Factor 1.00000 0.95530 0.78485

To Member To Beneficiary \$1,292,72 N/A \$1,234.93 N/A \$1,014.59 \$507.30

Potential

100% Joint and Survivor

Formula for Benefit B

: 2.75% * 8.3333 years * \$41,469.16 (Forms of Payment limited due to IRC 401(a)(9)) Monthly Benefit

Potential To Beneficiary Factor To Member Form of Payment \$791.95 N/A 1.00000 Single Life Annuity 0.95565 \$756.82 N/A 10 Year Certain and Life Annuity \$311.60 0.78693 \$623.21 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, William Howard	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 # 107776  Date of Birth: 10/16/55  Job Classification: WS+W+r Tv+mn+  Department: Public U+ili+ies  Date of Hire: 2/28/2011  Benefits Effective Date: 28/2011	Gender (circle one): A F  Plant Oper A  Division: NWTV Ops Marshall St.  Date of Separation: 2   28   2001
Spouse's Name: <u>Margaret</u>	Howard
Spouse's Date of Birth: 8/2/57	Spouse's Gender (circle one): M
The type of pension for which I am applying is (continuous pension for which I am applying is (continuous pension based on years of Job-connected Disability Pension Non-job-connected Disability Pension Pens	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 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 3/3 // 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.)

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

If taking Option 1 sign b	elow:			
Option #: _1_	Description: _	Joint and Survivor	Annuity	
Employee's Signature:			Date:	
Dependent children unde	r the age of 18 and res	siding in my househol	d are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security #
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
If taking Option 2 sign b	pelow:			
Option #: 2		Life Annuity	-	
Employee's Signature:			Date:	
If taking Option 3, fill in	beneficiary informat	ion and sign below:		
Option #: _ 3_		10 Year Certain a		
My designated beneficiar	y is:			
Name:		Social Securit	y Number:	
Date of Birth:		Gender (Circle	e One) M F	
Address:				
Phone Number:		Relations	hip	
Employee's Signature:			Date: _	

if taking Option 4, 5, 6,6	r 7, fill in Option Number, Description and beneficiary information and sign below:
Option #:	Description: 100 % Joint and Survivor Annuity
My designated benefician	(is:
Name: Margare	M. Howard Social Security Number:
Date of Birth: 8 9	
Address: 1430 G	
Phone Number: 727	
Employee's Signature:	Willen & Hward Date: 1/28/2021
If taking a Partial Lump	Sum Payment, fill in Percentage and sign below:
Option #: NA	
I elect to take a partial lun	np sum payment in the following amount (check only one):
10% of the actu	uarially determined value of the normal retirement benefit
	uarially determined value of the normal retirement benefit
	uarially 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:
If naming a beneficiary	ONLY, fill in beneficiary information and sign below:
My designated beneficiar	
Beneficiary Name:	Beneficiary Social Security #:
Beneficiary Date of Birth:	
Beneficiary Address:	
Beneficiary Phone Numb	er: Relationship
Employee's Signature:	Date:
STATE OF FLORIDA	The foregoing instrument was acknowledged before me this
COUNTY OF PINELLAS	28th day of January, 2021
	by William Howard
	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. Mou (Name of Notary Printed
	My Commission expires:
	Notary Public State of Florida  Notary Public State of Florida  Notary Public State of Florida
Rev 04/13	Jennifer M Moulton My Commission GG 179386  Every B 03/27/2022

Rev. 04/13 Form #9900-0009 es 03/27/2022

File Name: Pension Entitlement Option Form

## **CITY OF CLEARWATER**

101116

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, William	Howard, an	employee of	the City of C	Clearwater, hereby apply for
pension benefits under the				
				ose to retire using separation
pay preference #	and wish my benef	its to be calc	ulated under th	is preference. Please use my
leave in the following ma				/
	vacation	_ sick	floaters	bonus hours
Lump Sum	vacation	_ sick	floaters	bonus hours
ASDE MISH	vacation	1,11+2	24	
				d and that my decision is
irrevocable.			$M_{i}$ ,	111
	EMPLOYEE'S	S SIGNATUR	E: William	J. Heward
	SOCIAL SEC	URITY #:		
WITNESSES:	ADDRESS: _		1430600	rgia Are
		T	) unodin	F 34198
,	PHONE:	27)224.	-5139 DATE	: 1/28/2021

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

#### Member Data

Name

: WILLIAM HOWARD

Social Security No.

Date of Birth

: 10/16/1955

Age at Retirement

: 65 Years 4 Months 16 Days

**Beneficiary Data** 

Name

: MARGARET HOWARD

Social Security No.

Date of Birth

: 08/07/1957

Age at Retirement

: 63 Years 6 Months 25 Days

Relationship

: Spouse

# of children under 18

**Retirement Data** 

Pension Start Date

: 02/28/2011

Calculation Type

: Estimate

Termination Date

: 02/28/2021

Benefit Group

: Non-Hazardous - Tier II

Effective Date

: 03/01/2021

Retirement Type Option Elected

: Normal Retirement

FAC

: \$ 46,631.97 0.00

Partial Lump Sum

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

0.00

: \$0.00 (0 %)

Total Member Service: 10 Years 0 Months 3 Days

Formula for Benefit A

: 2.75% * 1.8417 years * \$46,631.97

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$196.81	N/A
Single Life Annuity 1069,54	1.00000	\$196.81	N/A
Single Life Annuity 1069,54  10 Year Certain and Life Annuity 1022,703	0.95530	\$188.01	N/A
50% Joint and Survivor 9 8 0,77	0.91628	\$180.33	\$90.17
66 2/3% Joint and Survivor 954,38	0.89141	\$175.44	\$116.96
75% Joint and Survivor 941,69	0.87947	\$173.09	\$129.82
100% Joint and Survivor 9 05.6	0.84550	\$166.40	\$166.40

Formula for Benefit B

: 2.75% * 8.1667 years * \$46,631.97

Monthly Benefit

Form of Payment	Factor	To Member	To Beneficiary
Normal Form	1.00000	\$872.73	N/A
Single Life Annuity	1.00000	\$872.73	N/A
10 Year Certain and Life Annuity	0.95565	\$834.02	N/A
50% Joint and Survivor	0.91717	\$800.44	\$400.22
66 2/3% Joint and Survivor	0.89253	\$778.94	\$519.29
75% Joint and Survivor	0.88069	\$768.60	\$576.45
100% Joint and Survivor	0.84701	\$739.21	\$739.21

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

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

Potential

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

I, Andre Lambert (Please print name)		apply to receive benefits under the
City of Clearwater General Employees' Per Employee ID # 103036 Date of Birth: 7/19/64 Job Classification: Traffic Sig	Gender (circle one):	F
Department:	Date of Separation  Lambort	1: 2/26/2021
Spouse's Name: Delphene Spouse's Date of Birth: 4/6/1		(circle one): M (F)
The type of pension for which I am applyin	g is (check only one):	
Regular Pension based on year Job-connected Disability Pension Non-job-connected Disability I	sion	

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 3/3% 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.)

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

If taking Option 1 sign belo	ow:			
Option #: _1_	Description: _	Joint and Survivo	or Annuity	
Employee's Signature:		1	Date:	
Dependent children under th	e age of 18 and re	siding in my househ	old are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#
If taking Option 2 sign bel	ow:			
Option #: _2_	Description:	Life Annuity	-	
Employee's Signature:			Date:	
If taking Option 3, fill in be				
Option #: _ 3	Description:	10 Year Certain	and Life Annuity	
My designated beneficiary is	s:			
Name:		Social Secu	ırity Number:	
Date of Birth:		Gender (Cir	rcle One) M F	
Address:				
Phone Number:		Relatio	nship	
Employee's Signature			Date:	

Option #: Description:	
The state of the s	% Joint and Survivor Annuity
My designated beneficiary is:	
Name: Delphene Lambert Date of Birth: 4/6/68	Social Security Number:
Date of Birth: 416/68	Sec. (2004)05 20040. 199-949-955 100-95-95-95-95-95-95-95-95-95-95-95-95-95-
Address: 1725 2712 St. S	Gender (Circle One) M (r) St. Pete K 33712
Phone Number: 727-483-4912	Relationship Wife
Employee's Signature: Undie Hamba	f Date: 2/19/2021
If taking a Partial Lump Sum Payment, fill in Perce	entage and sign below:
	Partial Lump Sum Payment
I elect to take a partial lump sum payment in the follow	wing amount (check only one):
10% of the actuarially determined value of	the normal retirement benefit
20% of the actuarially determined value of	
30% of the actuarially determined value of	
I understand my monthly retirement benefit for the op	tion selected above shall be reduced accordingly.
Employee's Signature:	15 Date: 3/19/2021
If naming a beneficiary ONLY, fill in beneficiary in	formation and sign below:
My designated beneficiary is:	
Beneficiary Name:	Beneficiary Social Security #:
Beneficiary Name:	Beneficiary Social Security #:  Beneficiary Gender (Circle One) M F
Andrew Market Ma	
Beneficiary Date of Birth:	
Beneficiary Date of Birth: Beneficiary Address:	Beneficiary Gender (Circle One) M F

Rev. 04/13 Form #9900-0009

File Name: Pension Entitlement Option Form

#### CITY OF CLEARWATER

# 103036

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 paycheck. Termination date will be the final day of extended time. Pension benefits will begin the following month.

1, Andre Lam	bert	_, an employe	e of the City	of Clearwater,	hereby apply for
pension benefits under the	City's Employe	ees' Pension Pla	an.		
•					
I hereby certify that I fully	understand the	e preferences o	ffered to me. I	choose to retire	e using separation
pay preference #					
pay preference #	_ and wish my	benefits to be	calculated und	er tills preferent	ce. Thease use my
leave in the following man	ner:				
AND RECOGNISE OF STREET STREET	vacation		floaters	Self Person in the Indiana.	nus hours
Lump Sum  ASS SE NISTROZI	vacation	sick	floaters	s bo	nus hours
Acobe dichal	234.48	765.67-2	24	BA	J.
11 OF 1115/COL	0311				.62
I understand that my pref	erence cannot l	be changed one	e this form is s	signed and that	my decision is
irrevocable.				1-1/1	17
	ENADL	OYEE'S SIGNA	TUDE: / WO	w Hambu	#
	EIVIPL	OTEE S SIGNA	TORE. Cogora		-
	SOCIA	AL SECURITY #			
				anth CI	(
WITNESSES:	ADDR	ESS:	1725	11-5	
			St. Pete	ersburg	1233712-
			102 112 2	0/5	/2,1,2,1
	PHON	JE:(/ンフ) . "	185-42281	DATE: <u>2/8/</u>	0001

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

#### Member Data

Name Date of Birth : ANDRE LAMBERT

Social Security No.

Age at Retirement

: 56 Years 7 Months 13 Days

**Beneficiary Data** 

Name

FAC

: DELPHENE LAMBERT

Date of Birth

: 04/06/1968

: 07/19/1964

Age at Retirement

: 52 Years 10 Months 25 Days

Relationship

Social Security No.

: Spouse

# of children under 18 : 0

**Retirement Data** 

Pension Start Date Termination Date

Effective Date

: 09/05/1995

: 02/26/2021

Calculation Type Benefit Group

: Estimate

: 03/01/2021

Retirement Type

: Non-Hazardous - Tier II : Normal Retirement

: \$

Option Elected

Pre-Tax Contributions Post-Tax Contributions

54,639.53 : \$

0.00 0.00 Partial Lump Sum

: \$143,256.43 (30 %) Total Member Service: 25 Years 5 Months 22 Days

Formula for Benefit A : 2.75% * 17.3222 years * \$54,639.53

Monthly Benefit

Form of Payment	Factor	To Member	To Beneficiary
Normal Form	1.00000	\$1,518.31	N/A
Normal Form Single Life Annuity 233, 15	1.00000	\$1,518.31	N/A
10 Vear Certain and Life Annuity	0.98483	\$1,495.28	N/A
10 Year Certain and Life Annuity 97 50% Joint and Survivor 208 (197	0.93209	\$1,415.20	\$707.60
66 2/3% Joint and Survivor 2036	0.91146	\$1,383.88	\$922.59
275% Joint and Survivor 2013.	0.90148	\$1,368.72	\$1,026.54
100% Joint and Survivor 949.95	0.87281	\$1,325.20	\$1,325.20

Formula for Benefit B

: 2.75% * 8.1556 years * \$54,639.53

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$714.84	N/A
	1.00000	\$714.84	N/A
Single Life Annuity	0.98493	\$704.07	N/A
10 Year Certain and Life Annuity	0.93275	\$666.77	\$333.38
50% Joint and Survivor	0.91229	\$652.14	\$434.76
66 2/3% Joint and Survivor	0.90240	\$645.07	\$483.81
75% Joint and Survivor 100% Joint and Survivor	0.87397	\$624.75	\$624.75

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, Jean Louis	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 # 107762  Date of Birth: 7/23/C2  Job Classification: 5r Systems  Department: 7/2011  Benefits Effective Date: 2/14/2011  Spouse's Name: Leslie Louis	Gender (circle one): MF Programmer Division: Systems + Programming Date of Separation: 2/26/2021
Spouse's Date of Birth:	Spouse's Gender (circle one): M
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 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 3/8 Joint & Survivor Annuity - (must designate a beneficiary)

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

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

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

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

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 A	nnuity	
Employee's Signature:		Date:	
Dependent children under the age of 18 and res	siding in my household	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 beneficiary information	tion and sign below:		
	10 Year Certain and	d Life Annuity	
My designated beneficiary is:			
Name: Leslie S. Louis	Social Security	Number:	
Date of Birth: 1/1/1958	Gender (Circle		
Address: 403 /akewood &	r. Oldsmar,	FL 3467	7
Phone Number: 727-579-4382	Relationsh	ip <u>50005</u>	e
Employee's Signature: <u>Aan Afte</u>		Date:	1/26/21

Option #:		% Joint and Survivor An	nuity
My designated beneficiary is:			
Name:		Social Security Number	:
Date of Birth:			
Address:			
Phone Number:			
			Date:
If taking a Partial Lump Sum			
Option #:NA		Partial Lump Sum I	
I elect to take a partial lump su	im payment in the it	bilowing amount (check only	one).
10% of the actuaria	lly determined value	of the normal retirement be	nefit
		of the normal retirement be	
30% of the actuaria	lly determined value	of the normal retirement be	nefit
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  My designated beneficiary is:	r, mi in benenciar	y information and sign bei	ow.
		Reneficiary Social S	Security #:
Beneficiary Name: Beneficiary Date of Birth:			•
Beneficiary Address:			cio ono, in i
Beneficiary Phone Number: _			
Employee's Signature:			
Employee's dignature.			
STATE OF FLORIDA	The foregoing inst	rument was acknowledged	before me this
COUNTY OF	2 121	day of January	, 20 7-1
PINELLAS	by Jean	Louis	, 202
	•	known to me or who has pro	ovided FZ DC
		nd, who did/did not take an o	
	02n	don M. Mo	Notary Public
	07	(Signature)  (N) Fer M.	Moulto Name of Notary Printed
	My Commission e	expires:	
	,	<i>~</i> ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		Notary Public State of Incoming M Moulton	

Rev. 04/13 Form #9900-0009 Jennifer M Moulton
My Commission GG 179386
Expires 03/27/2022
File Name: Rension Entitlement Option Form

# CITY OF CLEARWATER # 107762

# **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, Jean Louis, 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. Plea	ase use my
leave in the following manner:	
Run Out vacation sick floaters bonus hou	urs
Lump Sum         vacation         sick         floaters         bonus how           PPE NIShour         34004         578,96-72         24         10.41         5000	urs
I understand that my preference cannot be changed once this form is signed and that my dec	ision is
irrevocable.  EMPLOYEE'S SIGNATURE: Joan All Dan	7
SOCIAL SECURITY #:	
WITNESSES: 403 Lakewood Dr.	
Oldsmar, Fr. 346	77
PHONE: (727) S19-4006 DATE: 1/26/21	

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

#### Member Data

Name

: JEAN LOUIS

Social Security No.

Date of Birth

: 07/23/1952

Age at Retirement

: 68 Years 7 Months 9 Days

**Beneficiary Data** 

: LESLIE LOUIS

Date of Birth

: 01/11/1958

Age at Retirement

: 63 Years 1 Month 21 Days

Relationship

: Spouse

# of children under 18

Retirement Data

Pension Start Date

: 02/14/2011

Calculation Type

Social Security No.

: Estimate

Termination Date

: 02/26/2021

Benefit Group

: Non-Hazardous - Tier II

Effective Date

: 03/01/2021

Retirement Type

: Normal Retirement

FAC

67,454.02 : \$

0.00

Option Elected Partial Lump Sum

: \$0.00 (0 %)

Pre-Tax Contributions Post-Tax Contributions : \$

0.00

Total Member Service: 10 Years 0 Months 13 Days

Formula for Benefit A

: 2.75% * 1.8806 years * \$67,454.02

**Monthly Benefit** 

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$290.70	N/A
Single Life Annuity 1551, 40	1.00000	\$290.70	N/A
10 Year Certain and Life Annuity 1439, 42	0.92743	\$269.60	N/A
50% Joint and Survivor 1355,49	0.87256	\$253.65	\$126.83
66 2/3% Joint and Survivor 1300,73	0.83701	\$243.32	\$162.21
75% Joint and Survivor 1274,98	0.82030	\$238.46	\$178.85
100% Joint and Survivor 1203.51	0.77394	\$224.98	\$224.98

Formula for Benefit B

: 2.75% * 8.1556 years * \$67,454.02

**Monthly Benefit** 

Form of Payment	Factor	To Member	To Beneficiary
Normal Form	1.00000	\$1,260.70	N/A
Single Life Annuity	1.00000	\$1,260.70	N/A
10 Year Certain and Life Annuity	0.92807	\$1,170.02	N/A
50% Joint and Survivor	0.87399	\$1,101.84	\$550.92
66 2/3% Joint and Survivor	0.83875	\$1,057.41	\$704.94
75% Joint and Survivor	0.82218	\$1,036.52	\$777.39
100% Joint and Survivor	0.77618	\$978.53	\$978.53

************************** 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, Donald Magness (Please print name)	do hereby ap	ply to receive benefits under the
City of Clearwater General Employees' Pension	Plan in accordance with the foll	lowing:
Employee ID # 106466 Date of Birth: Job Classification: Fire District Department: Hive Date of Hire: 1 23 2006 Benefits Effective Date: 1 23 2006	Gender (circle one): MF Ommander  Division: 5 100 Date of Separation:	ressim 2/2/2021
Spouse's Name:	Snouge's Conder (eige	ala ana):
Spouse's Date of Birth:	Spouse's Gender (circ	cie one).
The type of pension for which I am applying is (  Regular Pension based on years of Job-connected Disability Pension Non-job-connected Disability Pension	service	

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

Option 1 - Joint and Survivor Annuity

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

Option 2 - Life Annuity

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

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

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

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

The Participant receives his/her pension as long as he/she lives. If the Participant 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 Survivor Annuity
Employee's Signature:	Date:
Dependent children under the age of 18 and	residing in my household are:
Child's Name	Gender (M-F) Date of Birth Social Security #
If taking Option 2 sign below:	
Option #: 2 Description	n: Life Annuity
Employee's Signature:	Date:
If taking Option 3, fill in beneficiary inform	nation and sign below:
	n: 10 Year Certain and Life Annuity
My designated beneficiary is:	
Name:	Social Security Number:
Date of Birth:	Gender (Circle One) M F
Address:	
Phone Number:	Relationship
Employee's Signature:	Date:

# **CITY OF CLEARWATER**

906466

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, Donald Magness	, an employee o	of the City of Cleary	ater, hereby apply for
pension benefits under the City's E			
I hereby certify that I fully understand			
pay preference # and w	rish my benefits to be cal	culated under this pre	ference. Please use my
leave in the following manner:		*	4
Run Out vacat	ion sick	floaters	bonus hours
Lump Sum vacat	ion sick	floaters	bonus hours
PPE1/1/2021 172,21	746 88 - 2	(1)	
I understand that my preference ca			
irrevocable.			
	EMPLOYEE'S SIGNATU	RE:	
	SOCIAL SECURITY #:		
WITNESSES:	ADDRESS:		
		J	
	PHONE:	'_ DATE:	-15-2021

			ficiary information and sign below:
Option #:	Description: /	OC % Joint and Survivor A	nnuity
My designated beneficiary is:			
Name:		_ Social Security Number	er: _
Date of Birth: _		_ Gender (Circle One)	
Address: _			
Phone Number: _	2	Relationship	
Employee's Signature:			Date: 1-15-2021
If taking a Partial Lump Sun	n Payment, fill in P	ercentage and sign below	<i>y</i> :
Option #: NA	Description:	Partial Lump Sum	Payment
I elect to take a partial lump si	um payment in the f	following amount (check onl	y one):
10% of the actuaria	ally determined value	e of the normal retirement b	enefit
20% of the actuaria	ally determined value	e of the normal retirement b	enefit
30% of the actuaria	illy determined value	e of the normal retirement b	enefit
I understand my monthly retire	ement benefit for the	e option selected above sha	all be reduced accordingly.
Employee's Signature:		Date	
If naming a beneficiary ONL	Y, fill in beneficia	y information and sign be	elow:
My designated beneficiary is:			
Beneficiary Name:		Beneficiary Social	Security #:
Beneficiary Date of Birth:		Beneficiary Gender (C	Circle One) M F
Beneficiary Address:			
Beneficiary Phone Number: _		_ Relationship	
Employee's Signature:		Date	:
STATE OF FLORIDA COUNTY OF PINELLAS	by Donal who is personally as identification a	Notary Public State of Flori Jennifer M Moulton My Commission GG 17938 Expires 03/27/2022	oath.  Notary Public  Name of Notary Printed
Day 04/13	2	OFF	(

File Name: Pension Entitlement Option Form

#### Member Data

Name

: DONALD MAGNESS

Social Security No.

Date of Birth

Age at Retirement

**Beneficiary Data** 

Name Date of Birth

Age at Retirement

Social Security No.

Relationship

# of children under 18 : 0

**Retirement Data** 

Effective Date

FAC

Pension Start Date Termination Date : 01/23/2006 : 02/02/2021

: 03/01/2021 : \$ 121,219.61

0.00 : \$ 0.00 : \$

Calculation Type

: Estimate

Benefit Group Retirement Type : Hazardous - Tier II : Normal Retirement

Option Elected

Partial Lump Sum : \$0.00 (0 %)

Total Member Service: 15 Years 0 Months 10 Days

Pre-Tax Contributions

Post-Tax Contributions

Formula for Benefit A : 2.75% * 6.9389 years * \$121,219.61

#### **Monthly Benefit**

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form 4174.64	1.00000	\$1,927.59	N/A
Single Life Annuity	1.09947	\$2,119.33	N/A
10 Year Certain and Life Annuity	1.07026	\$2,063.01	N/A
50% Joint and Survivor	1.03414	\$1,993.39	\$996.70
66 2/3% Joint and Survivor	1.01405	\$1,954.67	\$1,303.11
75% Joint and Survivor	1.00430	\$1,935.88	\$1,451.90
100% Joint and Survivor 4083,60	0.97613	\$1,881.58	\$1,881.58

Formula for Benefit B : 2.75% * 8.0889 years * \$121,219.61

# Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,247.05	N/A
Single Life Annuity	1.09033	\$2,450.04	N/A
10 Year Certain and Life Annuity	1.06044	\$2,382.86	N/A
50% Joint and Survivor	1.03221	\$2,319.42	\$1,159.71
66 2/3% Joint and Survivor	1.01417	\$2,278.91	\$1,519.27
75% Joint and Survivor	1.00540	\$2,259.18	\$1,694.39
100% Joint and Survivor	0.97996	\$2,202.02	\$2,202.02

************************** 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, Trevor Murray (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 #	Gender (circle one): M F  Division: Suppression  Date of Separation: 1 29 2021
Spouse's Name: Spouse's Date of Birth:	Spouse's Gender (circle one):
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. 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 before 120 monthly payments have been made, the remaining payments up to the 120 payments are made to his/her beneficiary, or the estate if his/her beneficiary is not alive. [Section 2.424 (b) (2) a. 2.]

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

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

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

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 75 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

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

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

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 66 ¾ percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

# Partial Lump Sum Payment Option

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

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

If taking Option 1 sign below:				
Option #: _1_	Description: _	Joint and Survivor Annuity	/	
Employee's Signature:		Date	e:	
Dependent children under the a	ge of 18 and re	siding in my household are:		
Child's Name		Gender (M-F) Date of	f Birth	Social Security#
If taking Option 2 sign below:				
Option #: _2_	Description: _	Life Annuity		1
Employee's Signature:		Date	e:	
If taking Option 3, fill in bene	ficiary informat	tion and sign below:		
Option #: _ 3_		10 Year Certain and Life	Annuity	
My designated beneficiary is:				
Name:		Social Security Numb	oer:	
Date of Birth:		Gender (Circle One)	M F	
Address:				
Phone Number:		Name 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Employee's Signature:			Date:	

Option #:		100 % Joint and Survivor	Appuits
	Description	76 John and Survivor	Armuity
My designated beneficiary is:			
Name:		Social Security Num	ber:
Date of Birth		Gender (Circle One)	
Address: _		***	
Phone Number:		Relationship	
Employee's Signature: /	Milly		Date: 1-15-21
If taking a Partial Lump Sun	n Payment fill in	Percentage and sign helo	NA/*
Option #: NA		20 Partial Lump Su	
Loloot to take a partial lump of		-	
I elect to take a partial lump so	ani payment in the	Hollowing amount (check of	ny one).
10% of the actuaria	illy determined valu	ue of the normal retirement	benefit
20% of the actuaria	illy determined valu	ue of the normal retirement	benefit
30% of the actuaria	illy determined valu	ue of the normal retirement	benefit
I understand my monthly retire	ent benefit for the	he option selected above sh	nall be reduced accordingly.
Employee's Signature:	1 & Mary	Dat	e: 1-15-21
15	V Cui la la Cala		
If naming a beneficiary ONL  My designated beneficiary is:	Y, Till in beneficia	ary information and sign t	elow:
Beneficiary Name:			al Security #:
Beneficiary Date of Birth:		Beneficiary Gender (	Circle One) M F
Beneficiary Address:			
Beneficiary Phone Number: _		Relationship	
Employee's Signature:		Dat	e:
STATE OF FLORIDA COUNTY OF PINELLAS	by Tve who is personally	yar etc. Notar	provided \( \tau \) \(

File Name: Pension Entitlement Option Form

File Name: Employee Separation Pay Pref

# CITY OF CLEARWATER

# **EMPLOYEES' SEPARATION PAY PREFERENCES**

PREFERENCE #	#1
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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, Trevor M	Nurray	_, an employee o	of the City of Cleary	vater, hereby apply for pen	sion
benefits under the City's E					
I hereby certify that I fully	understand the	preferences offer	ed to me. I choose	e to retire using separation	pay
preference # and	I wish my benefit	s to be calculated	under this preferen	ce. Please use my leave in	the
following manner:					
Run Out	vacation	sick _	floaters	bonus hours	
Lump Sum	vacation 288	sick _ 217,441,2	floaters	bonus hours bonus hours Bank	
I understand that my prefe	erence cannot be	changed once th	is form is s <mark>ig</mark> ned an	d that my decision is	
irrevocable.	EMPL	.OYEE'S SIGNAT	URE:	W	
	SOCI	AL SECURITY #:			
WITNESSES:	ADDF	RESS:			
	 PHO	NE: _	DATI	<u> </u>	

#### Member Data

Name : TREVOR MURRAY 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 :

# Of Children under 16

**Retirement Data** 

Pension Start Date : 07/24/1995 Calculation Type : Estimate

Termination Date : 01/29/2021 Benefit Group : Hazardous - Tier II
Effective Date : 02/01/2021 Retirement Type : Normal Retirement

FAC: \$ 86,643.23 Option Elected

Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$165,239.93 (20 %)

Post-Tax Contributions : \$ 0.00 Total Member Service : 25 Years 6 Months 6 Days

Formula for Benefit A : 2.75% * 17.4361 years * \$86,643.23

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form 4053,22	1.00000	\$2,769.66	N/A
Single Life Annuity	1.08690	\$3,010.33	N/A
10 Year Certain and Life Annuity	1.07445	\$2,975.86	N/A
50% Joint and Survivor	1.02603	\$2,841.75	\$1,420.88
66 2/3% Joint and Survivor	1.00723	\$2,789.67	\$1,859.79
75% Joint and Survivor	0.99809	\$2,764.35	\$2,073.27
100% Joint and Survivor 3945.14	0.97162	\$2,691.05	\$2,691.05

Formula for Benefit B : 2.75% * 8.0806 years * \$86,643.23

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,283.56	N/A
Single Life Annuity	1.07389	\$1,378.41	N/A
10 Year Certain and Life Annuity	1.06100	\$1,361.85	N/A
50% Joint and Survivor	1.02319	\$1,313.32	\$656.67
66 2/3% Joint and Survivor	1,00732	\$1,292.96	\$861.98
75% Joint and Survivor	0.99958	\$1,283.03	\$962.27
100% Joint and Survivor	0.97704	\$1,254.09	\$1,254.09

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

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, Keum D' Weill (Please print name) City of Clearwater General Employees' Pension Plan in	do hereby apply to receive benefits under the accordance with the following:
Employee ID # 10 6 467  Date of Birth: Gende  Job Classification: Five District Co  Department: Five  Date of Hire: 1 23 2006  Benefits Effective Date: 1 23 2006	er (circle one): M F  mmmler  Division: Suppression  Date of Separation: 3/17/2021
Spouse's Name: Spouse's Date of Birth:	Spouse's Gender (circle one):
The type of pension for which I am applying is (check of 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 before 120 monthly payments have been made, the remaining payments up to the 120 payments are made to his/her beneficiary, or the estate if his/her beneficiary is not alive. [Section 2.424 (b) (2) a. 2.]

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

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

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

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 75 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

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

# Option 7 - 66 3/4 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_	Description: _	Joint and Survivo	or Annuity	
Employee's Signature:		· ·	Date:	
Dependent children under the ag	ge of 18 and re	siding in my househo	old are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#
If taking Option 2 sign below:				
Option #: 2	Description: _	Life Annuity	-	
Employee's Signature:			Date:	
If taking Option 3, fill in benef	iciary informat	ion and sign belov	v:	
Option #: _ 3_			and Life Annuity	
My designated beneficiary is:				
Name:		Social Secur	rity Number:	
Date of Birth:		Gender (Circ	cle One) M F	
Address:	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
Phone Number:		Relation	ship	
Employee's Signature:			Date:	

Option #: Description: _/OO % Joint and Survivor Annuity My designated beneficiary is:	
My designated beneficiary is:	
Name: Social Security Number:	
Date of Birth ¹ Gender (Circle One)	
Address:	w ×
Phone Number: _ Relationship	
Employee's Signature: Date: 120 2	:
If taking a Partial Lump Sum Payment, fill in Percentage and sign below:	
Option #: NA Description: 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	
Control and association, determined value of the normal resilient series.	
I understand my monthly retirement benefit for the option selected above shall be reduced accordingly.	
Employee's Signature: Date:	<del></del>
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 Address:	
Beneficiary Phone Number: Relationship	
Employee's Signature: Date:	
STATE OF FLORIDA COUNTY OF PINELLAS  The foregoing instrument was acknowledged before me this  20th day of January , 2021  by Kevin O'Neill  who is personally known to me or who has provided	

Expires 03/27/2022
File Name: Pension Entitlement Option Form

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.

I, Keyn O'Neill, an employee of the City of Clearwater, hereby ap	oly 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 sep	
pay preference # and wish my benefits to be calculated under this preference. Please	ıse my
leave in the following manner:	
Run Out vacation sick floatersbonus hours	
Lump Sum vacation sick floaters bonus hours	
Lump Sum         vacation         sick         floaters         bonus hours           PPE 1/1/2021         448         314.63         12         33 Bank	
I understand that my preference cannot be changed once this form is signed and that my decision	ı is
irrevocable.	
EMPLOYEE'S SIGNATURE:	<del> </del>
SOCIAL SECURITY #:	
SOCIAL SECONT 1 #.	
WITNESSES: ADDRESS:	
PHONE: DATE: / 20 2	

#### Member Data

Name : KEVIN O'NEILL 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 : 01/23/2006 Calculation Type : Estimate

Termination Date : 03/17/2021 Benefit Group : Hazardous - Tier II Effective Date : 04/01/2021 : Normal Retirement Retirement Type

FAC : \$ 115,744.26 Option Elected

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

Total Member Service : 15 Years 1 Month 25 Days Post-Tax Contributions : **S** 0.00

Formula for Benefit A : 2.75% * 6.9389 years * \$115,744.26

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form 4019,23	1.00000	\$1,840.52	N/A
Single Life Annuity 4504, 25	1.13745	\$2,093.50	N/A
10 Year Certain and Life Annuity 43 62	1.09261	\$2,010.98	N/A
50% Joint and Survivor 4\46, 78	1.04599	\$1,925.16	\$962.58
66 2/3% Joint and Survivor 409 5.0 8	1.01869	\$1,874.91	\$1,249.94
75% Joint and Survivor 4045.15	1.00556	\$1,850.76	\$1,388.06
100% Joint and Survivor 3902.39	0.96814	\$1,781.88	\$1,781.88

: 2.75% * 8.2139 years * \$115,744.26 Formula for Benefit B

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,178.71	N/A
Single Life Annuity	1.12477	\$2,450.55	N/A
10 Year Certain and Life Annuity	1.07940	\$2,351.69	N/A
50% Joint and Survivor	1.04356	\$2,273.62	\$1,136.81
66 2/3% Joint and Survivor	1.01903	\$2,220.17	\$1,480.12
75% Joint and Survivor	1.00720	\$2,194.39	\$1,645.80
100% Joint and Survivor	0.97329	\$2,120.51	\$2,120.51

************************** 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**

1, David Powers	_ do hereby apply to receive benefits under the
(Please print name) City of Clearwater General Employees' Pension Plan in accorda	nce with the following:
Spouse's Name: 12 Holen Powers	
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 before 120 monthly payments have been made, the remaining payments up to the 120 payments are made to his/her beneficiary, or the estate if his/her beneficiary is not alive. [Section 2.424 (b) (2) a. 2.]

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

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

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

The Participant receives his/her pension as long as he/she lives. If the Participant dies first, the beneficiary receives 75 percent of the pension for the rest of the beneficiary's life. If the beneficiary dies first, the Participant may elect another beneficiary or may continue to receive 100% of his/her pension and upon his/her death, benefits cease. [Section 2.424 (b) (2) a. 3.]

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

#### Option 7 – 66 3/8 Joint & Survivor Annuity - (must designate a beneficiary)

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

# Partial Lump Sum Payment Option

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

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

If taking Option 1 sign below:				
Option #: _1_	Description: _	Joint and Survivo	or Annuity	
Employee's Signature:		·	Date:	**************************************
Dependent children under the a	ge of 18 and re	siding in my househo	old are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#
		-		
If taking Option 2 sign below:				
Option #: _2_	Description: _	Life Annuity	-	
Employee's Signature:			Date:	
If taking Option 3, fill in benef	iciary informa	tion and sign belov	v:	
Option #: _ 3_		10 Year Certain		
My designated beneficiary is:				
Name:		Social Secur	rity Number:	
Date of Birth:	·	Gender (Circ	cle One) M F	
Address:				
Phone Number:		Relation	ıship	-
Employee's Signature:		•	Date:	

Option #:	
1	Description: /0% Joint and Survivor Annuity
My designated beneficiary is:	
Name: KATHLEEN A.	Social Security Number:
Date of Birth: 10-25	-/9.55 Gender (Circle One) M (F)
Address: 1415 Man	7955 Gender (Circle One) M (F)  1/2 CARLO De, VC (LENRWATER, F-L 33764  530-5061 () Relationship (U) FC
Phone Number: 727-	530-5061 / Relationship W. FC
Employee's Signature:	1(m) 1. 1000 Date: 1-29-21
If taking a Partial Lump Sum	Payment, fill in Percentage and sign below:
Option #: NA	
I elect to take a partial lump su	m payment in the following amount (check only one):
10% of the actuaria	ly determined value of the normal retirement benefit
	ly determined value of the normal retirement benefit
	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:
Lattiple) oo o olgitatero.	
	Y, fill in beneficiary information and sign below:
If naming a beneficiary ONL My designated beneficiary is:	Y, fill in beneficiary information and sign below:
If naming a beneficiary ONL My designated beneficiary is: Beneficiary Name:	Y, fill in beneficiary information and sign below:  Beneficiary Social Security #:
If naming a beneficiary ONL My designated beneficiary is:	Y, fill in beneficiary information and sign below:  Beneficiary Social Security #:  Beneficiary Gender (Circle One) M F
If naming a beneficiary ONL My designated beneficiary is: Beneficiary Name: Beneficiary Date of Birth:	Y, fill in beneficiary information and sign below:  Beneficiary Social Security #:  Beneficiary Gender (Circle One) M F
If naming a beneficiary ONL  My designated beneficiary is:  Beneficiary Name:  Beneficiary Date of Birth:  Beneficiary Address:	Y, fill in beneficiary information and sign below:  Beneficiary Social Security #:  Beneficiary Gender (Circle One) M F  Relationship

# 103915

# 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.

f				
1, David Power	´S, a	an employee	of the City of Cl	earwater, hereby apply for
pension benefits under the City	s Employees	Pension Plan.		
I hereby certify that I fully unde	erstand the pr	references offe	red to me. I choo	se to retire using separation
pay preference # an				
leave in the following manner:				
Run Out va	<del></del>			bonus hours
Lump Sum VE	scation	59.8872	floaters 2	bonus hours
I understand that my preference	e cannot be	changed once	this form is signed	and that my decision is
irrevocable.			()	100
	EMPLOY	EE'S SIGNATL	IRE: X / Lu	F. / Clean
		SECURITY #: _		·····
WITNESSES:	ADDRES	s:14	15 Monte	e Carlo Dr.
		$\mathcal{C}_{\mathcal{A}}$	lear water	r /2 33764
	PHONE:	(127) 2	24-738 DATE	: 1-29-21

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

#### Member Data

Name

: DAVID POWERS

Social Security No.

Social Security No.

Date of Birth

: 12/31/1952

Age at Retirement

: 68 Years 3 Months 1 Day

Beneficiary Data

Name

: KATHLEEN POWERS

: 10/25/1955

Date of Birth

Age at Retirement

: 65 Years 5 Months 7 Days

Relationship

: Spouse

# of children under 18 : 0

Retirement Data

Pension Start Date

: 10/11/1999

Calculation Type

: Estimate

Termination Date

: 03/26/2021

Benefit Group

: Non-Hazardous - Tier II

Effective Date

: 04/01/2021

Retirement Type Option Elected

: Normal Retirement

FAC Pre-Tax Contributions : \$ 74,177.50 : \$

Partial Lump Sum : \$0.00 (0 %)

Post-Tax Contributions

: **S** 

0.00

Total Member Service : 21 Years 5 Months 16 Days

Formula for Benefit A : 2.75% * 13.2222 years * \$74,177.50

0.00

# Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,247.65	N/A
Single Life Annuity 3648, 18	1.00000	\$2,247.65	N/A
10 Year Certain and Life Annuity	0.93564	\$2,102.99	N/A
50% Joint and Survivor	0.89486	\$2,011.33	\$1,005.66
66 2/3% Joint and Survivor	0.86455	\$1,943.20	\$1,295.47
75% Joint and Survivor	0.85016	\$1,910.86	\$1,433.14
100% Joint and Survivor 295666	0.80972	\$1,819.96	\$1,819.96

Formula for Benefit B

: 2.75% * 8.2389 years * \$74,177.50

#### Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,400.53	N/A
Single Life Annuity	1.00000	\$1,400.53	N/A
10 Year Certain and Life Annuity	0.93618	\$1,311.15	N/A
50% Joint and Survivor	0.89602	\$1,254.90	\$627.45
66 2/3% Joint and Survivor	0,86600	\$1,212.86	\$808.57
75% Joint and Survivor	0.85173	\$1,192.87	\$894.65
100% Joint and Survivor	0.81162	\$1,136.70	\$1,136.70

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

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