## **APPLICATION FOR VESTED RIGHTS PENSION**

Larry Bruce	being a person leaving employment with the					
such service having occu	being a person leaving employment with the and having completed ten (10) or more years of credited service, urred during the period from (date of entry into Pension Plan)					
January 22,2007 to (dat	te of resignation or change of status) March 12, 2021					
hereby makes application t	o receive the vested rights pension provided for by the City Code of					
Ordinances. As such form pursuant to the provisions	er employee, I understand the pension requested will be computed of the City Code of Ordinance in effect on the date of resignation.					
•						
I hereby further certify that my date of birth is Aug 16, 1958.						
The date I will begin to receive my pension will be <u>September 1, 2023</u>						
contributions that I paid in	by that I have made no application seeking to obtain a return of the to the Pension Fund during the period of my employment set forth nvicted of a felony during my period of employment, and I have not pension from the City.					
Ja. 13.	<u> </u>					
Signature	Social Security Number					
Parkstee Beach Department/Divis	Landcope Team 960 Starkey Rd Lint 82					
O 11 C	9 - 6 22001					
Parks Service S Job Classification	Jargo F 33771 City, State, Zip Code					
STATE OF FLORIDA						
COUNTY OF PINELLAS						
	The foregoing instrument was acknowledged before me					
	by means of physical presence or □ online notarization,					
	this 5th day of February, 2021					
this <u>575</u> day of <u>February</u> , 2021 by <u>Larry</u> Bruce,						
who is personally known to me or has produced						
as identification.						
	Over M. Mouth Notary Public (Signature)					
	Jehniser M. Moulton (Name of Notary Printed)					
	Commission No.					
	Notary Public State of Florida					
Rev. 3/2020	My Commission GG 179386 Vested Pension Form Expires 03/27/2022					

APPLICATION FOR VEST	ED RIGHTS PENSION				
City of Clearwater, Florida such, service having occu-i/19/2009 to (da hereby makes application ordinances. As such form	well of the City Code of Ordinance in effect on the date of resignation.				
I hereby further certify that	, ,				
The date I will begin to rec	eive my pension will be $\frac{2/1/2029}{}$ .				
Further, I additionally certi	fy that I have made no application seeking to obtain a return of the to the Pension Fund during the period of my employment set forth nvicted of a felony during my period of employment, and I have not				
Signature	Social Security Number				
) 1/4 2 / Da					
POI/(E)   PUE/ Department/Divis	ion Street Address				
Tolice office	0.				
Job Classificati	on City, State, Zip Code				
STATE OF FLORIDA					
COUNTY OF PINELLAS					
	The foregoing instrument was acknowledged before me				
by means of physical presence or □ online notarization,					
	this 16th day of April 2021				
	by Frederick James Louis Jr.				
	who is personally known to me or has produced				
	FL State Drivers License as identification.				
Notary Public State of Florida Jessica Harmeson My Commission GG 912611 Expirea 09/12/2023	JESSICA HarmeSon (Name of Notary Printed)				
	Commission No. GA 9/2611				

## **APPLICATION FOR VESTED RIGHTS PENSION**

City of Clearwater, Florida such service having occurrence of the control of the	and having completed urred during the period te of resignation or chars or receive the vested right er employee, I understant the City Code of Ording the date of birth is	ten (10) or more defrom (date of en ge of status) Application provide and the pension remance in effect on the part of the pension remance in effect on the pension remains a	years of credited sentry into Pension  11 9 202  ed for by the City of the date of resignary	service, n Plan) Code of mputed tion.		
The date I will begin to rece	eive my pension will be	December	1,2022			
Further, I additionally certification contributions that I paid in above, I have not been confectived any other type of	fy that I have made no to the Pension Fund dunivicted of a felony during pension from the City.	application seeking	g to obtain a return my employment s	set forth		
May Blth futh Signature		<u> </u>	-1 Canusity Number	<del></del>		
Signature			al Security Numbe			
FN Accounting Finan Department/Divis	10) al & Budget Operation	ns <u>44 re</u>	Tican Pla Street Address	<u>e</u> _		
Accounting M Job Classification	<u>Bellea</u> City	, State, Zip Code	3375			
STATE OF FLORIDA						
COUNTY OF PINELLAS						
	The foregoing instrume	nt was acknowled	ged before me			
by means of physical presence or □ online notarization, this 1975 day of Mavch, 2021 by Mavy Beth Setter,						
	who is p <u>ersonally kn</u> own to me or has produced as identification.					
	<u> </u>	<u></u>	as identification.			
	anifor M	Monto M. Moulto	_Notary Public (Si	gnature)		
	JEMMAN	111.110000	_uame or motary	riineu)		
	Commission No.	Notary Public State	of Florida			
Rev. 3/2020	}	Notary Public State Jennifer M Moul My Commission G Expires 03/27/202	ton G 179386	ision Form		