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

1. James Charon	
"	do hereby apply to receive benefits under the
(Please print name)	
City of Clearwater General Employees' Pension Plan in	accordance with the following:
	U
Employee ID# 102646	\sim
	r (single and) (M)r
	r (circle one): F
Job Classification: Machinist Fabrica	tor
Department: <u>Public litilities</u>	Division: Plu Repair,
Date of Hire: 4/5/03	Date of Separation: 4/30/2021
Benefits Effective Date: 4/ < 193	
Donomo Endotivo Bato.	
Spouse's Name: Lovie Charon	
Spouse's Date of Birth: S/17 60	Spouse's Gender (circle one): M
	
The type of pension for which I am applying is (check or	niv one):
, , , , , , , , , , , , , ,	.,,,.
Decular Dancian based on years of conting	
Regular Pension based on years of service	
Job-connected Disability Pension	
Non-job-connected Disability Pension	
I	

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

Partial Lump Sum Payment Option

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

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

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

If taking Option 1 sign below:			
Option #: 1 Description: _	Joint and Survivo	r Annuity	
Employee's Signature:		Date:	
Dependent children under the age of 18 and res	iding in my househo	ld are:	
Child's Name	Gender (M-F)	Date of Birth	Social Security#
		· · · · · · · · · · · · · · · · · · ·	
	•		
If taking Option 2 sign below:			
Option #: 2 Description: _	Life Annuity		
Employee's Signature:		Date:	
If taking Option 3, fill in beneficiary informat			
Option #: _3 Description: _	10 Year Certain a	and Life Annuity	
My designated beneficiary is:			
Name: LORI Charon	Social Secur	ity Number: _	
Date of Birth: 5-17-60	Gender (Circ	le One) M (F)	
Address: 961 MCFARLAND	ST DUNE	OIN FL 3	4698
Phone Number: 727-73.3 -0018	Relation	ship <u>WIFC</u>	
Employee's Signature:	Elec-	Date:	1-16-21

Option #:	Description: % Joint and Survivor Annuity
My designated beneficiary is:	
	Social Security Number:
Name:	•
Date of Birth:	
Phone Number:	Relationship
	Date:
Employee's digitators.	
	Payment, fill in Percentage and sign below:
Option #: NA	Description: Partial Lump Sum Payment
I elect to take a partial lump su	m payment in the following amount (check only one):
10% of the actuarial	ly determined value of the normal retirement benefit
20% of the actuarial	ly determined value of the normal retirement benefit
30% of the actuarial	ly determined value of the normal retirement benefit
	man and the state of the state
I understand my monthly retire	ment benefit for the option selected above shall be reduced accordingly.
Employee's Signature:	Date:
If naming a heneficiary ONL	Y, fill in beneficiary information and sign below:
My designated beneficiary is:	
Ranofician/Name	Beneficiary Social Security #:
Beneficiary Date of Birth:	
Beneficiary Address:	
Beneficiary Phone Number:	
_	Date:
Employee o dignature.	
STATE OF FLORIDA	The foregoing instrument was acknowledged before me this
COUNTY OF	16 Th day of April , 2021
PINELLAS	by James Charon
	who is personally known to me or who has provided CDL
	as identification, and who did/dig not take an oath.
	Notary Public
	Jenni Ser M. Moulton Name of Notary Printed
	My Commission expires:
	Notary Public State of Florida
	Jennifer M Moulton My Commission GG 179386
	Expires 03/27/2022

Rev. 04/13 Form #9900-0009

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.

I, James Charon, an employee of the City of Clearwater, hereby apply for
pension benefits under the City's Employees' Pension Plan.
I hereby certify that I fully understand the preferences offered to me. I choose to retire using separation pay preference # and wish my benefits to be calculated under this preference. Please use my
leave in the following manner:
Run Out vacation sick floaters bonus hours
Lump Sum vacation sick floaters bonus hours
I understand that my preference cannot be changed once this form is signed and that my decision is
irrevocable. EMPLOYEE'S SIGNATURE: And Chu
SOCIAL SECURITY #:
WITNESSES: ADDRESS: 961 MC Farland ST.
WITNESSES: ADDRESS: 961 Mc Farland St. Dunedin Fr. 34698
PHONE: 733-0618 DATE: 4-16-21

Revised 1/02 Form #9900-0008 File Name: Employee Separation Pay Pref

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

Member Data

: JAMES CHARON Social Security No. Name

Date of Birth : 10/18/1960

Age at Retirement : 60 Years 6 Months 14 Days

Beneficiary Data

: LORI CHARON Social Security No. Name

: 05/17/1960 Date of Birth

: 60 Years 11 Months 15 Days Relationship : Spouse Age at Retirement

of children under 18 : 0

Option Elected

Retirement Data

: Estimate Calculation Type : 04/05/1993 Pension Start Date

: Non-Hazardous - Tier II : 04/30/2021 Benefit Group Termination Date : Normal Retirement : 05/01/2021 Retirement Type Effective Date

57,721.36 : **\$** FAC

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

: \$ 0.00Total Member Service: 28 Years 0 Months 26 Days Post-Tax Contributions

Formula for Benefit A : 2.75% * 19.7389 years * \$57,721.36

Monthly Benefit

Potential

Form of Payment	Factor	To Member	To Beneficiary
Normal Form	1.00000	\$2,611.02	N/A
	1.00000	\$2,611.02	N/A
10 Year Certain and Life Annuity 36/9,0	0.97343	\$2,541.65	N/A
Single Life Annuity 37 15,37 10 Year Certain and Life Annuity 36,14,89 50% Joint and Survivor 3465.67	0.93310	\$2,436.35	\$1,218.17
66 2/3% Joint and Survivor 3 390, 30	0.91275	\$2,383.21	\$1,588.81
759/ Joint and Survivor 70 (2 8 2	0.90290	\$2,357.49	\$1,768.12
75% Joint and Survivor 3353.82 100% Joint and Survivor 3248,99	0.87460	\$2,283.60	\$2,283.60

: 2.75% * 8.3333 years * \$57,721.36 Formula for Benefit B

Monthly Benefit **Potential**

Form of Payment	Factor	To Member	To Beneficiary
Normal Form	1.00000	\$1,102.32	N/A
Single Life Annuity	1.00000 0.97362	\$1,102.32 \$1,073.24	N/A N/A
10 Year Certain and Life Annuity 50% Joint and Survivor	0.93378	\$1,029.32	\$514.66
66 2/3% Joint and Survivor	0.91361 0.90385	\$1,007.09 \$996.33	\$671.39 \$747.25
75% Joint and Survivor 100% Joint and Survivor	0.87578	\$965.39	\$965.39

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, Manuel Cordero	do hereby apply to receive benefits under the
(Please print name)	• • • •
City of Clearwater General Employees' Pension Plan in a	accordance with the following:
Employee ID# 1,04816 Date of Birth: 8/8/6/1 Gender Job Classification: CKTUED +vadeSWDY & Department: Vav C5 + Rec Date of Hire: 3/10/200/1 Benefits Effective Date: 5/10/200/	(circle one): W F Yex Division: PR Tradeswoventen Date of Separation: 4/2/2021
Spouse's Name: Sandra, Corder	0
Spouse's Date of Birth: \$\frac{\cappa_12916\cappa_8}{2916\cappa_8}	Spouse's Gender (circle one): M
The type of pension for which I am applying is (check on	ly one):
Regular Pension based on years of service	
Job-connected Disability Pension	
Non-job-connected Disability Pension	

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

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

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

Option 2 - Life Annuity

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

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

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

Partial Lump Sum Payment Option

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

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

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

If taking Option 1 sign below:				
Option #: _1_	Description: _	Joint and Survivo	r Annuity	
Employee's Signature:	· · · · · · · · · · · · · · · · · · ·	······································	Date:	
Dependent children under the a	ge of 18 and res	siding in my househo	id 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	tion and sign below	:	
Option #: 3		10 Year Certain a		
My designated beneficiary is:				
Name:		Social Secur	ity Number:	
Date of Birth:		Gender (Circ	ile One) M F	
Address:		***************************************		
Phone Number:		Relation	ship	
Employee's Signature:			Date:	

	fill in Option Number, Description and beneficiary information and sign below:
Option #:	Description: 75 % Joint and Survivor Annuity
My designated beneficiary is:	
Name: <u>Sandra</u> Con	NJeno: Social Security Number:
Date of Birth: 8/29//	968. Gender (Circle One) M (F)
Address: 1525 Rose U	bodst. Cleanwater Florida 33755.
Phone Number: 727-3	07-5006. Relationship <u>W; Fe</u> .
Employee's Signature:	
	n Payment, fill in Percentage and sign below:
Option #: NA	Description: Partial Lump Sum Payment
I plant to take a nartial lumn si	um payment in the following amount (check only one):
10% of the actuaria	ally determined value of the normal retirement benefit
	ally determined value of the normal retirement benefit
30% of the actuaria	ally determined value of the normal retirement benefit
Lundaretand my monthly retire	ement benefit for the option selected above shall be reduced accordingly.
i understand my monthly redire	SHIGHT DESIGN TO: the option sciented above shall be reduced accordingly.
Employee's Signature:	Date:
If naming a beneficiary ONL	Y, fill in beneficiary information and sign below:
My designated beneficiary is:	
Beneficiary Name:	Beneficiary Social Security #:
Beneficiary Date of Birth:	
Beneficiary Address:	
Beneficiary Phone Number: _	Relationship
Employee's Signature:	<u>.</u> .
STATE OF FLORIDA	The foregoing instrument was acknowledged before me this
COUNTY OF	17th day of March , 2021
PINELLAS	by Manuel Cordero
	who is personally known to me or who has provided
	as identification and who did/did not take an oath.
	Onder Molte Notary Public
	Jennifer M. Moultoname of Notary Printed
	My Commission expires:
	Notary Public State of Florida

Rev. 04/13 Form #9900-0009



CITY OF CLEARWATER

104816

EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

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

PREFERENCE #2

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

			· ·	
1, manuel Cov	devo.	an employee	of the City of	Clearwater, hereby apply for
pension benefits under the				
pay preference #	_ and wish my b			oose to retire using separation his preference. Please use my
leave in the following man			6 1	
			floaters _	bonus hours
Lump Sum Pletran	_ vacation _ 205.83	1,91+2	floaters _	bonus hours
I understand that my prefe	rence cannot be	cnanged once	this form is sign	ed and that my decision is
irrevocable.	EMPLO	YEE'S SIGNATI	URE: Mul	Unno.
		SECURITY #: _		al maghath on the first of the
WITNESSES:	ADDRES	ss:	525 Rose	r F2 33755
		C	learwake	r fr 33755
			20-1566 _{DAT}	

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

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

Member Data

Name

: MANUEL CORDERO

Social Security No.

Date of Birth

: 08/08/1961

Age at Retirement

: 59 Years 8 Months 24 Days

Beneficiary Data

Name

: SANDRA CORDERO

Social Security No.

Date of Birth

: 08/29/1968

Age at Retirement

: 52 Years 8 Months 3 Days

Relationship

: Spouse

of children under 18 : 0

Retirement Data

Pension Start Date

: 03/10/2001 : 04/02/2021 Calculation Type

: Estimate : Non-Hazardous - Tier II

Termination Date Effective Date

: 05/01/2021

Benefit Group Retirement Type

FAC

\$

Option Elected

: Normal Retirement

Pre-Tax Contributions

36,969.50 0.00: \$

Partial Lump Sum : \$0.00 (0 %)

Post-Tax Contributions

0.00

Total Member Service: 20 Years 0 Months 23 Days

Formula for Benefit A : 2.75% * 11.8083 years * \$36,969.50

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,000.42	N/A
Single Life Annuity 699.85	1.00000	\$1,000.42	N/A
10 Year Certain and Life Annuity 166 010 2	0.97686	\$977.27	N/A
50% Joint and Survivor 1548.25	0.91045	\$910.84	\$455.42
66 2/3% Joint and Survivor 1503 15 5	0.88406	\$884.43	\$589.62
50% Joint and Survivor 1548.25 66 2/3% Joint and Survivor 1503.55 75% Joint and Survivor 1482.16	0.87143	\$871.80	\$653.85
[100% Joint and Survivor] 421.47	0.83562	\$835.97	\$835.97

Formula for Benefit B : 2.75% * 8.2556 years * \$36,969.50

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$699.43	N/A
Single Life Annuity	1.00000	\$699.43	N/A
10 Year Certain and Life Annuity	0.97703	\$683.36	N/A
50% Joint and Survivor	0.91134	\$637.41	\$318.71
66 2/3% Joint and Survivor	0.88518	\$619.12	\$412.75
75% Joint and Survivor	0.87266	\$610.36	\$457.77
100% Joint and Survivor	0.83712	\$585.50	\$585.50

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

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

1, Laura Damico	do hereby apply to receive benefits under the
(Please print name)	
City of Clearwater General Employees' Pension Plan in a	ccordance with the following:
Job Classification: Sentor Business Sys Department: Utility Customer Service	(circle one): M (F) Analyst Division: CS Administration Date of Separation: 9/30/2021
Spouse's Name:	Spouse's Gender (circle one): M F
The type of pension for which I am applying is (check only	y one):
Regular Pension based on years of service Job-connected Disability Pension Non-job-connected Disability Pension	

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

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

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

Option 2 - Life Annuity

The Participant receives his/her pension as long as he/she lives. Upon the death of the Participant, benefits cease. [Section 2.416 (c) and Section 2.424 (b) (2) a. 1.1

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.]

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

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Option 7 - 66 3/3 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 bei				
Option #: _1_	Description:	Joint and Surviv	or Annuity	
Employee's Signature:	······································	aglas - alla sociale de la colonia de la colo nia de la colonia de la c	Date:	
Dependent children under th	ne age of 18 and re	siding in my housel	hold are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#

If taking Option 2 sign bel	ow:			
Option #: 2		Life Annuity		
Employee's Signature:				1
Employee's Signature:	Laura Do	mre	Date:3 19	[202]
If taking Option 3, fill in be	eneficiary informa	tion and sign belo	w:	
Option #: _3_			and Life Annuity	· · · · · · · · · · · · · · · · · · ·
My designated beneficiary is	3.			
Name:		Social Sec	urity Number:	
Date of Birth:		Gender (C	ircle One) M F	
Address:				
Phone Number:		Relation	onship	
Employee's Signature:			Date: _	

Option #:	Description:	% Joint and Survivor Annuity
My designated beneficiary is:		
Name:		Social Security Number:
Date of Birth:		
Address:		
Phone Number:		
Employee's Signature:		Date:
If taking a Partial Lump Sui	m Pavment. fill in P	ercentage and sign below:
Option #: NA		Partial Lump Sum Payment
Lelect to take a partial lump s	sum payment in the f	ollowing amount (check only one):
·		
	•	e of the normal retirement benefit
	-	e of the normal retirement benefit
30% of the actuar	ally determined value	e of the normal retirement benefit
I understand my monthly reti	rement benefit for the	e option selected above shall be reduced accordingly.
Employee's Signature:		Date:
Employee's Signature.		
	And the second s	y information and sign below:
My designated beneficiary is		
Beneficiary Name:	****	Beneficiary Social Security #:
Beneficiary Date of Birth:		
Beneficiary Address:	<u>, , , , , , , , , , , , , , , , , , , </u>	
Beneficiary Phone Number:		Relationship
Employee's Signature:		Date:
STATE OF FLORIDA		strument was acknowledged before me this
COUNTY OF PINELLAS	1975	day of <u>March</u> , 2021
. 11 3 2 2 2 2 2	by Laur	.6
	•	known to me or who has provided
	as identification a	and who did/did not take an oath.
	and	(Signature) Notary Public
	Jenr	Name of Notary Printed
	My Commission	expires:
	5 ~~	······································
	٧ ح	'Au. Noten Dublic State of Florida
Rev. 04/13	S roun	Notary Public State of Florida Jennifer M Moulton My Commission GG 179386 Expires 03/27/2022

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.

1, Laura Dam	ر an employ	ee of the City of Clea	rwater, hereby apply for
pension benefits under the City	's Employees' Pension F	Plan.	
I hereby certify that I fully under			
pay preference # an	d wish my benefits to b	e calculated under this p	oreference. Please use my
leave in the following manner:			
Run Out va	cation sick	floaters	bonus hours
Lump Sum va Asof PPEZINZOZI 304,	cation sick	floaters	bonus hours
ASUSPEZIN/2021 304,	75 1103.354,2	1	48
I understand that my preference	e cannot be changed o	nce this form is signed a	and that my decision is
irrevocable.	EMPLOYEE'S SIGN	IATURE: Lama Da	nunta
	SOCIAL SECURITY		
WITNESSES:	ADDRESS:	8302 P	arkwood Blud
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		8302 Pa Seminole	FL 33717
		637-3945 DATE:	
	LUCIAE: 10 1	DATE:	

City of Clearwater Employees' Retirement System Benefit Estimate

Member Data

Name : LAURA DAMICO

Date of Birth : 11/23/1961

Age at Retirement : 59 Years 10 Months 8 Days

Beneficiary Data

Name : Social Security No. :

Date of Birth :

Age at Retirement : Relationship :

of children under 18 :

Social Security No.

Retirement Data

Pension Start Date : 03/25/1998 Calculation Type : Estimate

Termination Date : 09/30/2021 Benefit Group : Non-Hazardous - Tier II
Effective Date : 10/01/2021 Retirement Type : Normal Retirement

FAC: \$ 76,534.28 Option Elected

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

Post-Tax Contributions : \$ 0.00 Total Member Service : 23 Years 6 Months 6 Days

Formula for Benefit A : 2.75% * 14.7667 years * \$76,534.28

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,589.94	N/A
Single Life Annuity 4124.61	1.00000	\$2,589.94	N/A
10 Year Certain and Life Annuity	0.97686	\$2,530.01	N/A

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

75% Joint and Survivor 100% Joint and Survivor

Formula for Benefit B : 2.75% * 8.75 years * \$76,534.28

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,534.67	N/A
Single Life Annuity	1.00000	\$1,534.67	N/A
10 Year Certain and Life Annuity	0.97703	\$1,499.42	N/A
50% Joint and Survivor			
66 2/3% Joint and Survivor			

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

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

CITY OF CLEARWATER PENSION ENTITLEMENT OPTION REQUEST FORM HAZARDOUS DUTY EMPLOYEE

I, Thomas Dawe (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 4169 Date of Birth: Gend Job Classification: Police Sergeant Department: Police Date of Hire: 3/15/99 Benefits Effective Date: 3/15/99	er (circle one): M F Division: Criwes Against Chi, by family Date of Separation: 4 9 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 the control of the contr	

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.]

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

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

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

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

Partial Lump Sum Payment Option

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

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

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

If taking Option 1 sign below:	····					
Option #: _1 De	escription: _	Joint and Surviv	or Annuity			
Employee's Signature:		<u></u>	Date:			
Dependent children under the age o	of 18 and res	iding in my housel	old are:			
Child's Name		Gender (M-F)	Date of Birtl	n —	Social Security#	
If taking Option 2 sign below:						
Option #: _2 D	escription: _	Life Annuity	~~			
Employee's Signature:			Date:			
If taking Option 3, fill in beneficia	ıry informat	ion and sign belo	w:			
Option #: _ 3 D	escription: _	10 Year Certair	and Life Annu	ity		
My designated beneficiary is:						
Name:		Social Sec	urity Number: _	u .v. 1 14		
Date of Birth:		0 1 (0	rcle One) M	F		
Address:						
Phone Number:		Relation				
Employee's Signature:				Date:		<u>:</u>

The second second

	ill in Option Number, Description and beneficiary information and sign below:
Option #:6	Description: 200 % Joint and Survivor Annuity
My designated beneficiary is:	
Name: 🛕	Social Security Number:
Date of Birth:	Gender (Circle One)
Address: _	
Phone Number:	
Employee's Signature:	75C Date: 4-8-2021
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 lump so	um payment in the following amount (check only one):
10% of the actuaria	lly determined value of the normal retirement benefit
20% of the actuaria	lly determined value of the normal retirement benefit
30% of the actuaria	lly determined value of the normal retirement benefit
I understand my monthly retire	ement benefit for the option selected above shall be reduced accordingly.
Employee's Signature:	Date:
If naming a beneficiary ONL	Y, fill in beneficiary information and sign below:
My designated beneficiary is:	
Beneficiary Name:	Beneficiary Social Security #:
Beneficiary Date of Birth:	Beneficiary Gender (Circle One) M F
Beneficiary Address:	
Beneficiary Phone Number: _	Relationship
Employee's Signature:	Date:
STATE OF FLORIDA COUNTY OF PINELLAS	The foregoing instrument was acknowledged before me this

File Name: Pension Entitlement Option Form

Rev. 04/13 Form #9900-0009

CITY OF CLEARWATER

#104169

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, Thomas	Dawe, a	an employee	of the City of Clea	arwater, hereby apply for
pension benefits und	ler the City's Employees'	Pension Plan	ı .	
I hereby certify that	I fully understand the pr	eferences offe	ered to me. I choose	e to retire using separation
pay preference #	and wish my be	nefits to be c	alculated under this	preference. Please use my
leave in the following	g manner:		,	,
Run Out	vacation	sick	floaters	bonus hours
Lump Sum PS 2/26/2021 I understand that my	vacation vacation	sick 263, N.L.2 changed once	floaters SLT 8,0 this form is signed	bonus hours 4, 2 and that my decision is
irrevocable.	EMPLOY	EE'S SIGNAT	URE: 77.	7
	SOCIAL S	SECURITY #: _		,
WITNESSES:	ADDRESS	S:		-
<u> </u>	PHONE:	-	_ DATE:	4/9/2021

City of Clearwater Employees' Retirement System Benefit Estimate

Member Data

Name : THOMAS DAWE 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 : 03/15/1999 Calculation Type : Estimate

Termination Date : 04/09/2021 Benefit Group : Hazardous - Tier II

Effective Date : 05/01/2021 Retirement Type : Normal Retirement

FAC : \$ 105,917.68

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

Post-Tax Contributions : \$ 0.00 Total Member Service : 22 Years 0 Months 25 Days

Option Elected

Formula for Benefit A : 2.75% * 13.7944 years * \$105,917.68

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form 5356-87	1.00000	\$3,348.30	N/A
Single Life Annuity 5577.06	1.03824	\$3,476.33	N/A
10 Year Certain and Life Annuity \$528,72	1.03491	\$3,465.17	N/A
50% Toint and Survivor C V / St / V	1.01158	\$3,387.06	\$1,693.53
66 2/3% Joint and Survivor 5 3 7 3 .5 2	1.00299	\$3,358.31	\$2,238.88
75% Joint and Survivor \$ 351. 47	0.99875	\$3,344.12	\$2,508.09
100% Joint and Survivor 5 289, 32	0.98624	\$3,302.24	\$3,302.24

Formula for Benefit B : 2.75% * 8.275 years * \$105,917.68

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$2,008.57	N/A
Single Life Annuity	1.03095	\$2,070.73	N/A
10 Year Certain and Life Annuity	1.02737	\$2,063.55	N/A
50% Joint and Survivor	1.00969	\$2,028.04	\$1,014.02
66 2/3% Joint and Survivor	1.00280	\$2,014.21	\$1,342.80
75% Joint and Survivor	0.99939	\$2,007.35	\$1,505.52
100% Joint and Survivor	0.98930	\$1,987.08	\$1,987.08

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

1, Benjamin Hailey (Please print name)	do hereby apply to receive benefits under the
City of Clearwater General Employees' Pension Plan in	accordance with the following:
Job Classification: Polye Sergeant	(circle one): M F
Department: Police	Division: Patrol District III CPR
Date of Hire: 3 \ \2\200 \ Benefits Effective Date: 3 \ \2\200 \	Date of Separation: 3/31/2021
Deficitis Effective Date.	
Spouse's Name:	, , , , , , , , , , , , , , , , , , ,
Spouse's Date of Birth:	Spouse's Gender (circle one):
	L
The type of pension for which I am applying is (check or	iy one):
Regular Pension based on years of service Job-connected Disability Pension Non-job-connected Disability Pension	

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

Option 1 - Joint and Survivor Annuity

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

Option 2 - Life Annuity

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

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

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

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

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

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

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

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

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

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

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

Partial Lump Sum Payment Option

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

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

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

If taking Option 1 sign below:				
Option #: _1_	Description: _	Joint and Survivo	r 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	_

If taking Option 2 sign below:				
Option #: 2	Description: _	Life Annuity		
Employee's Signature:			Date:	· · · · · · · · · · · · · · · · · · ·
If taking Option 3, fill in bene	ficiary informat	tion and sign below	/ :	
Option #: _ 3_	Description: _	10 Year Certain	and Life Annuity	
My designated beneficiary is:				
Name:		Social Secur	rity Number:	
Date of Birth:			cle One) M F	
Address:				
Phone Number:		Relation	ship	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Employee's Signature:			Date: _	

Option #:	Description: /00 % Joint and Survivor Annuity
My designated beneficiary is:	
Name:	Social Security Number: _
Date of Birth:	Gender (Circle One)
Address:	er e
Phone Number:	Relationship
Employee's Signature:	Date: 03/15/21
If taking a Partial Lump Sum	Payment, fill in Percentage and sign below:
Option #: NA	Description: 304 Partial Lump Sum Payment
I elect to take a nartial lumn su	m payment in the following amount (check only one):
·	
	ly determined value of the normal retirement benefit
1 — — — — — — — — — — — — — — — — — — —	ly determined value of the normal retirement benefit
30% of the actuarial	ly determined value of the normal retirement benefit
Lunderstand my monthly setting	ment be reduced accordingly.
Employee's Signature:	Date: <u>03/15/2)</u>
If naming a beneficiary ONL	Y, fill in beneficiary information and sign below:
My designated beneficiary is:	
Beneficiary Name:	Beneficiary Social Security #:
Beneficiary Date of Birth:	
Beneficiary Address:	
Beneficiary Phone Number:	
Employee's Signature:	
STATE OF FLORIDA	The foregoing instrument was acknowledged before me this
COUNTY OF	15th day of March, 2021
PINELLAS	by Benjamin Hailey
	who is personally known to me or who has provided
	as identification and who did/dig not take an oath.
	Order M. Mort Notary Public
	Jenni Fer M. Moult Name of Notary Printed
	My Commission expires:
	Notary Public State of Florida Jennifer M Moutton My Commission GG 179385
Rev. 04/13	Expires U3/2/12/22
Form #9900-0009	File Name: Pension Entitlement Option Form

Rev. 04/13 Form #9900-0009

CITY OF CLEARWATER

104818

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.

			<u></u>	
1. Benjamin Ha	itey, an e	employee of	the City of Cle	arwater, hereby apply for
pension benefits under the City'				
I hereby certify that I fully unde				
pay preference # and	d wish my benefi	ts to be calcu	ulated under this	preference. Please use my
leave in the following manner:				
Run Out	cation	_ sick	floaters	bonus hours
Run Out value	cation	_ sick/ ぴぴ.レ	floaters	bonus hours
I understand that my preference	e cannot be char	iged once th	is form is signed	and that my decision is
irrevocable.	EMPLOYEE'S		TA	
	SOCIAL SEC	URITY #: _		
WITNESSES:	ADDRESS: _	· · ·	·	1
	PHONE:		, DATE:	03-15-21

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

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

Member Data

: BENJAMIN HAILEY Social Security No. Name

Date of Birth

Age at Retirement

Beneficiary Data

Social Security No. Name

Date of Birth

Relationship Age at Retirement

of children under 18 :

Retirement Data

Calculation Type : Estimate : 03/12/2001 Pension Start Date

: Hazardous - Tier II Benefit Group Termination Date : 03/31/2021 Retirement Type : Normal Retirement Option Elected : : 04/01/2021 Effective Date

: \$ 109,421.32 FAC

Partial Lump Sum : \$259,427.54 (30 %) 0.00Pre-Tax Contributions : \$

Total Member Service: 20 Years 0 Months 19 Days 0.00 Post-Tax Contributions : **\$**

Formula for Benefit A : 2.75% * 11.8028 years * \$109,421.32

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form 3519.87	1.00000	\$2,071.74	N/A
Single Life Annuity	1.04871	\$2,172.66	N/A
10 Year Certain and Life Annuity	1.04464	\$2,164.23	N/A
50% Joint and Survivor	1.01440	\$2,101.57	\$1,050.79
66 2/3% Joint and Survivor	1.00345	\$2,078.89	\$1,385.93
750/ Inint and Survivor	0.99807	\$2,067.74	\$1,550.81
100% Joint and Survivor 3 463, 28	0.98226	\$2,034.98	\$2,034.98

Formula for Benefit B : 2.75% * 8.25 years * \$109,421.32

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,448.13	N/A
Single Life Annuity	1.03918	\$1,504.86	N/A
10 Year Certain and Life Annuity	1.03484	\$1,498.58	N/A
50% Joint and Survivor	1.01205	\$1,465.58	\$732.79
66 2/3% Joint and Survivor	1.00333	\$1,452.94	\$968.62
75% Joint and Survivor	0.99901	\$1,446.69	\$1,085.02
100% Joint and Survivor	0.98631	\$1,428.30	\$1,428.30

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

1, <u>Richard Kel</u> (Please print name	do hereby apply to receive benefits under the
City of Clearwater General Employ	ees' Pension Plan in accordance with the following:
Employee ID #	Gender (circle one): M F Fricer Division: Patrol District Team+ Date of Separation: 3/25/2021
Spouse's Name:	
Spouse's Date of Birth:	Spouse's Gender (circle one): M F
	t
The type of pension for which I am Regular Pension base Job-connected Disabil Non-job-connected Dis	d on years of service ity 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.]

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

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

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

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

Partial Lump Sum Payment Option

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

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

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

If taking Option 1 sign below:				
Option #: _1_	Description: _	Joint and Survi	or Annuity	
Employee's Signature:			Date:	
Dependent children under the a	ge of 18 and re	siding in my house	hold are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security #
If taking Option 2 sign below:				
Option #: _2_	Description:	Life Annuity		
Employee's Signature:			Date:	
If taking Option 3, fill in benef	iciary informa	tion and sign belo	ow:	
Option #: _ 3_	Description:	10 Year Certai	n and Life Annuity	
My designated beneficiary is:				
Name:		Social Sec	urity Number:	
Date of Birth:		On and an IC	ircle One) M F	
Address:				· · · · · · · · · · · · · · · · · · ·
Phone Number:		Relati	onship	
Employee's Signature:			Date:	

Option #:	Description: 6 0 % Joint and Survivor Annuity
	The state of the s
My designated beneficiary is:	, , , , , , , , , , , , , , , , , , ,
Name:	Social Security Number
Date of Birth: _	Gender (Circle One)
Address:	·
Phone Number:	Relationship
Employee's Signature:	Date: 3/4/21
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 sur	m payment in the following amount (check only one):
	ly determined value of the normal retirement benefit
	y determined value of the normal retirement benefit
30% of the actuarial	ly determined value of the normal retirement benefit
I understand my monthly retire	ment benefit for the option selected above shall be reduced accordingly.
Employee's Signature:	Date:
My designated beneficiary is:	Y, fill in beneficiary information and sign below:
•	Depositations Contint Constitute
Beneficiary Name:	
Beneficiary Date of Birth:	
Beneficiary Address:	
Beneficiary Phone Number:	
Employee's Signature:	Date:
STATE OF FLORIDA COUNTY OF PINELLAS	The foregoing instrument was acknowledged before me this UT day of March by Richard Kelly who is personally known to me or who has provided DL as identification and who did/did not take an oath. (Signature) Notary Public
	Jennifer M. Moulton_ Name of Notary Printed
	My Commission expires:
Rev 04/13	Notary Public State of Florida Jennifer M Moulton My Commission GG 179386 Expires 03/27/2022

Rev. 04/13 Form #9900-0009

WYFIE Name: Pension Entitlement Option Form

CITY OF CLEARWATER

103637

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 Kelly	, an employee of the City of Clearwater, hereby apply for
pension benefits under the City's	
	tand the preferences offered to me. I choose to retire using separation
pay preference # and v	wish my benefits to be calculated under this preference. Please use my
leave in the following manner:	
	tion sick floaters bonus hours
Lump Sum vaca	tion sick floaters bonus hours bonus hours sick 32 1.3 cover pre
I understand that my preference	cannot be changed once this form is signed and that my decision is
irrevocable.	EMPLOYEE'S SIGNATURE: #5137
	SOCIAL SECURITY #:
WITNESSES:	ADDRESS:
	PHONE: TE: 3/4/2/

City of Clearwater Employees' Retirement System Benefit Estimate

Member Data

Name : RICHARD KELLY Social Security No.

Date of Birth :

Age at Retirement

Beneficiary Data

Name : Social Security No.

Date of Birth :

Age at Retirement : Relationship :

of children under 18:

Retirement Data

Pension Start Date : 07/21/1997 Calculation Type : Estimate

Termination Date : 03/25/2021 Benefit Group : Hazardous - Tier II
Effective Date : 04/01/2021 Retirement Type : Normal Retirement

FAC: \$ 86,244.24 Option Elected

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

Post-Tax Contributions : \$ 0.00 Total Member Service : 23 Years 8 Months 5 Days

Formula for Benefit A : 2.75% * 15.4444 years * \$86,244.24

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Single Life Annuity	1.00680	\$3,073.23	N/A
10 Year Certain and Life Annuity	1.00000	\$3,052.48	N/A
50% Joint and Survivor	0.97109	\$2,964.26	\$1,482.12
66 2/3% Joint and Survivor	0.95975	\$2,929.61	\$1,953.08
75% Joint and Survivor	0.95417	\$2,912.59	\$2,184.45
100% Joint and Survivor 4406,89	0.93783	\$2,862.71	\$2,862.71

Formula for Benefit B : 2.75% * 8.2361 years * \$86,244.24

Monthly Benefit

Form of Payment	Factor	To Member	To Beneficiary
Single Life Annuity	1.00721	\$1,639.55	N/A
10 Year Certain and Life Annuity	1.00000	\$1,627.81	N/A
50% Joint and Survivor	0.97705	\$1,590.45	\$795.22
66 2/3% Joint and Survivor	0.96739	\$1,574.73	\$1,049.82
75% Joint and Survivor	0.96262	\$1,566.97	\$1,175.22
100% Joint and Survivor	0.94862	\$1,544.18	\$1,544.18

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. Anthony Nellis	do hereby apply to receive benefits under the
(Please print name)	
City of Clearwater General Employees' Pension Plan in accorda	ance with the following:
	· ·
Employee ID # 103428	
Date of Birth: 4// 8/ 9 Gender (circle	one): (M) F
Job Classification: 50 ld Waste Equip Ope	7
Department: 50 10 Waste + Recycling Division	on: Recycling Multi-tamily
	of Separation: 9/30/2021
Benefits Effective Date: 21,7191	
Spouse's Name: Tina Nellis	
Spouse's Date of Birth: 6 10/62 Spous	se's Gender (circle one): M (F)
The type of pension for which I am applying is (check only one)	:
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Regular Pension based on years of service	
Job-connected Disability Pension	
Non-job-connected Disability Pension	
*	

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

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

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

Option 2 - Life Annuity

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

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

The Participant receives his/her pension as long as he/she lives. If the Participant dies 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 %% Joint & Survivor Annuity - (must designate a beneficiary)

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

Partial Lump Sum Payment Option

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

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

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

If taking Option 1 sign belo	W:			
Option #: _1_	Description: _	Joint and Surviv	or 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 belo	ow:		<u></u>	
Option #: _2_		Life Annuity)
Employee's Signature: GM Hons Wholes Date: 3/12/21				
If taking Option 3, fill in beneficiary information and sign below:				
Option #: _ 3_	Description:	10 Year Certai	n and Life Annuity	
My designated beneficiary is	:			:
Name:		Social Sec	urity Number:	
Date of Birth:			ircle One) M F	
Address:				
Phone Number:		Relati	onship	
Employee's Signature:			Date: _	

Option #:	· · · · · · · · · · · · · · · · · · ·	er, Description and beneficiary information and sign below: % Joint and Survivor Annuity
	•	70 Count and Garytour Attributy
My designated beneficiary is:	:	
Name:		Social Security Number:
Date of Birth:		Gender (Circle One) M F
Address:		
Phone Number:		Relationship
Employee's Signature:		Date:
If taking a Partial Lump Su	m Pavment, fill in Po	ercentage and sign below:
		Partial Lump Sum Payment
		ollowing amount (check only one):
<u> </u>	·	e of the normal retirement benefit
		e of the normal retirement benefit
30% of the actuar	ially determined value	e of the normal retirement benefit
I understand my monthly reti	irement benefit for the	e option selected above shall be reduced accordingly.
Employee's Signature:		Date:
My designated beneficiary is		y information and sign below:
•		Day Salam Casial Casumb H
Beneficiary Name:		
Beneficiary Date of Birth:		
Beneficiary Address:		_ , ,
Beneficiary Phone Number:		
Employee's Signature:		Date:
STATE OF FLORIDA COUNTY OF		trument was acknowledged before me this
PINELLAS	A 1/1.	day of March, 2021
	Uy	
who is personally known to me or who has provided		
as identification and who did/did not take an oath.		
		Notary Public Notary Public
	Je. Je	MNiter M. Mow Towname of Notary Printed
	My Commission	expires:
		Notary Public State of Florida Superinter M Moulton
		My Commission GG 179386 Expires 03/27/2022
Rev. 04/13		Pile Name: Pension Entitlement Option For

Rev. 04/13 Form #9900-0009 CITY OF CLEARWATER

103428

EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

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

PREFERENCE #2

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

1, Anthony	Nellis, an employee of the City of Clearwater, hereby apply for
•	the City's Employees' Pension Plan.
·	and wish my benefits to be calculated under this preference. Please use my
leave in the following m	nanner:
Run Out	vacation sick floaters bonus hours
	vacation sick floaters bonus hours bonus hours
I understand that my p	reference cannot be changed once this form is signed and that my decision is
irrevocable.	EMPLOYEE'S SIGNATURE: Athony Op Din
	SOCIAL SECURITY #:
WITNESSES:	ADDRESS: 1388 Chesterfield Dr.
WITH TEODEO.	Clear Water Fr 33756
	PHONE: 721) 584-7063 DATE: 3 12/21

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

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

Member Data

Name

: ANTHONY NELLIS

Social Security No.

Date of Birth

: 04/18/1959

Age at Retirement

: 62 Years 5 Months 13 Days

Beneficiary Data

Name

: TINA NELLIS

Social Security No.

Date of Birth

: 06/10/1962

Age at Retirement

: 59 Years 3 Months 21 Days

Relationship

: Spouse

of children under 18 : 0

Retirement Data

Pension Start Date

: 02/17/1997

Calculation Type

: Estimate

Termination Date

: 09/30/2021

Benefit Group

: Non-Hazardous - Tier II

Effective Date

: 10/01/2021

Retirement Type

: Normal Retirement

FAC

: \$ 41,935.83

Option Elected

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

Total Member Service: 24 Years 7 Months 14 Days

Formula for Benefit A : 2.75% * 15.8722 years * \$41,935.83

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$1,525.37	N/A
27/-/ 27	1.00000	\$1,525.37	N/A
10 Year Certain and Life Annuity 2294, 49	0.96959	\$1,478.98	N/A
50% Joint and Survivor 2 [72, 6]	0.91786	\$1,400.07	\$700.04
66 2/3% Joint and Survivor 2114 91	0,89340	\$1,362.76	\$908.51
75% Joint and Survivor 2087.22	0.88166	\$1,344.86	\$1,008.64
100% Joint and Survivor 2008, 27	0.84820	\$1,293.82	\$1,293.82

Formula for Benefit B : 2.75% * 8.75 years * \$41,935.83

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	\$840.90	N/A
	1.00000	\$840.90	N/A
	0.96981	\$815.51	N/A
	0.91870	\$772.54	\$386.27
66 2/3% Joint and Survivor	0.89446	\$752.15	\$501.43
75% Joint and Survivor	0.88282	\$742.36	\$556.77
	0.84963	\$714.45	\$714.45

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, Willard Rodgers, Jy (Please print name) City of Clearwater General Employees' Pension Plan in a	do hereby apply to receive benefits under the accordance with the following:		
Employee ID # / D 458 7 Date of Birth: Gender Job Classification: Police Sergeant Department: Police Date of Hire: 5 22 / 2000 Benefits Effective Date: 5 / 2 n 2000	r (circle one): M F Division: K-9 Unit Date of Separation: 4/23/2021		
Spouse's Name: Spouse's Date of Birth:	Spouse's Gender (circle one):		
The type of pension for which I am applying is (check 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. 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 3/8 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	•		<u></u>	
Option #: _1_		Joint and Surviv	or Annuity	
Employee's Signature:	······································		Date:	
Dependent children under the	age of 18 and re	siding in my househ	old are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#
If taking Option 2 sign below				
Option #: _2_		Life Annuity		/.
Employee's Signature:	ATI		Date: <u>3/2</u>	4/2021_
If taking Option 3, fill in bene				
Option #: _ 3_			and Life Annuity	
My designated beneficiary is:				
wy designateu penendary is.				
Name:		Social Secu	ırity Number:	
Date of Birth:	···	Gender (Ci	rcle One) M F	
Address:				
Phone Number:		Relatio	nship	
Employee's Signature:			Date:	

My designated beneficiary is: Name:	1044.
Date of Birth: Gender (Circle One) M F Address: Phone Number: Relationship	
Date of Birth: Gender (Circle One) M F Address: Phone Number: Relationship	
Phone Number: Relationship	
Employee's Signature:	
If taking a Partial Lump Sum Payment, fill in Percentage and sign below: Option #: NA	
Option #: NA Description: Partial Lump Sum Payment I elect to take a partial lump sum payment in the following amount (check only one):	··········
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 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 beneficiary is: Beneficiary Name: Beneficiary Social Security #: Beneficiary Date of Birth: Beneficiary Gender (Circle One) M F Beneficiary Phone Number: Employee's Signature: Date: STATE OF FLORIDA COUNTY OF PINELLAS The foregoing instrument was acknowledged before me this 24Tb day of March 30% of the actuarially determined value of the normal retirement benefit 29Tb day of March 30% of the actuarially determined value of the normal retirement benefit 30% of the actuarially determined value of the normal retirement benefit 30% of the actuarially determined value of the normal retirement benefit 30% of the actuarially determined value of the normal retirement benefit 30% of the actuarially determined value of the normal retirement benefit 30% of the actuarially determined value of the normal retirement benefit 30% of the actuarially determined value of the normal retirement benefit 30% of the actuarially determined value of the normal retirement benefit 30% of the actuarially determined value of the normal retirement benefit 30% of the actuarially determined value of the normal retirement benefit 1 understand peneficiary determined value of the normal retirement benefit 1 understand peneficiary determined value of the normal retirement benefit 1 understand peneficiary determined value of the normal retirement benefit 1 understand peneficiary determined value of the normal retirement benefit 1 understand peneficiary determined value of the normal retirement benefit 1 understand peneficiary determined value of the normal retirement benefit 2 underst	
10% of the actuarially determined value of the normal retirement benefit 20% of the actuarially determined value of the normal retirement benefit 30% of the actuarially determined value of the normal retirement benefit I understand my monthly retirement benefit for the option selected above shall be reduced accordingly. Employee's Signature: Date: If naming a beneficiary ONLY, fill in beneficiary information and sign below: My designated beneficiary is: Beneficiary Name: Beneficiary Social Security #: Beneficiary Date of Birth: Beneficiary Gender (Circle One) M F Beneficiary Phone Number: Employee's Signature: Date: STATE OF FLORIDA COUNTY OF PINELLAS The foregoing instrument was acknowledged before me this 24Tb day of March 30% of the actuarially determined value of the normal retirement benefit 29Tb day of March 30% of the actuarially determined value of the normal retirement benefit 30% of the actuarially determined value of the normal retirement benefit 30% of the actuarially determined value of the normal retirement benefit 30% of the actuarially determined value of the normal retirement benefit 30% of the actuarially determined value of the normal retirement benefit 30% of the actuarially determined value of the normal retirement benefit 30% of the actuarially determined value of the normal retirement benefit 30% of the actuarially determined value of the normal retirement benefit 30% of the actuarially determined value of the normal retirement benefit 30% of the actuarially determined value of the normal retirement benefit 1 understand peneficiary determined value of the normal retirement benefit 1 understand peneficiary determined value of the normal retirement benefit 1 understand peneficiary determined value of the normal retirement benefit 1 understand peneficiary determined value of the normal retirement benefit 1 understand peneficiary determined value of the normal retirement benefit 1 understand peneficiary determined value of the normal retirement benefit 2 underst	
20% of the actuarially determined value of the normal retirement benefit 30% of the actuarially determined value of the normal retirement benefit I understand my monthly retirement benefit for the option selected above shall be reduced accordingly. Employee's Signature: Date: If naming a beneficiary ONLY, fill in beneficiary information and sign below: My designated beneficiary is: Beneficiary Name: Beneficiary Social Security #: Beneficiary Date of Birth: Beneficiary Gender (Circle One) M F Beneficiary Phone Number: Employee's Signature: Date: STATE OF FLORIDA COUNTY OF PINELLAS The foregoing instrument was acknowledged before me this A COUNTY OF PINELLAS Date: A COUNTY OF PINELLAS The foregoing instrument was acknowledged before me this A COUNTY OF PINELLAS Beneficiary Address: A COUNTY OF Beneficiary Address: A COUNTY	
I understand my monthly retirement benefit for the option selected above shall be reduced accordingly. Employee's Signature:	
I understand my monthly retirement benefit for the option selected above shall be reduced accordingly. Employee's Signature:	
Employee's Signature:	
If naming a beneficiary ONLY, fill in beneficiary information and sign below: My designated beneficiary is: Beneficiary Name: Beneficiary Social Security #: Beneficiary Date of Birth: Beneficiary Gender (Circle One) M F Beneficiary Phone Number: Beneficiary Gender (Circle One) M F Beneficiary Gender (Circle One) M F Beneficiary Address: Beneficiary Address: Beneficiary Signature: Date: STATE OF FLORIDA COUNTY OF PINELLAS The foregoing instrument was acknowledged before me this Aday of March Beneficiary Social Security #: Beneficiary Social Security #: Beneficiary March Beneficiary Gender (Circle One) M F Beneficiary Address: Be	
If naming a beneficiary ONLY, fill in beneficiary information and sign below: My designated beneficiary is: Beneficiary Name: Beneficiary Social Security #: Beneficiary Date of Birth: Beneficiary Gender (Circle One) M F Beneficiary Phone Number: Beneficiary Gender (Circle One) M F Beneficiary Gender (Circle One) M F Beneficiary Address: Beneficiary Address: Beneficiary Signature: Date: STATE OF FLORIDA COUNTY OF PINELLAS The foregoing instrument was acknowledged before me this Aday of March Beneficiary Social Security #: Beneficiary Social Security #: Beneficiary March Beneficiary Gender (Circle One) M F Beneficiary Address: Be	
My designated beneficiary is: Beneficiary Name:	
Beneficiary Name:	
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 day of day of Available of the polymer	
Beneficiary Address: Beneficiary Phone Number: Employee's Signature: STATE OF FLORIDA COUNTY OF PINELLAS The foregoing instrument was acknowledged before me this 24Tb day of March by Willard Rodgers Jr	
Beneficiary Phone Number: Relationship	
Employee's Signature: STATE OF FLORIDA COUNTY OF PINELLAS The foregoing instrument was acknowledged before me this 24Tb day of March by Willard Rodgers Jr	
STATE OF FLORIDA COUNTY OF PINELLAS The foregoing instrument was acknowledged before me this 24Th day of March, 2021 by Willard Rodgers Jr	
COUNTY OF 24Th day of March 2021 by Willard Rodgers Jr	
COUNTY OF 24Th day of March 2021 by Willard Rodgers Jr	
by Willard Rodgers Ir	
	1
who is personally known to the of who has provided	
as identification and who did/atd not take an eath.	
(Signally F) Notary F	'ublic
Jehn Fer M. Mou to Name of Notary Pr	rinted
My Commission expires:	
Notary Public State of Florida	
Jenniter M Moulton My Commission GG 179386 Expires 03/27/2022	
Rev. 04/13 Form #9900-0009 File Name: Pension Entitlement Opt	ion Form

CITY OF CLEARWATER

104587

EMPLOYEES' SEPARATION PAY PREFERENCES

PREFERENCE #1

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

PREFERENCE #2

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

			_		
1, Willard Rodge	ers, Ir	_, an employee	of the City of	Clearwat	er, hereby apply for
pension benefits under the	City's Employ	ees' Pension Plan			
I hereby certify that I fully u	nderstand th	e preferences offe	ered to me. I cl	noose to re	etire using separation
pay preference #	and wish m	y benefits to be ca	alculated under	this prefe	rence. Please use my
leave in the following mann	er:				
Run Out	vacation	sick	floaters		_bonus hours
Lump Sum	vacation	sick	floaters		_bonus hours
Run Out Lump Sum ASSIX 3\V\2021 3	<.90	26,02 12	10:3	44.8	Comp
I understand that my prefer	ence cannot	be changed once	this form is sig	ined and t	hat my decision is
irrevocable.				1 /	
	EMPI	OYEE'S SIGNAT	URE:	101/	
		AL SECURITY #: _			
WITNESSES:	ADD	RESS:			<u> </u>
	·			,	/ / -
	PHO	NE:_	D	ATE:	24/2021

Revised 1/02 Form #9900-0008 File Name: Employee Separation Pay Pref

Member Data

Name : WILLARD RODGERS, JR 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 : 05/22/2000 Calculation Type : Estimate

Termination Date : 04/23/2021 Benefit Group : Hazardous - Tier II
Effective Date : 05/01/2021 Retirement Type : Normal Retirement

FAC: \$ 106,618.21 Option Elected

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

Post-Tax Contributions : \$ 0.00 Total Member Service : 20 Years 11 Months 2 Days

Formula for Benefit A : 2.75% * 12.6083 years * \$106,618.21

Monthly Benefit

Potential

Potential

Form of Payment	Factor	To Member	To Beneficiary
Normal Form 5112.0° Single Life Annuity 5521,772 10 Year Certain and Life Annuity 50% Joint and Survivor 66 2/3% Joint and Survivor 75% Joint and Survivor	1.00000 1.08776 1.08127 1.02316 1.00330 0.99365 0.96580	\$3,080.64 \$3,351.00 \$3,330.99 \$3,151.98 \$3,090.80 \$3,061.07 \$2,975.29	N/A N/A N/A \$1,575.99 \$2,060.52 \$2,295.81 \$2,975.29
100% Joint and Survivor 4954,55	0.96580	\$2,973.29	\$2,973.29

Formula for Benefit B : 2.75% * 8.3139 years * \$106,618.21

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 66 2/3% Joint and Survivor 75% Joint and Survivor 100% Joint and Survivor	1.00000	\$2,031.36	N/A
	1.06860	\$2,170.72	N/A
	1.06183	\$2,156.96	N/A
	1.01931	\$2,070.58	\$1,035.30
	1.00387	\$2,039.22	\$1,359.48
	0.99632	\$2,023.89	\$1,517.92
	0.97435	\$1,979.26	\$1,979.26

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

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

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

I, <u>Judith Smith</u> (Please print name) City of Clearwater General Employees' Pension Plan in a	do hereby apply to receive benefits under the accordance with the following:
Job Classification: Police Social Serving Department: Police Date of Hire: 9/14/87 Benefits Effective Date: 9/14/87	r (circle one): M (F) VCES SPEC Division: PECTIMEN Against Child+ Fame Date of Separation: 4/30/2021
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 (check on Regular Pension based on years of service Job-connected Disability Pension Non-job-connected Disability Pension	ily one):

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

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

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

Option 2 - Life Annuity

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

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

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

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

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

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

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

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

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

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

Partial Lump Sum Payment Option

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

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

If taking Option 1 sign below	(% -			
Option #: _1_		Joint and Surviv		
Employee's Signature:	with about	<u> </u>		6/3021
Dependent children under the	age of 18 and re	siding in my housel	nold are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#
			***************************************	44444
If taking Option 2 sign below	<i>r</i> :			
Option #: _2_		Life Annuity		
Employee's Signature:			Date:	
If taking Option 3, fill in bene	eficiary informa	tion and sign belo	w:	
Option #: _ 3_			and Life Annuity	
My designated beneficiary is:				
Name:		Social Sec	urity Number:	
Date of Birth:		Gender (C	rcle One) M F	
Address:	A			
Phone Number:	, , , , , , , , , , , , , , , , , , ,	Relation	nship	
Employee's Signature			Date: _	

If taking Option 4, 5, 6,or 7, fi	II in Option Numb	er, Description and beneficiary information and sign below:
Option #:	Description:	% Joint and Survivor Annuity
My designated beneficiary is:		
Name:		Social Security Number:
Date of Birth:	·	Gender (Circle One) M F
Address:	·	
Phone Number:		Relationship
Employee's Signature:		Date:
If taking a Partial Lump Sum	Payment, fill in Pe	ercentage and sign below:
Option #: NA		Partial Lump Sum Payment
l elect to take a partial lump su	m payment in the fo	ollowing amount (check only one):
l		of the normal retirement benefit
l	-	of the normal retirement benefit
30% of the actuarial	ly determined value	of the normal retirement benefit
l understand my monthly retire	ment benefit for the	option selected above shall be reduced accordingly.
Employee's Signature:		Date:
My designated beneficiary is:	Y, Till In Deneliciar	y information and sign below:
		December 20 and a Committee the
Beneficiary Name:		
Beneficiary Date of Birth:		
Beneficiary Address:		
Beneficiary Phone Number:		
Employee's Signature:		Date:
STATE OF FLORIDA COUNTY OF PINELLAS	by Judis	trument was acknowledged before me this lay of April , 2021
•		knewn to me or who has provided
	as identification a	who did/did/not take an oath Notary Public
	Jenni	Sev M. Moulto—Name of Notary Printed
	My Commission e	expires:
Rev. 04/13 Form #9900-0009	\$ \$ \$ \frac{1}{2}	otary Public State of Florida ennifer M Moulton ly Commission GG 179386 xpires 03/27/2022 File Name: Pension Entitlement Option Form

102068

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.

_			And the state of t	
1, Judith	Smith.	an employee	of the City of Clea	rwater, hereby apply for
pension benefits unde	er the City's Employee	s' Pension Plan	•	
				to retire using separation preference. Please use my
leave in the following	manner:			
Run Out	vacation _	sick	floaters	bonus hours
Lump Sum	manner: vacation vacation vacation preference cannot be	sick 18.91+2	floaters	bonus hours
I understand that my	preference cannot be	changed once	this form is signed a	and that my decision is
irrevocable.			`	
	EMPLO'	YEE'S SIGNATI	URE: <u>Chuadh</u> as	South
	SOCIAL	SECURITY #:		
WITNESSES:	ADDRE	ss:		
	PHONE	:	DATE:	04/16/2021

Member Data

: JUDITH SMITH Social Security No. Name

Date of Birth Age at Retirement

Beneficiary Data

Social Security No. Name

Date of Birth

Relationship Age at Retirement # of children under 18:

Retirement Data

75% Joint and Survivor 100% Joint and Survivor

Calculation Type : Estimate : 09/14/1987 Pension Start Date

: Non-Hazardous - Grandfathered Benefit Group Termination Date : 04/30/2021

: Normal Retirement Retirement Type : 05/01/2021 Effective Date

Option Elected 67,470.87 FAC : **S**

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

0.00Total Member Service: 33 Years 7 Months 16 Days Post-Tax Contributions : \$

Formula for Benefit A : 2.75% * 33.6278 years * \$67,470.87

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$5,199.55	N/A
Single Life Annuity	1,00000	\$5,199.55	N/A
10 Year Certain and Life Annuity	0.95368	\$4,958.71	N/A
50% Joint and Survivor			
66 2/3% Joint and Survivor			

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

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

CITY OF CLEARWATER PENSION ENTITLEMENT OPTION REQUEST FORM HAZARDOUS DUTY EMPLOYEE

I, Lawa Spelman (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 #	Division: Support Services Almin Date of Separation: 3/26/2021
Spouse's Name: Spouse's Date of Birth:	Spouse's Gender (circle one): MF
The type of pension for which I am applying is (check or Regular Pension based on years of service Job-connected Disability Pension Non-job-connected Disability Pension	ily one):

The City of Clearwater Employees' Pension Plan provides multiple options to Plan Participants as to the manner of the pension benefit payment. Option 1 below represents the standard or normal form of retirement benefit. 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 % 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	v:			
Option #: 1	Description:	Joint and Surviv	or Annuity	
Employee's Signature:		<u> </u>	_ Date:	
Dependent children under the	age of 18 and re	siding in my housel	hold are:	
Child's Name		Gender (M-F)	Date of Birth	Social Security#
		7-1-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		

If taking Option 2 sign below	v:			
Option #: 2	Description:	Life Annuity		
Employee's Signature:	Sold			abı
If taking Option 3, fill in ben	eficiary informa	tion and sign belo	, , , , , , , , , , , , , , , , , , , ,	
Option #: 3	***************************************	10 Year Certain		
My designated beneficiary is:				
Name:		Social Secu	ırity Number:	the state of the s
Date of Birth:			rcle One) M F	
Address:		<u></u>		.,
Phone Number:		Relatio	nship	
Employee's Signature:			Date:	

		per, Description and beneficiary information and sign below:
Option #:	Description:	% Joint and Survivor Annuity
My designated beneficiary is:		
Name:		Social Security Number:
Date of Birth:		_ Gender (Circle One) M F
Address:		
Phone Number:		Relationship
Employee's Signature:		Date:
If taking a Partial Lump Sun	n Pavment, fill in P	ercentage and sign below:
Option #: NA		∋O ^{to} lo Partial Lump Sum Payment
I l elect to take a partial lump s	um payment in the f	following amount (check only one):
,		
7	•	e of the normal retirement benefit e of the normal retirement benefit
	•	e of the normal retirement benefit
30% or the actuaria	ally determined value	s of the horman retirement benefit
I understand my monthly retir	ement benefit for the	e option selected above shall be reduced accordingly.
Employee's Signature:	Spi	Date: 3/12/21
If naming a beneficiary ONI	∟Y, fill in beneficiaı	ry information and sign below:
My designated beneficiary is:		
Beneficiary Name:		Beneficiary Social Security #:
Beneficiary Date of Birth:		
Beneficiary Address:		V
Beneficiary Phone Number:		Relationship
Employee's Signature:		Date:
STATE OF FLORIDA	The foregoing ins	strument was acknowledged before me this
COUNTY OF	12	day of March 202 (
PINELLAS	by Laura	a Spelman
	who is personally	known to me or who has provided
	as_identification, a	and who did/did not take an path.
	ant	Notary Public
	Jenni.	fer M. Moulton Name of Notary Printed
	My Commission	expires:
	5~~	Pub. Notary Public State of Florida
	} .pour .	My Commission GG 179386
Pay 04/13	> %. · %	My Commission GG 11 3000

Tile Warne: Pension Entitlement Option Form

CITY OF CLEARWATER

#102780

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.

			Research of the second	
1, Laura Spe	lman_	, an employee o	of the City of C	Clearwater, hereby apply for
pension benefits under th	e City's Employe	es' Pension Plan.		
I hereby certify that I full	y understand the	preferences offer	red to me. I cno	ose to retire using separation
pay preference #\	and wish my	benefits to be cal	culated under th	is preference. Please use my
leave in the following ma				
Run Out	vacation	sick	floaters	bonus hours
Lump Sum	vacation	sick	floaters	bonus hours
ppe whili	219.53	695.36.2	32	bonus hours
I understand that my pre	ference cannot b	e changed once t	his form is signe	ed and that my decision is
irrevocable.				2.
	EMPLO	YEE'S SIGNATU	BE:	
	SOCIA	L SECURITY #: _		
WITNESSES:	ADDRI	ESS:		
	 PHON	E:	DAT	E: 3/12/21

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

Member Data

Name : LAURA SPELMAN 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 :

Option Elected

Retirement Data

Pension Start Date : 05/31/1994 Calculation Type : Estimate

Termination Date : 03/26/2021 Benefit Group : Hazardous - Tier II
Effective Date : 04/01/2021 Retirement Type : Normal Retirement

FAC : \$ 120,358.39

Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$229,922.36 (20 %)

Post-Tax Contributions : \$ 0.00 Total Member Service : 26 Years 9 Months 26 Days

Formula for Benefit A : 2.75% * 18.5833 years * \$120,358.39

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$4,100.54	N/A
Single Life Annuity 6 00.67	1.03120	\$4,228.50	N/A
10 Year Certain and Life Annuity	1.01940	\$4,180.08	N/A
50% Joint and Survivor	1.01304	\$4,154.04	\$2,077.02
66 2/3% Joint and Survivor	1.00713	\$4,129.76	\$2,753.18
75% Joint and Survivor	1.00420	\$4,117.76	\$3,088.32
100% Joint and Survivor	0.99550	\$4,082.11	\$4,082.11

Formula for Benefit B : 2.75% * 8.2389 years * \$120,358.39

Monthly Benefit

Form of Payment	Factor	To Member	To Beneficiary
Normal Form	1.00000	\$1,817.97	N/A
Single Life Annuity	1.02981	\$1,872.17	N/A
10 Year Certain and Life Annuity	1.01745	\$1,849.68	N/A
50% Joint and Survivor	1.01275	\$1,841.15	\$920.57
66 2/3% Joint and Survivor	1.00719	\$1,831.04	\$1,220.69
75% Joint and Survivor	1,00444	\$1,826.04	\$1,369.53
100% Joint and Survivor	0.99625	\$1,811.15	\$1,811.15

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, William Valveri (Please print name) City of Clearwater General Employees' Pension Pla	do hereby apply to receive benefits under the an in accordance with the following:
Employee ID # / 0 / 9 0 7 Date of Birth: G Job Classification: Blice M a o v Department:	ender (circle one): WF Division: CID Administration Date of Separation: 3/26/2021
Spouse's Name: Spouse's Date of Birth:	Spouse's Gender (circle one):
The type of pension for which I am applying is (che Regular Pension based on years of se Job-connected Disability Pension Non-job-connected Disability Pension	

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

Option 1 - Joint and Survivor Annuity

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

Option 2 - Life Annuity

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

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

The Participant receives his/her pension as long as he/she lives. If the Participant dies 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:			
	tion: Joint and Surviv		t
Employee's Signature:		, ,	21
Dependent children under the age of 18 a	and residing in my nouser	loid are.	
Child's Name	Gender (M-F)	Date of Birth	Social Security #
			· · · · · · · · · · · · · · · · · · ·
If taking Option 2 sign below:			
Option #: 2 Descrip	otion: Life Annuity	<u></u>	
Employee's Signature:		Date:	
If taking Option 3, fill in beneficiary inf	ormation and sign belo	w:	
	otion: 10 Year Certain		
My designated beneficiary is:			
Name:	Social Secu	urity Number:	
Date of Birth:		rcle One) M F	
Address:			
Phone Number:		nship	······································
Emplayee's Cignoture:		Date:	

l elect to take a partial lump sum parti	ment, fill in Percent on the formal control of the formal control	Gender (Circle One) M F Relationship	
Date of Birth: Address: Phone Number: Employee's Signature: If taking a Partial Lump Sum Pay Option #: NA I elect to take a partial lump sum pay 10% of the actuarially de 20% of the actuarially de 30% of the actuarially de I understand my monthly retirement Employee's Signature: If naming a beneficiary ONLY, file	ment, fill in Percent on the formal control of the formal control	Gender (Circle One) M F Relationship	
Address: Phone Number: Employee's Signature: If taking a Partial Lump Sum Pay Option #: NA I elect to take a partial lump sum pay 10% of the actuarially de 20% of the actuarially de 30% of the actuarially de I understand my monthly retirement Employee's Signature: If naming a beneficiary ONLY, file	ment, fill in Percent on the formal control of the formal control	Relationship Date: Percentage and sign below: 10 % Partial Lump Sum Payment following amount (check only one):	
Phone Number: Employee's Signature: If taking a Partial Lump Sum Pay Option #: NA I elect to take a partial lump sum pay 10% of the actuarially de 20% of the actuarially de 30% of the actuarially de I understand my monthly retirement Employee's Signature: If naming a beneficiary ONLY, file	yment, fill in Pe Description: ayment in the fo etermined value etermined value	Percentage and sign below: O % Partial Lump Sum Payment	
If taking a Partial Lump Sum Pay Option #: NA C I elect to take a partial lump sum pay 10% of the actuarially de 20% of the actuarially de 30% of the actuarially de I understand my monthly retirement Employee's Signature: Will If naming a beneficiary ONLY, file	yment, fill in Pe Description: ayment in the fo etermined value etermined value	Percentage and sign below: 10 % Partial Lump Sum Payment following amount (check only one):	
If taking a Partial Lump Sum Pay Option #: NA C I elect to take a partial lump sum pay 10% of the actuarially de 20% of the actuarially de 30% of the actuarially de I understand my monthly retirement Employee's Signature: WI	ment, fill in Percent, fill in Percent, fill in Percent in the forestermined value etermined value	Percentage and sign below: 10 % Partial Lump Sum Payment following amount (check only one):	
Option #: NA Comparison I elect to take a partial lump sum property 10% of the actuarially de 20% of the actuarially de 30% of the actuarially de I understand my monthly retirement Employee's Signature: When If naming a beneficiary ONLY, file	Description: ayment in the for etermined value etermined value	10 % Partial Lump Sum Payment following amount (check only one):	
Option #: NA Company N	Description: ayment in the for etermined value etermined value	10 % Partial Lump Sum Payment following amount (check only one):	· · · · · · · · · · · · · · · · · · ·
l elect to take a partial lump sum production of the actuarially de 20% of the actuarially de 30% of the actuarially de 1 understand my monthly retirement Employee's Signature:	ayment in the for etermined value etermined value	following amount (check only one):	
10% of the actuarially de 20% of the actuarially de 30% of the actuarially de 30% of the actuarially de 1 understand my monthly retirement Employee's Signature:	etermined value		
20% of the actuarially de 30% of the actuarially de 1 understand my monthly retirement Employee's Signature: If naming a beneficiary ONLY, file	etermined value	e of the normal retirement benefit	
30% of the actuarially de l understand my monthly retirement Employee's Signature: If naming a beneficiary ONLY, file			
I understand my monthly retirement Employee's Signature: If naming a beneficiary ONLY, file		e of the normal retirement benefit	
Employee's Signature:	etermined value	e of the normal retirement benefit	
Employee's Signature:	- (and the second s	
If naming a beneficiary ONLY, fil	it benefit for the	e option selected above shall be reduced accordingly.	
	\sim $$	al~Date:3/18/21	
	ll in beneficiar	ry information and sign below:	
			,
Beneficiary Name:		Beneficiary Social Security #:	
Beneficiary Date of Birth:			
Beneficiary Address:		•	
Beneficiary Phone Number:			
Employee's Signature:			
Linployoo o olgitatoro.			
STATE OF FLORIDA The	e foregoing ins	strument was acknowledged before me this	
COUNTY OF	1872	day of <u>March</u> , 2021	
PINELLAS by		m Valveri	
* '		known to me or who has provided 1	
	•	and who did/did not-take an oath.	
	James -	PI /N. Thouling Notary Pi	plic
alla vision	Udon	(Signature) M. Mowlton_Name of Notary Prince	nted
	رای بے : ==ا==امسسم		,,,,,,,
My	Commission e	expires: Notary Public State of Florida	
		Jennifer M Moulton	

File Name: Pension Entitlement Option Form

101907

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.

Mary				
1, William	valveri	, an employee	of the City of Cle	arwater, hereby apply for
pension benefits unde	er the City's Employe	es' Pension Plan.		
· · · · · · · · · · · · · · · · · · ·	and wish my			e to retire using separation preference. Please use my
~	vacation	sick	floaters	bonus hours
Lump Sum	vacation	sick	floaters	bonus hours
I understand that my	preference cannot b	e changed once t	this form is signed	and that my decision is
irrevocable.	EMPL	OYEE'S SIGNATU	RE: With	1 lah
	SOCIA	AL SECURITY #:		
WITNESSES:	ADDR	ESS:		
	PHON	E:		3/18/21

Revised 1/02 Form #9900-0008

File Name: Employee Separation Pay Pref

Member Data

Name : WILLIAM VALVERI 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 : 03/17/1986 Calculation Type : Estimate

Termination Date : 03/26/2021 Benefit Group : Hazardous - Grandfathered

Effective Date : 04/01/2021 Retirement Type : Normal Retirement

FAC : \$ 124,628.72 Option Elected

Pre-Tax Contributions : \$ 0.00 Partial Lump Sum : \$147,201.56 (10 %)

Post-Tax Contributions : \$ 0.00 Total Member Service : 35 Years 0 Months 10 Days

Formula for Benefit A : 2.75% * 35.0278 years * \$124,628.72

Monthly Benefit

Form of Payment	Factor	To Member	Potential To Beneficiary
Normal Form	1.00000	\$9,003.78	N/A
Single Life Annuity	1.10224	\$9,924.36	N/A
10 Year Certain and Life Annuity	1.07773	\$9,703.64	N/A
50% Joint and Survivor	1.03254	\$9,296.74	\$4,648.38
66 2/3% Joint and Survivor	1.01123	\$9,104.91	\$6,069.94
75% Joint and Survivor	1.00089	\$9,011.81	\$6,758.86
100% Joint and Survivor	0.97113	\$8,743.86	\$8,743.86

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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