

The proposed transfer will not be completed until there is recommendation from the Region, KW approval of the proposed transaction, and all required new Franchise Agreements and related documents are fully signed and executed. KW will notify the Market Center and the Region when the transfer is complete.

		F		E INFORMATION proposed changes				
Franchisee Entity Name (Name of Corp, LLC, or Partnership)								
Market Center Number								
Market Center Roster Name								
Market Center DBA Name								
Market Center Address								
LEADERSHIP								
			Name		FSO Date			
Opera	ting Principal							
-	Team Leader							
	MCA							
PROPOSED OWNERSHIP If any investors hold their equity interests in a Trust, please indicate the type of Trust (living, revocable, etc.). Irrevocable Trusts are not accepted within ownership groups. A signed acknowledgment of KW's guidelines for revocable trusts must be submitted for each trust.								
Name (Include all Sub entity ownership)			Percentage	Email	F	SO Date	Investor Workshop	Item 23 Receipt
		Total:	100%					
		Total.	10070					
Completed by: Printed Name: Operating Principal Signature Date								
Reviewed by:Reviewed by:	gional Director	Signature	Da	Printed Name:				