

MARKET CENTER CAP/SPLIT  
ADJUSTMENT FORM



**Please complete and submit this form to Region  
along with Competitive Financial Model for the Market Center.**

Region	
Market Center Name/#	
Operating Principal	
Current Cap Amount	
Proposed Cap Amount(s) <i>**If requesting multi-level cap amounts, please list all cap amount options/details</i>	
Transaction Fees <i>(if applicable)</i>	
Current Split	
Proposed Split	
Rationale for Adjustment	
OP and RD have reviewed the Competitive Financial Model	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
Operating Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Regional Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Divisional Leader

\_\_\_\_\_  
Date

\*\* Upon approval from KWRI, Market Center will receive an email with confirmation including instructions to modify WinMORE.