

PROPOSED MERGER DATA SHEET



Merger Overview		
Region:		
	Surviving MC	Closing MC
Market Center Name/#		
Renewal Date		
Operating Principal		
Business Centers		
IMAOs		
Enrolled in KSCORE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Must cancel 90 days prior to Closure) <input type="checkbox"/> No
Purpose of the Merger:		<input type="checkbox"/> Close Office <input type="checkbox"/> Transition to Business Center <input type="checkbox"/> Model 1 (MC owned) <input type="checkbox"/> Model 2 (Profit Participation) <input type="checkbox"/> Other - please describe below:

Proposed Final Transmittal of Closing MC	
Proposed Final Transmittal Date: <i>(Transmitting Previous Month's Data)</i> NOTE: No transfer of associates should occur until approval from KWRI. Agent transfers & Closure Checklist must be completed prior to final transmittal.	_____ Transmittal <i>Month</i>

Current Metrics			
Input the current metrics for the following:			
	Surviving MC # _____	Closing MC # _____	Totals
Agent Count			
Unit Count			
Owner Profit (rolling 12 months)			
Market Share			
Additional Metrics:			

Growth Targets			
Describe the proposed Growth Targets and timeframes for the surviving Market Center: NOTE: Timeframes below may be adjusted due to circumstance.			
	12 months	24 months	36 months
Agent Count			
Unit Count			
Owner Profit (rolling 12 months)			
Additional Metrics:			

Territory Information	
NOTE: Territory of closing Market Center is protected during timeline to meet growth targets. Territory of surviving Market Center may be amended when all growth targets have been met in accordance with the timeline. If growth targets are not met, no territory adjustment will occur.	
Has Guerilla Warfare been submitted for closing Market Center within the last 12 months?	<input type="checkbox"/> Yes - Attach <input type="checkbox"/> No - Submit prior to moving forward
Has Guerilla Warfare been submitted for surviving Market Center within the last 12 months?	<input type="checkbox"/> Yes - Attach <input type="checkbox"/> No - Submit prior to moving forward
If all growth targets are met in accordance with the timeline, does the surviving Market Center request to amend the territory?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes and the Region supports the request, submit a written description of the proposed territory with a map signed by the OP and RD.</i>

Ownership Information	
What is the ownership transition plan for the current investor group of the closing Market Center? <i>Evidence of purchase/sale documents will be required upon approval.</i>	
Will ownership changes occur in the surviving Market Center?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, submit FDS with proposed ownership breakdown. A complete Transfer application will be required. (Fee to apply.)</i>

Surviving MC OP Signature Date

Printed Name

Closing MC OP Signature Date

Printed Name

Proposed Merger Recommended by:

Regional Director Signature Date

Printed Name