



**CLOSE COMPANY OR BRANCH OFFICE FORM | REC-440**

If you are closing a trust account but NOT closing your office, use page 2 only.

**COMPANY BEING CLOSED**

**THIS IS A FILLABLE FORM**

COMPANY NAME		COMPANY NUMBER	FRANCHISE NAME
ADDRESS			
CITY	STATE	ZIP	COUNTY

**ADDRESS WHERE TRANSACTION FILES WILL BE MAINTAINED**

CUSTODIAN NAME		PHONE NUMBER
ADDRESS		
CITY	STATE	COUNTY

**ATTACH FORMS AND APPROPRIATE FEES**

To transfer a license out of this company or branch office, licensees must complete the Licensee Transfer Form (REL-300). To place a license on inactive status, licensees must complete the Status Change Form (REL-310). To remove this company or branch office affiliation while continuing affiliation at a different company or branch, licensees must complete the Remove Affiliation Form (REL-330). To find a list of licensees affiliated with a company and access all forms referenced here, visit the KREC website at [www.krec.ks.gov](http://www.krec.ks.gov).

**TRUST ACCOUNT**

Does the company maintain a trust account(s)?  **No** If no, sign below. Skip next page.  
 **Yes** If yes, the current trust account(s) must be closed prior to closing this company. Sign below and include next page.

**SUPERVISING/BRANCH BROKER CERTIFICATION**

*I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this form and that the information provided is true, correct and complete to the best of my knowledge.*

PRINTED NAME OF SUPERVISING OR BRANCH BROKER

LICENSE NUMBER

SIGNATURE OF SUPERVISING OR BRANCH BROKER

DATE SIGNED

**BRANCH CERTIFICATION**

Complete the following information only if you are submitting this form to close a branch office.

PRINTED NAME OF MAIN OFFICE SUPERVISING BROKER

LICENSE NUMBER

SIGNATURE OF MAIN OFFICE SUPERVISING BROKER

<p><b>COMMISSION USE ONLY</b> INITIALS: _____ DATE ENTERED: _____</p>
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If there are funds in the account which you are unable to disburse, contact KREC before closing the trust account and submitting this form. If the funds have been in the account for five or more years, they may qualify for disbursement to the real estate recovery fund [K.S.A. 58-3061(i)]. You may mail copies of contracts and any other documentation which reflects the date that such funds were deposited, along with any information pertaining to efforts to disburse the funds to KREC at the address listed above. After review of the documentation, we will notify you whether or not the money can be disbursed to the recovery fund.

INSTRUCTIONS

Complete the trust account information below and sign. This form is fillable online.

If more than one account has been closed, complete a separate form for each account.

THE TRUST ACCOUNT NAMED BELOW HAS BEEN CLOSED:

TRUST ACCOUNT NAME	ACCOUNT NUMBER
BANK, SAVING AND LOAN ASSOCIATION, OR CREDIT UNION NAME	

REASON FOR CLOSING TRUST ACCOUNT

CLOSING OFFICE     USING 3<sup>RD</sup> PARTY ESCROW     OTHER: \_\_\_\_\_

**SUPERVISING/BRANCH BROKER CERTIFICATION**    *I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this form and that the information provided is true, correct and complete to the best of my knowledge.*

\_\_\_\_\_  
PRINTED NAME OF SUPERVISING/BRANCH BROKER

\_\_\_\_\_  
LICENSE NUMBER

\_\_\_\_\_  
SIGNATURE OF SUPERVISING/BRANCH BROKER

\_\_\_\_\_  
DATE SIGNED

**BRANCH CERTIFICATION**    Complete the following information only if you are submitting this form to close a branch office.

\_\_\_\_\_  
PRINTED NAME OF MAIN OFFICE SUPERVISING BROKER

\_\_\_\_\_  
LICENSE NUMBER

\_\_\_\_\_  
SIGNATURE OF MAIN OFFICE SUPERVISING BROKER

\_\_\_\_\_  
DATE SIGNED

COMMISSION USE ONLY	
Initials: _____	Date Entered: _____