



SUPERVISING/BRANCH BROKER CHANGE FORM | REC-450

Company Name		Company Number	Franchise Name (if applicable)	
Address				
City	State	Zip	County	
Company Email Address		Company Phone		

TERMINATING BROKER Name	License Number
Status (check one)	Action Required
<input type="checkbox"/> I will now be an associate broker with this Company	Complete and Return this Form
<input type="checkbox"/> I will no longer be affiliated with this Company but will continue with my other affiliated Company	Complete and submit a Remove Additional Affiliation Form (REL-330) and this Form
<input type="checkbox"/> I am transferring to a new company	Complete and submit a Transfer Form (REL-300) and this Form
<input type="checkbox"/> I am placing my license on inactive status	Complete and submit a License Status Change Form (REL-310) and this Form
<input type="checkbox"/> My license expires within 10 weeks and I will not renew	Choose option 1 to be an associate broker until the license expires <u>or</u> complete and submit this Form with the License Status Change Form (REL-310) for deactivation of your license until it expires
<input type="checkbox"/> My license is suspended or revoked	Complete and Return this Form
<input type="checkbox"/> Licensee is deceased	Submit the obituary or copy of the death certificate with this Form

NOTE: If the terminating broker had a trust account the new broker does not wish to maintain, the terminating broker must include the attached **Report on Closing Trust Account**. Changes are effective on the date processed by KREC. Please allow at least three business days for processing. To verify the change of broker has been made, go to www.krec.ks.gov and click on "Company Search."

I certify that I will no longer act as supervising/branch broker for the above named company or branch office.

SIGNATURE	DATE SIGNED
NEW SUPERVISING/BRANCH BROKER Name	License Number
Status (check one)	Action Required
<input type="checkbox"/> I am currently an associate broker with this Company	Complete and Return this Form
<input type="checkbox"/> I am affiliating with this Company	Complete and submit an Add Additional Affiliation Form (REL-330) and this Form
<input type="checkbox"/> I am transferring to this Company	Complete and submit a Transfer Form (REL-300) and this Form
<input type="checkbox"/> I am reactivating my inactive license	Complete and submit a Licensee Status Change Form (REL-310) and this Form

Will you maintain a trust account? No I WILL USE A 3RD PARTY OR OTHER _____
 Yes If yes, complete and return the attached **Trust Account Form**.

I accept the responsibilities of supervising the above named company or branch office.

SIGNATURE	DATE SIGNED
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TRUST ACCOUNT FORM

Broker Name		Broker License Number	
Company Name		Franchise Name (if applicable)	Company Number
Trust Account Name (Account must include the words "Trust Account")		Account Number	
Bank, Saving and Loan Association, or Credit Union Name			
Street Address			
City	State	Zip	County
Phone	Email (if known)	Website (if known)	

SUPERVISING/BRANCH BROKER CERTIFICATION

Trust Account Form - Consent to Audit

New Broker – Sign below if you are opening an account or continuing an existing account.

I hereby authorize the aforementioned bank, savings and loan association or credit union to allow any representative of the Kansas Real Estate Commission to examine the aforementioned account at any time and to obtain any copies of any records or information therefrom.

SIGNATURE

DATE SIGNED

Report on Closing Trust Account

Terminating Broker – Sign below if the new broker is not continuing the account you opened.

If there are funds in the account which you are unable to disburse, contact KREC before closing the 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 send copies of contracts and any other documentation which reflects the date such funds were deposited, along with any information pertaining to efforts to disburse the funds. After review of the documentation, you will be notified whether or not the money can be disbursed to the recovery fund.

I hereby notify KREC that the aforementioned trust account has been closed.

SIGNATURE

DATE SIGNED



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Corporation, Partnership, LLC, LLP or PA Report

INSTRUCTIONS

Complete and attach this Report if your company is a Corporation, Partnership, LLC, LLP or PA.

In the area provided, list all officers of the corporation or members of the partnership, LLC or professional association, the office held by each (or designate as partner/member), and their Kansas real estate license number, if licensed.

If the officer/partner/member is not licensed in Kansas, check "Unlicensed."

CORPORATION PARTNERSHIP LLC LLP PA

COMPANY NAME: _____

COMPANY NUMBER: _____

Name of Officer/Partner/Member	Title	KREC License #	Unlicensed
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

SIGNATURE NEW SUPERVISING OR BRANCH BROKER

DATE SIGNED

PRINTED NAME NEW SUPERVISING OR BRANCH BROKER

DATE SIGNED