



# ASSOCIATE TRANSFER FORM

The undersigned parties agree to an Associate transfer made on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and among the parties indicated below which established in accordance with the provisions therein.

The Assigning VP, \_\_\_\_\_, assigned the transferring Associate, \_\_\_\_\_, to the leadership and direction of the

Print Name

Code #

Associate, \_\_\_\_\_, to the leadership and direction of the

Print Name

Code #

Receiving VP, \_\_\_\_\_

Print Name

Code #

All parties to this Arrangement acknowledge that (Receiving VP) \_\_\_\_\_

Print Name

will receive 100% of override, compensation, recruit credits and points from \_\_\_\_\_

Transferring Associate Name

The effective date of this transfer will be established once Wealth Space Home Office has reviewed and processed your request. If there is a conflict between this transfer and any other WS agreement, the other WS agreement will take precedence over this Agreement.

The undersigned parties agree to dissolve in full cooperation the original arrangements from henceforward.

\_\_\_\_\_  
Signature of Transferring Associate

Code#

Date

\_\_\_\_\_  
Signature of Assigning Vice-President

Code#

Date

\_\_\_\_\_  
Signature of Receiving Vice-President

Code#

Date

## FOR HOME OFFICE USE ONLY

In order for this agreement to be effective and valid, Wealth Space Executive Home Office must sign and approve this transfer.

Approved By \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Processed By \_\_\_\_\_ Date \_\_\_\_\_