



## NOTICE OF TRANSFER/REINSTATEMENT

TREB Use Only – Member User ID

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This form is valid only for 90 days from the date of termination from another Brokerage Member to the date of registration under REBBA with your Brokerage. Beyond 90 days and pursuant to TREB's By-Law, a new membership application is required.

Check applicable      Salesperson            Broker     

Payment Methods Available      Cheque Enclosed            Credit Card       (see page 2)

### Member Information – *please print*

1. Member Name \_\_\_\_\_

2. TREB Membership # \_\_\_\_\_ RECO Registration # \_\_\_\_\_

3. Date of RECO transfer to New Brokerage: \_\_\_\_\_  
*Must be completed*      Year      Month      Day

### Brokerage Information – *please print*

Member is transferring or reinstating to:

1. Brokerage Name \_\_\_\_\_

2. Brokerage Address \_\_\_\_\_

3. Brokerage Phone # \_\_\_\_\_

4. Broker Code – 6 Digits 

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5. Name of Previous Brokerage \_\_\_\_\_

In consideration of TREB accepting this Notice of Transfer, the undersigned agrees in favour of TREB to be bound by the Guarantee and Indemnity previously filed by the Transferring Member, as if the undersigned were the original signatory thereto in the place of the Transferring Member's former broker.

by:

\_\_\_\_\_  
Signature of Broker of Record/Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Broker of Record/Manager

I hereby confirm that I have informed my former Broker of Record that I have formally terminated with that Brokerage.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Transferring Member

## Charges and Payment Information



### Credit Card Authorization

Credit Card Authorization	
<b>Member Name</b>	(please print)
<b>Member Number</b>	
<b>Name on Credit Card</b>	(please print)
<b>Amount</b>	\$ _____
<b>TREB Use:</b>	Authorization Number: _____

► **Signature Authorization:**

I authorize TREB to process this credit card payment:

Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Credit Card Information will be destroyed and will not be stored at TREB offices***

Card Type	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
Card Number	<input type="text"/>
Expiry Date	Month <input type="text"/> Year <input type="text"/>

Member Services: FAX: 416-446-6414 Phone #: 416-443-8148

**The Toronto Real Estate Board Member Insurance Program  
BENEFICIARY FORM**

**Please mail your ORIGINAL completed form to:**

TREB Member Benefits

2020 Winston Park Drive, Suite 102, Oakville, ON L6H 6X7

<b>SECTION 1 - Member Information</b>					
Member Name	Last Name	First Name	Middle Name(s)		
TREB Member Number	Date of Birth (MM/DD/YYYY)			Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Member Address	Street Address				
	City	Province	Postal Code		
Email Address	Home Phone Number				

**SECTION 2 - Beneficiary Designation(s)**

This section must be completed to designate a beneficiary for your Life benefit(s). If you do not designate a beneficiary, any proceeds will be payable to your Estate. If more than one beneficiary is named, benefits will be divided equally, unless otherwise indicated. Percentage allocations must equal 100%. If you are designating a person who is a minor (under 18 years of age in Ontario), please complete Section 3. Unless otherwise stipulated by law, the designation of any beneficiary is revocable. The designation below will supersede any prior beneficiary designation.

Last Name	First Name	Relationship to Member	Date of Birth (MM/DD/YYYY)	Is Beneficiary a Minor?	Percent Allocated
				<input type="checkbox"/> Yes	%
				<input type="checkbox"/> Yes	%
				<input type="checkbox"/> Yes	%
				<input type="checkbox"/> Yes	%
				<input type="checkbox"/> Yes	%
				<input type="checkbox"/> Yes	%

**SECTION 3 - Appointment of Trustee**

This section must be completed if you have designated a minor as a BENEFICIARY. Before appointing a TRUSTEE, we recommend that you seek legal counsel.

I hereby appoint the following TRUSTEE to receive any life insurance proceeds payable while my beneficiary(ies) named in Section 2 are under the age of majority:

Last Name	First Name	Relationship to Member

**SECTION 4 - Authorization and Signature (Please sign and date in INK)**

I hereby revoke all former beneficiary appointments under the TREB Insurance Program and do hereby declare that such proceeds be payable to the beneficiary(ies) declared above. I reserve the right to change this designation of beneficiary. I declare that the information in this application is true and complete to the best of my knowledge. I understand that the insurer, its affiliates, subsidiaries, their employees and service providers are subject to strict standards and policies to ensure that my personal information is secure and remains confidential. I understand that the insurer does not sell, lease, or trade personal information and that any personal information collected by them will be kept strictly confidential and is to be used by authorized individuals only. Authorized individuals include employees, agents, or representatives of the insurer in the performance of their job, persons permitted by law to use my personal information. I understand that I have the right to request and receive a copy of my personal information maintained by them at any time.

Member Signature

Date (MM/DD/YYYY)

Please send the **ORIGINAL** signed form to: **TREB Member Benefits, 2020 Winston Park Drive, Suite 102, Oakville, ON, L6H 6X7**

**[www.trebmemberbenefits.com](http://www.trebmemberbenefits.com)**