

Transfer Application REALTOR® Member



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ALL of the following must be completed in order for new member applications to be processed by the Association.

| Broker / Salesperson Member Transfer Checklist | |
|--|---|
| <input type="checkbox"/> | REALTOR® must be registered with RECO, submit RECO Registration #, and appear on reco.on.ca |
| <input type="checkbox"/> | OnePoint Transfer of Membership Application must be fully completed. |
| <input type="checkbox"/> | An invoice will be sent to the email address listed on the application. Methods of payment include VISA/MasterCard (See Fee Schedule for details) |
| <input type="checkbox"/> | All active MLS® listings will be assigned to the Broker of Record at the Brokerage with whom they were originally listed, until OREA Form 243 (Assignment of Listing) has been signed by all parties and submitted to the Association |
| <input type="checkbox"/> | OnePoint Account must have a zero balance owing. (Contact carolyn@onepointar.ca) to find out what you are owing |
| <input type="checkbox"/> | Application must indicate the Brokerage address that is affiliated with OnePoint |

Please note: Once a COMPLETED transfer application has been received and ALL required documentation has been provided, the application will take a minimum of 1 business day to process. Please review your profile on interface to ensure all information has been updated correctly.

Transfer Application

REALTOR® Member



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| | | | | |
|--------------------------------------|---------------------------------|----------------------|---------------------------|----------------------|
| Membership Status (Check One) | | OnePoint ID # | New Brokerage ID # | Transfer Date |
| Salesperson <input type="checkbox"/> | Broker <input type="checkbox"/> | | | |
| Association Use ONLY | | | | |

| New Brokerage Public Profile Information: | | | |
|--|---------|-------------------------------|--------------|
| REALTOR® Full Name: | | | |
| REALTOR® RECO Registered Trade Name: <i>(if different from Full Name)</i> | | | |
| New Brokerage Name: <i>(employer)</i> | | | |
| New Brokerage Phone: | | New Brokerage Website: | |
| New Brokerage Address: | Street: | | |
| | City: | Province: | Postal Code: |

| Applicant to Complete for Association Use Only: | | | |
|---|--|--|--------------|
| Home Phone: | | | |
| Primary Email Address: | | Billing Email Address: | |
| Home Address: | Street: | | |
| | City: | Province: | Postal Code: |
| Cell Phone: | <input type="checkbox"/> Display cell phone number on REALTOR.ca | | |
| Date of Birth: | | Gender: (Male, Female or Undisclosed) | |
| Date of Termination at Previous Brokerage: | | Commencement Date of Employment at New Brokerage: | |

| Active Listings | | | | |
|--|--------------------------|-----|--------------------------|----|
| Do you have any active listings? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Will you be submitting a signed Assignment of Listings Form to transfer your listings to the new brokerage? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

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If yes, please list all MLS® listings and indicate what action is being taken on them:

C - Cancelled | AOLA - Assignment of Listing Agreement | BOR - Transfer into Name of Former Broker of Record

| | | | | | | | |
|-------|--|---|--------------------------|------|--------------------------|-----|--------------------------|
| MLS # | | C | <input type="checkbox"/> | AOLA | <input type="checkbox"/> | BOR | <input type="checkbox"/> |
| MLS # | | C | <input type="checkbox"/> | AOLA | <input type="checkbox"/> | BOR | <input type="checkbox"/> |
| MLS # | | C | <input type="checkbox"/> | AOLA | <input type="checkbox"/> | BOR | <input type="checkbox"/> |
| MLS # | | C | <input type="checkbox"/> | AOLA | <input type="checkbox"/> | BOR | <input type="checkbox"/> |
| MLS # | | C | <input type="checkbox"/> | AOLA | <input type="checkbox"/> | BOR | <input type="checkbox"/> |
| MLS # | | C | <input type="checkbox"/> | AOLA | <input type="checkbox"/> | BOR | <input type="checkbox"/> |
| MLS # | | C | <input type="checkbox"/> | AOLA | <input type="checkbox"/> | BOR | <input type="checkbox"/> |

If you would like the Association to process changes for any of the listings above, please ensure the appropriate paperwork is submitted to listings@onepointar.ca.

RETURNING SENTRILOCK™ HARDWARE

PLEASE ENSURE THE TERMINATING MEMBER RETURNS ANY/ALL SENTRILOCK™ BLUETOOTH® LOCKBOXES TO YOUR BROKERAGE. PLEASE CONTACT SUSAN@ONEPOINTAR.CA FOR MORE INFORMATION.

Dated at _____, Ontario, this _____ day of _____ 20____

Witness Signature

Applicant Signature

THE UNDERSIGNED BROKERAGE WILL BE EMPLOYING THE ABOVE APPLICANT AND UNDERTAKES TO DO ALL IN ITS POWER TO INSTRUCT THE SAID APPLICANT AND ENSURE THAT HE/SHE ABIDES BY THE BY-LAWS AND THE MLS® RULES OF THE ONEPOINT ASSOCIATION OF REALTORS®, AND THE REALTOR® CODE OF ETHICS.

Name of Broker of Record or Authorized Signer on behalf of the Brokerage (Please Print)

Signature of Broker of Record or Authorized Signer on behalf of the Brokerage