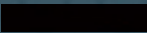




Thank you for your recent inquiry regarding the transfer of your membership. In order to process your Owner Transfer Request, we require the following:

1. The membership must be paid in full.
2. All maintenance fees must be paid current and up to date.
3. The assignor must be the owner of the membership, or, alternatively, a broker with a properly executed and submitted Limited Power of Attorney. Where applicable, that Limited Power of Attorney must be on file before the Owner Transfer Request may be processed and/or information is released about the account.
4. A letter requesting to Transfer the Membership; when returned to Massanutten Village, letter must be:
 - a) Signed by all current members.
 - i. If transfer is Broker managed, then "transfer agreement letter" must be signed by all original members on the membership.
 - ii. Should one of the current members be deceased, please send a copy of the death certificate for that member.
 - b) Signed by all new members purchasing the membership.
 - i. Should this be an immediate family member transfer, please include proof of relation between the original member and new member (birth cert, etc.)
 - c) Include Membership number and/or Contract number.
 - d) Include New member(s) first year of usage available.
 - i. Include banked weeks or existing reservations, if applicable.
5. A completed "Change of Information Form", a blank copy of which is enclosed for you to complete and return.
6. Include the confirmation of payment in the amount of **\$2,500.04 which is 10% (ten percent) of the contract purchase price**. Attached are the payment instructions for your convenience.

**Sincerely,
Member Services
Administration
Department**



Original Member(s) Personal Information

Original Member Full Name: Last: [REDACTED] / First: [REDACTED] / M.I.: [REDACTED]

Original Member Full Name: Last: [REDACTED] / First: [REDACTED] / M.I.: [REDACTED]

Are there reservations pending on the membership? *YES Explain: [REDACTED] NO

Have the original members vacation banked any weeks? *YES Explain: [REDACTED] NO

What is the new member(s) first year of use: [REDACTED]

New Member(s) Personal Information

New Member Full Name: Last: [REDACTED] / First: [REDACTED] / M.I.: [REDACTED]

New Member Full Name: Last: [REDACTED] / First: [REDACTED] / M.I.: [REDACTED]

New Member Full Name: Last: [REDACTED] / First: [REDACTED] / M.I.: [REDACTED]

New Member Full Name: Last: [REDACTED] / First: [REDACTED] / M.I.: [REDACTED]

Address: Street Address: [REDACTED] / Apartment/Unit # [REDACTED]

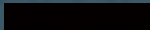
City: [REDACTED] / State: [REDACTED] / ZIP Code: [REDACTED]

Home Phone: [REDACTED] Cellular Phone: [REDACTED]

Alternate Phone: [REDACTED] E-mail: [REDACTED]

Alternate Email: [REDACTED] Other: [REDACTED]

THIS FORM DOES NOT TAKE THE PLACE OF ANY LEGAL DOCUMENT. PLEASE DO "NOT" HAVE THIS PAPER NOTARIZED. IT IS ONLY USED TO PROVIDE US WITH THE CORRECT CONTACT INFORMATION AND MEMBERSHIP USAGE DETAILS. ALL SECTIONS MUST BE FILLED OUT AND RETURNED WITH ALL TRANSFER DOCUMENTS



Authorization agreement for wire transfer payment

I / We hereby certify that this information is true and accurate. I understand that I must report my Confirmation of Payment via E-mail.

Final Beneficiary: [REDACTED]

Address: [REDACTED]

Bank: [REDACTED]

Bank Address: [REDACTED]

City, State, Country: [REDACTED]

Bank Code, Swift: [REDACTED]

Account Number: [REDACTED]

CLABE: [REDACTED]

\$2,500.04 USD

Processing
Fee
Amount

Member Signature

Print Name & Date

INPUT CONTROL USE ONLY

Processed by: _____ Date Entered _____ / _____ / _____