



REFERRAL COMPENSATION AGREEMENT

(BROKER TO BROKER ONLY, NOT FOR LENDERS/CLOSING SERVICE PROVIDERS)
(REQUIRES BROKERAGE TO BROKERAGE RESPA/LEGAL REFERRAL EXEMPTION/ALLOWANCE)

PARTIES: This legally binding Referral Compensation Agreement ("Contract") entered into by:

Referral Sending Broker ("Sender"), TeamWork Referral dba ReferSC.com

Referral Receiving Broker ("Receiver"),

- (A) "Brokers" are state licensed brokers-in-charge supervising their associated real estate licensees, and their subagents.
(B) "Effective Date" - the final date upon which a Party to the negotiation places the final and required signatures and/or initials/date on this Contract and Delivers Notice awareness of receipt causing this Contract to be binding on all Parties.
(C) "Business Day" - a 24 hour period (Monday/Tuesday/Wednesday/Thursday/Friday) beginning at 10 AM and counted from 10 AM of the first Business Day following the appropriate date (Effective Date, stated date, Notice Delivery date). Business Days shall not begin, end, or include any Saturday, Sunday, or Federal legal holiday.
(D) "Good Funds" - is the transfer of the required amount of United States Dollars (USD) within any required timeframe.
(E) "Principal" is the individual(s) or business organization(s) being referred from one Broker to another Broker.
(F) "Real Estate Transaction" is disposition of real estate involving the Principal. Receiver compensated for services.
(G) "Time" is South Carolina local time. **Time is of the essence with respect to all provisions of this Contract.**

PRINCIPAL: Buyer/seller/tenant/landlord/other being referred (name/address/phone/email/fax/company/other):

to be provided upon signature of form

Principal's real estate needs: to be determined as purchase or selling of a property

Alternatively by checking this box ☐, the Parties agree that Sender shall provide Principal name and contact information to Receiver within Business Days of Sender receiving \$0 from Receiver.

Sender represents they have authority and permission from Principal to make this compensated referral.

REFERRAL COMPENSATION: In consideration of Sender referring Principal to Receiver, Receiver agrees to pay Sender compensation calculated as \$ \$ or % % of Receiver's total gross compensation from Principal's Real Estate Transactions earned within Business Days of this Contract Effective date ("Referral Compensation"). Unless otherwise agreed upon in writing

alternatively by checking this box ☒ Referral Compensation is calculated by multiplying the percentage stated above solely to Receiver's total gross compensation earned only on the Principal's "side" of the transaction and/or other:

to include any bonus commission

Receiver shall deliver Referral Compensation to Sender no later than 5 Business Days of date that Receiver takes possession of their Good Funds total/partial gross compensation earned from Principal's Real Estate Transactions involving Receiver (e.g. Principals buy, sell, lease, exchange, trade, option, other real estate). Upon Sender request, Receiver agrees to provide reasonable documentary evidence to account for Referral Compensation. Receiver and Sender agree to comply with all applicable tax laws, federal laws, RESPA, REALTOR® rules, and state laws.

Referral Compensation will be made payable to and timely delivered to address: please issue check to TeamWork Referral, LLC - 1184 Clements Ferry Road, Unit D, Charleston, SC 29492

SENDER: Devan N Kociuruba Date: Time:
Company/position/title: TeamWork Referral dba ReferSC.com / broker Phone/fax: 843-584-8326 office/ agent
Address: 1184 Clements Ferry Road, Unit D, Charleston, SC 29492
Email: office@teamworkrealty.com REALTOR® member at
State of license SC License # 120221 broker / 25416 office Expires 06/30/2026 Tax ID # 93-4200099

RECEIVER: Date: Time:
Company/position/title: Phone/fax:
Address:
Email: REALTOR® member at
State of license License # Expires Tax ID #

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**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Terry Peterson	
	2 Business name/disregarded entity name, if different from above. TeamWork Referral, LLC	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 1184 Clements Ferry Road, Unit D	Requester's name and address (optional)
	6 City, state, and ZIP code Charleston SC 29492	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.


Social security number									
			-				-		
or									
Employer identification number									
9	3	-	4	2	0	0	0	9	9

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person 	Date 1/1/2026
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they