



## MEMBER LIFE INSURANCE AND ANNUITY POLICY BUY-BACK AGREEMENT

7895 East Acoma Drive, Suite 110  
Scottsdale, AZ 85260-6916

This is an agreement between «FNAME» «MNAME» «LNAME» of «ADDR1», «CITY», «STATE» «ZIP», hereinafter referred to as "the Member", and the Alcor Life Extension Foundation at 7895 E. Acoma Dr. #110, Scottsdale, AZ 85260, hereinafter referred to as "Alcor".

Alcor hereby agrees to transfer ownership, control, and/or to surrender any collateral agreements and/or to release any irrevocable beneficiary designations it may hold on the following insurance or annuity policies on the life of the Member within thirty (30) days of receiving a written request to do so, provided that at such time as ownership or control of the policies are surrendered by Alcor:

- 1) The Member agrees to release Alcor, its successors, or assigns from any and all contractual obligations which Alcor may have relating to such policies.
- 2) The Member agrees to pay to Alcor the sum of twenty-five dollars (\$25.00) to defray the administrative costs associated with the transfer.
- 3) All past due balances are paid in full.

Alcor further agrees that, as owner of the policies, it will not borrow against the policies, collect the accumulated cash value of the policies, change the beneficiary or owner of the policies, or cancel the policy without the written permission of the Member. Alcor agrees to authorize any loan amount requested by the Member within 30 days of receiving such a request, provided that the death benefit amount remains sufficient to fund the Member's cryopreservation. This agreement shall pertain to the following policy or policies:

POLICY #	COMPANY	DATE ISSUED
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MEMBER SIGNATURE		_____ Month	\ _____ Day	\ 20_____ Year
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### SIGNATURES FOR ALCOR

THE UNDERSIGNED, ACTING BY AND FOR THE BOARD OF DIRECTORS OF THE ALCOR LIFE EXTENSION FOUNDATION, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_, HEREBY APPROVE THIS AGREEMENT.

Seal

\_\_\_\_\_  
Jennifer Chapman, Executive Director

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Member, Board of Directors