



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

EMERGENCY STANDBY PROVISIONS Attachment I – Payment Authorization

If the Member has chosen Option II, the appropriate Standby payment information is provided below. An initial deposit of \$30,000.00 is required to initiate a Standby. Any funds not expended will be refunded to the Member or the Member’s estate within 30 days of completion of the Standby, along with an accounting of actual charges. If payment is made via a credit card, it will be charged the full \$30,000.00 prior to initiation of the Standby. If the full amount required for the initial deposit is not available, Standby is not guaranteed.

Based on consultations between Alcor advisors and the Member or the Member’s family, the appropriate level of Standby procedures will be initiated. Standby expenses may include but are not limited to:

- Personnel and equipment
- Transport vehicle
- Travel expenses
- Medications and supply consumables
- Licenses and permits
- Mortuary services
- Washout solutions

Alcor is authorized to access the below credit lines for all such Standby expenses:

Check source: ___ Mastercard ___ Visa ___ American Express ___ Prepay (see Emergency Standby Prepayment Agreement)

Limitation (if any) to total standby expense (not less than \$30,000.00): _____

Exact Name on Card (if using credit card): _____

Card No: _____ Exp. Date _____

The Member recognizes that he/she is responsible for alerting Alcor that a Standby may be required and that Alcor cannot continue a Standby if funding is not available to support it. Uncertainties in the rate of decline of health of the Member and unforeseen difficulties with authorities may compromise a cryopreservation, despite Standby arrangements. If the Member is eligible for Comprehensive Member Standby (CMS) per **Schedule A: Required Costs and Cryopreservation Fund Minimums, Section IV** this agreement will be void as of 180 days from the date of membership approval.

Signature of Member _____ Date ____ \ ____ \ 20 ____

Signature of Cardholder _____ Date ____ \ ____ \ 20 ____
(if other than Member)