



STANDBY PREPAYMENT AGREEMENT

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

This Attachment is understood to be a part of the Standby Agreement between «FNAME» «MNAME» «LNAME», of «ADDR1», «CITY», «STATE» «ZIP» (the Member) and the Alcor Life Extension Foundation (Alcor), signed by the Member on _____ (date of Standby Agreement).

The Member may revise this Standby Prepayment Agreement by submitting in writing (signed by two witnesses) the requested alterations or by completing a new Standby Prepayment Agreement. These changes may be made without affecting the Standby Agreement already completed. Any such changes shall become part of the Member's Standby Agreement.

This Standby Prepayment Agreement details specific arrangements made by the Member, concerning the Member's Standby funding.

1. The Member has agreed to pre-pay the Member's Standby by providing \$_____ to Alcor. This money will be held in a government-insured account and will not be used except for funding a Standby for the Member. The interest, both present and past, generated by this account may be considered either an unqualified gift to Alcor, or personal income, subject to both federal and state taxes, and returnable to the Member. The entire amount (principal and interest) may be revoked by the Member acting on the Member's own behalf up to the time of the Member's legal death. If this donation is revoked, Alcor shall return the initial \$_____ to the Member or the Member's appointed representative; but Alcor shall retain as a donation all interest generated by the account, unless the Member has decided to treat this interest as personal income.

Initial one: _____ Unqualified Gift _____ Personal Income

If the Member treats the interest as an unqualified gift, said interest, in addition to the principal amount, will be available for providing Standby services to the Member prior to the Member's legal death. Upon the legal death of the Member, the Standby Funding shall become an irrevocable donation to Alcor, except in the circumstances detailed below.

2. In the event that the Member should die under circumstances that make it impossible to perform a Standby, Alcor would retain from the Member's Standby Fund the amount necessary to pay for expenses incurred in an unsuccessful attempt to perform a Standby and would retain the interest generated by the Standby Funding account. Alcor would pay over the remainder of the Standby Fund to the Member's estate.

3. This agreement shall be construed according to the laws of the State of Arizona.

4. As to resolution of disputes: Any controversy or claim arising out of or relating to this Agreement, or the breach thereof, shall be settled by binding arbitration in accordance with The Commercial Arbitration Rules of the American Arbitration Association, and any judgment upon the award entered by the

arbitrator(s) may be entered and enforced by any court having jurisdiction thereof. Additionally, the parties intend that the arbitrators have the power to issue any provisional relief appropriate to the circumstances, including but not limited to: temporary restraining orders, injunctions and attachments. The parties intend that this agreement to arbitrate be irrevocable, and agree that either party is entitled to injunctive relief to quash litigation by the other party which breaches this agreement.

SIGNATURE OF MEMBER

YOUR SIGNATURE BELOW CONFIRMS YOUR ACKNOWLEDGEMENT THAT:

1. These are your decisions concerning your cryopreservation.
2. That any decisions not made herein by you will revert to Alcor's stated defaults.

Signature of Member

_____\ \ _____ \ 20____
Month Day Year

_____(a.m./p.m.)
Time

WITNESSES: Two (2) witnesses are required to sign in the presence of each other and Member. At the time of signing, witnesses must not be relatives of the Member, health care providers of any kind, or officers, directors, or agents of Alcor.

YOUR SIGNATURE AS WITNESS CONFIRMS YOUR ACKNOWLEDGEMENT THAT:

1. The Member has represented to you that he/she understands and agrees to the purposes and terms of this document.
2. The Member has declared to you that cryopreservation is his/her last wish as to the disposition of his/her body and person after legal death.

WITNESSED ON (date) _____ \ _____ \ 20____ TIME _____(a.m./p.m.)

1. Signature

Printed

Social Security # (optional)

Address

City, State, Zip

2. Signature

Printed

Social Security # (optional)

Address

City, State, Zip

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

Tanya Jones, Executive Director

Member, Board of Directors