

Embryo/Donor Embryo Couple Cryostorage Agreement

CT 203-816-5598 • FL 954-570-7687 • MN 651-489-0827 • NV 775-284-2795 • TX 469-547-2399

This AGREEMENT, made between REPROTECH LLC ("ReproTech" and/or "RTL"), a Delaware limited liability company (hereinafter referred to as "the Company"), and the persons named below ("Clients" or "Signatory Clients") regarding their cryopreserved embryo(s)/donor embryo(s) ("Embryo(s)" or "Reproductive Tissue Specimens" or "Specimens").

SECTION 1 — CLIENTS' INFORMATION

In this section Clients will fill in their personal information. Each client will supply their own information.

| Client A |
|---|
| First Name |
| Middle Name or Preferred Name |
| Last Name |
| Email (Email will be used for billing & correspondence) |
| Date of Birth (mm/dd/yyyy) |
| Sex at Birth |
| Gender Identity |
| Cell Phone Number |
| Home/Alt Phone Number |
| Social Security Number |
| Mailing Address |
| Mailing City |
| Mailing State |
| Mailing Zip |
| Mailing Country |
| Client B |
| Client B's Address is the same as Client A |
| First Name |
| Middle Name or Preferred Name |
| Last Name |
| Email (Email will be used for billing & correspondence) |

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| Date of Birth (mm/dd/yyyy) | | |
|--|--|---------|
| Sex at Birth | | |
| Gender Identity | | |
| Cell Phone Number | | |
| Home/Alt Phone Number | | |
| Social Security Number | | |
| Address | | |
| City | | |
| State | | |
| Zip | | |
| Country | | |
| vill complete 1-4; Client B will compl | SECTION 2 — TISSUE STATUS stions about their tissue status. Clients A & B will answer the question te 1-2. a positive test result for HIV, Hepatitis B, Hepatitis C or any other | |
| vill complete 1-4; Client B will compl | stions about their tissue status. Clients A & B will answer the questi te 1-2. | |
| vill complete 1-4; Client B will complete 1. Have you or your partner ever had Client A | stions about their tissue status. Clients A & B will answer the questive 1-2. a positive test result for HIV, Hepatitis B, Hepatitis C or any other Client B | |
| vill complete 1-4; Client B will complete . Have you or your partner ever had Client A No | stions about their tissue status. Clients A & B will answer the questive 1-2. a positive test result for HIV, Hepatitis B, Hepatitis C or any other Client B No | |
| Client A Place you or your partner ever had Client A Po Yes If yes, please specify Client A Client A No Client A No No No Client A No No No No No No Client A No | a positive test result for HIV, Hepatitis B, Hepatitis C or any other Client B No Yes If yes, please specify a positive test result, lived, or traveled where the CDC has issued transmission for Zika Virus, Ebola, or other disease? Client B No Client B No | disease |
| Client A Client Service or your partner ever had be serviced by the service of t | a positive test result for HIV, Hepatitis B, Hepatitis C or any other Client B No Yes If yes, please specify a positive test result, lived, or traveled where the CDC has issue transmission for Zika Virus, Ebola, or other disease? Client B No Yes Client B Yes | disease |
| . Have you or your partner ever had Client A No Yes If yes, please specify Have you or your partner ever had left or warning due to risk of disease Client A No | a positive test result for HIV, Hepatitis B, Hepatitis C or any other Client B No Yes If yes, please specify a positive test result, lived, or traveled where the CDC has issued transmission for Zika Virus, Ebola, or other disease? Client B No Client B No | disease |
| . Have you or your partner ever had Client A No Yes If yes, please specify A. Have you or your partner ever had client or warning due to risk of disease Client A No Yes Yes | a positive test result for HIV, Hepatitis B, Hepatitis C or any other Client B No Yes If yes, please specify a positive test result, lived, or traveled where the CDC has issue transmission for Zika Virus, Ebola, or other disease? Client B No Yes Client B Yes | disease |

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| 3. Were donor eggs or donor semen used to create | your embryos? | |
|--|---|--|
| No | | |
| Yes | | |
| If yes, please specify tissue type(s) | | |
| 4. Reason for Banking (select one) | | |
| SECTION 3 — DIRECTIONS FOR DISPOSE OR TERMINATION | ITION OF EMBRYOS IN CASE OF I OF CLIENTS' RELATIONSHIP | DEATH OF CLIENTS |
| In this section, Clients will make choices for what hat the embryo(s) are still in storage at the Company's fa away, and a section for choices if both Clients pass section. | acility. There is a section for choices if or | ne of the two Clients pass |
| In the event that none of the options provided be deaths of the Clients, the Embryo(s) will be disca | | |
| Death of Client(s) is established by evidence dee with Client Disposition Directions until this evidence the surviving Client or Clients' estate to contact the C | is received and confirmed by the Compa | |
| DEATH OF ONE CLIENT | | |
| Client A will select one of the two following options b Client B will sign and date Client B's agreement with | | ing below Clients' choice. |
| Discard | | |
| If one of the Clients dies, the Company will any other purpose. The term "discard" as us discard the stored Embryo(s) in a profession Discarded Embryo(s) cannot and shall not be persons. | sed in this Agreement means that the Co nal and ethical manner, as determined so | ompany will thaw and olely by the Company. |
| Client A Signature | Date | |

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| Sole Ownership of Embryo(s) to Surviving Client | | | |
|---|---|---|---|
| If one of the Clients dies, the Clients hereby acknowledge and agree that, upon the death of one of them, the surviving Client will have sole ownership and control over the Embryo(s). This means that the following Paragraphs i, ii, iii, and iv will apply. The Conditions of Release of Embryo(s) from Storage can be referenced if full in Section 8 – Terms and Conditions of Embryo Couple Cryostorage Agreement. | | | |
| Client A | A Signature | Date | |
| i. | the Conditions of Release of Embryo(s) from Storage must be met (other than the signature of the | | |
| ii. | Paragraph A of the Conditions of Release of Embryo(s) from Storage must be met (other than the | | |
| iii. | signature of the deceased Client). iii. If the surviving Client seeks the transfer of the embryo(s) in a gestational carrier ("Carrier"), all conditions of Paragraph B of the Conditions of Release of Embryo(s) from Storage must be met only by the surviving Client. | | |
| iv. | iv. If the surviving Client dies without completing a new Embryo Cryostorage Agreement, the embryo(s) will be discarded. If the surviving Client has completed a new Embryo Cryostorage Agreement, the Company will comply with the Directions for Disposition section of that agreement. | | |
| Client B | | | |
| | ature below confirms I have read and under one Client. I approve the selection of Clien | | |
| Client E | 3 Signature | Date | |
| | | | |
| DEATH | OF ALL SIGNATORY CLIENTS | | |
| | will select one of the two following options Client B will sign and date Client B's agreen | | |
| Di | scard | | |
| | If all Signatory Clients die at or about the sembryo(s) are not to be used for any other the Company shall thaw and discard the stable by the Company. Discarded Embryo any person or persons. | purpose. The term "discard" as used in the ored Embryo(s) in a professional and eth | his Agreement means that ical manner, as determined |
| Client | A Signature: | Date: | |

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| Transfer of Ownersh of age or older). | ip to Designated Own | er (Please NOTE: Designated Owner mu | ıst be eighteen (18) years |
|---|--|--------------------------------------|----------------------------|
| In the event all Signatory Clients die at or about the same time, Clients direct that upon their deaths, ownership and control of the embryo(s) shall be intended as follows: | | | |
| We designate the following individual as the designated owner of our embryo(s) upon their execution of a new Embryo Cryostorage Agreement. | | | |
| Designated Owner | or Contact Information | | |
| Name | Designated Owner Contact Information Name | | |
| Address | Address | | |
| City | City | | |
| State | | | |
| Zip | | | |
| Phone Number | | | |
| Email | | | |
| execution of an agreement with the Company, may be discarded or used for any allowed option below at the direction of Designated Owner. If Designated Owner does not elect to take ownership of the embryo(s) or is unresponsive to the Company's contact or is unable to be located, the Company shall discard the embryo(s). The Company will follow established contact protocols using the most recent contact information for Clients' Designated Owner prior to discard. It is solely the responsibility of Clients to keep Clients' Designated Owner's contact information current. Clients must select at least one or more of the options below if a Designated Owner is identified above; used for the purpose of procreation, including but not limited to transferring into a gestational carrier, | | | |
| agency; | pursuant to federal and state regulations and AATB Standards, not including donation to another party or agency; | | |
| used for the therapeutic treatment of Designated Owner(s) or designee. Prior to release, all conditions of Paragraph D of the Conditions of Release of Embryos from Storage must be met; and/or | | | |
| donation to another party or agency to be used for the purpose of procreation pursuant to federal and state regulations and AATB Standards. | | | |
| Client A Signature: | | Date: | |
| Client B | | | |
| My signature below confirms I have read and understand the direction for disposition choices defined above for the death of both Clients. I approve the selection of Client A and agree to abide by the terms outlined in our choice. | | | |
| Client B Signature | | Date | |

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IN THE EVENT OF DIVORCE OR DISSOLUTION OF THE MARRIAGE OR PARTNERSHIP OF CLIENTS: the ownership and/or other rights to the embryo(s) will be as directed by certified court decree and/or settlement agreement. If divorce or dissolution of the marriage/partnership occurs, the Company will require notarized and/or certified documentation indicating changes in ownership and control and/or rights to the embryo(s) before proceeding with any disposition. In the event this documentation is not provided to the Company, the Company shall discard all embryo(s) only as provided in this Agreement or in accordance with the Company's Disposition Directive document and contact protocols.

SECTION 4 — TRANSFER TO REPROTECH

This section outlines all the terms and conditions for the Shipping Liability Protection and shipping tank choices. Clients will indicate their selections for the specimen transfer request.

Clients request the transfer of their Embryos to the Company from the physician/clinic ("Facility") listed in Section 6 – Medical Data Release – in accordance with the Company's current policies and procedures.

Medical Data Release – in accordance with the Company's current policies and procedures. Type of tissue to be transferred to RTL for continued storage

For Specimens Being Transported by the Company Staff: Please Note — the Company automatically provides Specimen Shipping Liability Protection when transportation is provided by the Company's staff.

For Specimens Being Transported by a Third Party: The following section is to be completed if Specimens are to be shipped or in the event Specimens cannot be part of a regular transfer by the Company's staff.

Clients acknowledge and agree that there are several options to mitigate the risks inherent in the shipment of Embryo(s), including the use of two (2) shipping tanks and the purchase of optional Specimen Shipping Liability Protection. The majority of shipments are sent by United Parcel Service (UPS).

SPECIMEN SHIPPING LIABILITY PROTECTION OPTIONS

In this section Clients will read information about Liability Protection options for Clients' shipment, and Clients must choose to select or decline this protection.

We understand and accept that without our selection of additional Specimen Shipping Liability Protection, compensation for tissue loss or tissue integrity during transfers could potentially be limited to a maximum of One Hundred and no/100ths (\$100.00) Dollars (UPS) and that other courier services may provide no liability compensation at all.

Clients have reviewed the recommended Specimen Shipping Liability Protection Flyer and made their selection as follows:

We wish to (select one of the two options below):

| Confirm that ReproTech will insure the specimens while in transit by selecting Specimen Shipping Liability |
|--|
| Protection at the Thirty-Five Thousand (\$35,000) Dollar level as described in the Shipping Liability |
| Protection Flyer. (Note the fees are subject to change.) We understand that this added liability protection |
| is for actual procedure replacement costs up to Thirty-Five Thousand (\$35,000) Dollars and that it only |
| covers the tissue against loss or loss of integrity due to an event that occurs during the shipment. We |
| understand that fees for the Specimen Shipping Liability Protection must be made in advance of the |
| shipment for the service to be in effect. |
| |

Decline Specimen Shipping Liability Protection. In addition, we agree to hold RTL harmless for any claims for tissue loss, tissue integrity or the viability of reproductive tissue specimens due to an event that occurs during shipment.

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NUMBER OF SHIPPING TANKS

In this section Clients will read information about shipping tank options for Clients' shipment, and Clients shall choose one or two tanks for shipment. If specimens are transferred by RTL Staff (in-person delivery), only one tank will be used for shipment and Client will not be billed for second tank, even if they choose the 2 tank option.

| You must select one of the two (2) shipping tank options by placing a mark | in the box adjacent to your choice. |
|---|--|
| 2 Tanks We are requesting that our reproductive tissue specimens be divadditional safety during shipping and understand that a shipment by additional shipping fee as per storagefees.com. This option is onl specimens are cryopreserved in more than one container. | way of two tanks will incur an |
| 1 Tank We have declined the use of two shipping tanks and accept the shipping tank. | potential risk of using only one |
| SECTION 5 — PAYMENT | |
| In this section Clients will supply their credit card number for auto-pay enrollment employer-sponsored programs if applicable. Clients will also choose the billing int storage billing. Specimens remain in storage to be billed at the established interval Embryo(s) from Storage have been executed. | erval for the first and continued al until the Conditions of Release of |
| Employer Sponsored Programs (only applies if currently enrolled through Clien | ts' employer) |
| Progyny ID | |
| Carrot Fertility Code | |
| Billing Interval Selection: Clients indicate choice of billing interval for storage finon-refundable. Visit storagefees.com for pricing. | ees. Storage fees are prepaid and |
| Quarterly | |
| 1 Year | |
| Multi-year (choose 2, 3, 5 or 10 years) | |
| | |
| | |
| Credit Card Account Information | |
| Account Number | |
| Name on Card | |
| Expiration Date | |
| Billing Zip Code | |

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SECTION 6 — MEDICAL DATA RELEASE

This section confirms medical data release of Clients' medical data to the Company from the Facility where the specimens are currently in storage.

By signing the agreement, We authorize the Facility listed below to release to ReproTech medical data, including but not limited to: personal biographical data, serology/virology testing data, and specimen processing/cryopreservation data. This includes information about human immunodeficiency virus-HIV, acquired immunodeficiency syndrome-AIDS, and AIDS related complex-ARC, as defined by Department of Community Health rules (1989 Public Act 174). We further understand that the failure to sign/submit this authorization or the cancellation of this authorization will not prevent me from receiving any treatment or benefits I am entitled to receive, provided this information is not required to determine if I am eligible to receive those treatments or benefits or to pay for services I receive.

Address of Facility where specimens are currently located or will be created Name Phone Address Address 2 City State Zip Country

SECTION 7 – CRYOSTORAGE AGREEMENT SIGNATURES

The signatures in the selection below affirm Clients have read and agree to be bound by all the Terms and Conditions of Embryo Couple Cryostorage Agreement contained herein.

By signing below, Clients agree to with the following:

Clients hereby certify that all the information provided herein (and on any other accompanying or required documents) is correct, accurate, and complete to the best of their knowledge.

Clients affirm the dispositional choices as indicated above. Clients acknowledge and agree that if none of Clients' choices are available, the Company may discard their frozen embryos in its sole discretion. Clients further acknowledge and agree that they may update their disposition choices at any time by completing and signing a new Cryostorage Agreement with the Company.

Clients confirm acceptance of ReproTech's privacy and security practices (rtlhipaa.com) and affirm that all information provided on this document is true and accurate.

Clients confirm they have read and understood the Conditions of Release of Shipment of Embryo(s) to the Company and hereby authorize the Facility to release Client's embryos to the Company.

Clients affirm they have read and understood the policies and optional fees on the Specimen Shipping Liability Protection Flyer and hereby authorize the Facility listed above to release their Specimens to the Company.

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Clients understand that their credit card authorization will remain in effect until it is cancelled in writing according to the terms of the Credit Card Authorization.

By marking an X in the client section and signing below, I acknowledge that I have read, understand, and accept the Terms and Conditions of Embryo Couple Cryostorage Agreement and agree to be bound by them. I understand that I shall receive a copy of the Terms and Conditions of Embryo Couple Cryostorage Agreement upon execution of this document.

| Client A | Client B |
|--------------|--------------|
| Printed Name | Printed Name |
| Signature | Signature |
| Date Signed | Date Signed |

SECTION 8 —TERMS AND CONDITIONS OF EMBRYO COUPLE CRYOSTORAGE AGREEMENT

This section includes terms and conditions for tissue specimen storage, including storage fees and records, account in default, credit card authorization, conditions of release of embryos to ship to the company, embryo receipt and storage, potentially infectious specimens, conditions of release of embryos from storage, termination of account, the responsibilities and liabilities of the company, and additional terms.

STORAGE FEES AND RECORDS

This section describes how storage fees are billed and how records are kept.

Clients agree to pay the storage fees for each Storage Period in advance of the Storage Period commencing. A "Storage Period" commences on the first day of the month of the Company's original receipt of Specimens for long-term storage through the last day of the month of the chosen billing interval. Storage Periods renew automatically at the same billing interval chosen for initial storage. All subsequent storage fees are due in full on the first day of the commencement of the new Storage Period ("Renewal Date"). Unused Storage Fees are non-refundable. Clients may revise their Storage Billing Interval within thirty (30) days of the renewal date by contacting the Company via phone, email, or in writing.

The Company, in its sole discretion, reserves the right to adjust storage fees. These adjustments may be due to market changes or any other reason as determined by the Company. Current storage fees are maintained on the Company's web site.

Clients shall keep all contact information, including addresses, telephone numbers, and email addresses, current and up to date with the Company. It is solely the responsibility of Clients to update all contact information in writing to the Company within thirty (30) days of any change in contact information. This contact information will be used for billing purposes and any other matter requiring notice to Clients. The Company shall keep Clients' contact information and any other records relating to the subject of this Agreement on file.

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ACCOUNT IN DEFAULT

This section describes what happens if an account is not paid in full by the due date of an invoice. It includes the rights of the Company for collections of accounts in default, and final discard of Specimens for default accounts.

Clients' account is in "default" if, at any time after sixty (60) days from the first day of the commencement of any Storage Period, the Company has not received payment in full for all amounts due to the Company by Clients.

In the event of default, the Company may, at its sole discretion, refer the Clients' account to any attorney or collection agency for collection. Clients agree to pay all costs of such collection, including but not limited to, any reasonable fee charged by the collection agency and reasonable attorney's fees.

If Clients' account remains in default at the close of the Company's established Account Default protocols, the Company will send a final notice, advising Clients of the final due date to pay the storage fee in full. Notwithstanding the foregoing, this final notice shall include emailed notification and mailed contact notification that is returned unopened.

If, at the end of the Company's established Account Default Protocols, payment in full is not made by the due date stated in the notice, and/or if Clients have not responded, in writing, to communications from the Company, Clients agree to release ownership and custody of the Embryo(s) to the Company. Clients remain responsible for all delinquent storage and collection fees, including any storage or collection fees that continue to accrue, regardless of release of ownership and custody.

The Company will discard all stored Embryo(s) whose ownership and custody has been transferred solely to the Company. The term "discard" as used in this Agreement means the Company will thaw and discard the stored Embryo(s) in a professional and ethical manner, as determined solely by the Company. Discarded Embryo(s) cannot and will not be used for reproductive purposes by or on behalf of any person or persons.

CREDIT CARD AUTHORIZATION

By signing this agreement, Clients agree they are enrolling in ReproTech's autopay program. They agree to notify ReproTech LLC in writing of any changes to their credit card account information or to terminate this authorization at least 15 days prior to the next billing date. Clients certify they are the authorized user of this credit card/bank account and will not dispute the scheduled transactions with the bank or credit card company; so long as the transactions correspond to the terms indicated on this card authorization and Cryostorage Agreement.

CONDITIONS OF RELEASE OF SHIPMENT OF EMBRYO(S) TO THE COMPANY

This section outlines all the terms and conditions for the release, transfer, and shipping of specimens from the physician/clinic to the Company.

It is understood that the Facility acknowledges and agrees with the request to transfer Client's Embryo(s) to the Company and will assist with this transfer. Furthermore, it is recognized by Clients that events beyond the control of the Company and the Facility may occur during transfer and it is understood by all parties that neither the Facility nor the Company are responsible for any losses in connection with or related to the shipment of the Embryo(s).

Clients hereby authorize the transfer of their Embryo(s) from the Facility to the Company for continued long-term storage.

Clients to hold RTL harmless for any claims for damage to the Embryo(s) arising from acts or omissions prior to the Company's possession of such specimens.

Clients agree that the Company shall not be liable for errors, including specimen labeling errors, which occur prior to the Company's acceptance of the Embryo(s) for storage.

EMBRYO RECEIPT AND STORAGE

This section describes how specimens are transferred to the Company.

The Company shall receive Clients' Embryo(s), which have already been cryopreserved, from Clients' physician and/or clinic (the "Facility" or "Clinic") for long-term storage with the assistance of Clients.

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All specimen transfers for long-term storage will be in accordance with state and federal regulations and the procedures for identification and testing established by the Company and set forth on the Company's website. Testing and screening includes, but is not limited to, testing for sexually transmitted diseases. Any Specimens received that are missing all or some test results may be subject to higher fees and will require additional consents when Clients are ready to ship their Specimens. All procedures established by the Company may be modified at any time and in the sole discretion of the Company to reflect changes in industry practices, laws, or regulations.

Embryo(s) will remain in storage at the Company until this Agreement is terminated as outlined below in paragraph Termination of Agreement.

IF APPLICABLE—STORAGE OF POTENTIALLY INFECTIOUS SPECIMENS

This section specifically outlines storage and fee information for clients who, they themselves or their donor gamete providers, have undergone testing and/or screening that showed a potential for an infectious disease.

The storage of Embryo(s) from potentially infectious clients requires certain additional safeguards and procedures. Clients acknowledges and agrees that their Specimens will be stored in a separate vapor storage tank which is designated for potentially infectious specimens only as follows:

Specimens from Clients with potentially infectious conditions for any relevant communicable disease shall be stored in a separate storage tank and Clients specimens will be physically segregated by use of canisters specific to their reactive test or risk.

Clients further acknowledges and agrees that because of additional required precautions, storage fees and shipping fees may be higher than the fees charged to clients whose specimens do not have a potentially infectious risk. Clients acknowledge and agree that all shipping fees must be pre-paid by Clients prior to any shipment and that the shipping fees are non-refundable. In addition, Clients acknowledge and agree that the results of any testing for infectious diseases will be disclosed to the receiving physician and/or clinic and the person who will carry the gestation of the embryo ("Recipient") as part of an informed consent procedure before the specimens are used.

CONDITIONS OF RELEASE OF EMBRYO(S) FROM STORAGE

This section outlines the release criteria to allow the Company to send Embryo(s) to another facility. It outlines these conditions for all Clients, alive or deceased. The release criteria are dependent on who will carry the gestation of the embryo, and therefore each scenario is defined separately.

During the Lifetime of Clients

Release of embryo(s) from storage may occur:

- (A) for transfer in the Client;
- (B) for transfer in a gestational carrier designated by Clients;
- (C) for research use;
- (D) for therapeutic use of embryos; or
- (E) for transfer in another person, through embryo donation.

All of the aforementioned releases are contingent upon all storage fees and any additional applicable fees being paid in full. The resulting gestation can be carried by Client or Clients' designated gestational carrier or surrogate.

A. If the gestation of the embryo(s) is carried by Client, or the specimens are being sent for continued storage at another long-term storage facility, the embryo(s) will be released:

- i. to a licensed physician or long-term storage facility only; and
- ii. upon the express notarized authorization of all Signatory Clients; and
- iii. upon the authorization of the Carrier/Recipient's clinic; and
- iv. upon completion of serology/virology tests required by the Company and/or relevant state or federal law.

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B. If the gestation of the embryo(s) is carried by Clients' designated gestational carrier or surrogate, the embryo(s) will be released:

- i. to a licensed physician only; and
- ii. upon the express notarized authorization of all Signatory Clients; and
- iii. upon the authorization of the Carrier/Recipient's clinic; and
- iv. upon receipt of the following documentation for each gamete provider:
 - a. for all gametes retrieved on or after May 25, 2005, documentation of compliance with all FDA regulations, and
 - for all gametes retrieved before May 25, 2005, a Special Circumstance Release Documentation executed by licensed physician as documentation that compliance with all FDA regulations is not required.

C. Use of embryo(s) for research, the embryo(s) will be released:

- i. to a facility selected by Clients from a list of Company-approved research facilities, and
- ii. upon the completion of required Company's and research facility's forms/consents; and
- iii. only if the embryo(s) WILL NOT be used to create an offspring.

D. Therapeutic Use of Embryos (i.e., for the treatment or curing of disease), the embryo(s) will be released:

- to a facility identified by either Clients or a designated owner as documented by execution of a form and/or consent provided by the Company; and
- ii. only if the embryo(s) WILL NOT be used to create an offspring.

E. In all other cases, the embryo(s) are donor embryo(s) and will be released:

- i. only to a licensed physician, and
- ii. upon the express notarized authorization of all Signatory Clients, and
- iii. only with documentation of completion of the testing and screening for donor reproductive tissue for both gamete providers, whether the tissue is tissue retrieved from Clients or the egg and/or sperm donors; or
- iv. with confirmation from the receiving facility to accept the Specimens in quarantine.

After the death of Clients (as evidenced by receipt of a certified copy of the death certificate or otherwise established by evidence deemed sufficient by the Company).

If the Recipient is the surviving spouse or designated owner identified in this Agreement, the Embryo(s) will be released:

- i. After the surviving spouse or designated owner fully executes a subsequent Cryostorage Agreement for continued storage of Embryo(s), and
- ii. only to a licensed physician who has authorized the shipment, and
- iii. upon the express notarized authorization of the surviving spouse or designated owner and the Carrier/Recipient's physician as documented by execution of all consents required by the Company.

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TERMINATION OF AGREEMENT

This section describes the exact terms and conditions required to close and/or terminate this Agreement and storage for Embryo(s) with the Company.

This Agreement will terminate and the Company's responsibilities for storage of Embryo(s) hereunder will cease in the following instances:

- 1) upon the release of all Embryo(s) stored by the Company in accordance with the Conditions of Release; or
- upon the disposition of all Embryo(s) stored by the Company either on the basis of a Default outlined under the Account in Default section contained in this Agreement herein or authorized by the Directions for Disposition upon Death of Clients section contained in this Agreement; or
- upon the notarized execution of the Company's separate Termination of Account agreement and final disposition forms.

RESPONSIBILITIES AND LIABILITIES OF THE COMPANY

This section describes the limitations of the responsibilities of the Company regarding the storage of cryopreserved specimens and defines the liabilities of the Company. In addition, it outlines Clients' recognition of these limitations and responsibilities.

Clients acknowledges and agrees that they have been fully advised on the state of the art of cryopreservation of embryo(s) and understands that there can be no assurance or guarantee of normal embryonic development. In addition, Clients acknowledge and agree that the Company verifies quantity and labeling of embryo containers, but the Company does not make any guarantees as to the contents of embryo containers. The Company can only provide data reported by the originating clinic as to the quantity and/or quality of the Embryos held in a specific container. Clients acknowledge and agree that the viability of the Embryo(s) and the results from subsequent implantation depend almost entirely upon the inherent quality of the Clients' semen and egg(s) and resulting embryo(s) and the effectiveness of the cryopreservation procedures of the Clinic.

Accordingly, Clients acknowledge and agree that the Company's responsibility and liability are limited hereunder solely to the adequate cryostorage of embryos consistent with the state of the art at the date of entering into this Agreement. Clients agree to hold the Company harmless for any damage sustained while the embryo(s) are not in the possession and control of the Company.

Limitation of Liability. Client agrees that in the event of loss or destruction of the Specimens by any reason whatsoever, damages as a result thereof would be highly conjectural and speculative and would be difficult to determine. Accordingly, pursuant to 5A Del. C. 1953, §7-204 of the Delaware Uniform Commercial Code, Client agrees that in the event that one or more of the Specimens is lost or destroyed by virtue of negligence of the Company, the total liability of the Company for failure to meet any of its responsibilities to Clients will be limited to the prorated cost of the procedure that generated the embryo(s). The parties acknowledge and agree that any claims arising out of this Agreement will be brought in the state courts of Delaware. Below is an example of how the proration cost would work for reference:

Ten (10) embryos are produced. Of those ten (10), six (6) were used and four (4) were compromised due to gross negligence while in the custody of the Company, resulting in the loss or damage of the remaining embryos at the Company. In this scenario, the Company's liability would be limited to forty (40) percent of the cost of the procedure that generated the embryos.

In the event the Company ceases the operation of its storage facility, it may assign and transfer its obligations hereunder to the Embryo(s) held on behalf of Clients to a similar storage facility thirty (30) days after written notice to Clients at their last known address.

ARBITRATION

This section outlines arbitration terms for the Agreement.

Client and Company agree that any dispute or controversy arising out of, relating to, or in connection with this Agreement or the transactions contemplated hereby (a "Dispute") shall be arbitrated pursuant to the Delaware Rapid Arbitration Act, 10 Del. C. § 5801, et seq. (the "DRAA"). The parties agree to take all steps necessary or advisable to

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submit any Dispute that cannot be resolved by the parties for arbitration under the DRAA (the "Arbitration") and each party represents and warrants that it is not a "consumer" as such term is defined in 6 Del. C. § 2731.

By executing this Agreement, (i) each party hereby waives, and acknowledges and agrees that it shall be deemed to have waived, any objection to the application of the procedures set forth in the DRAA, (ii) consents to the procedures set forth in the DRAA, and (iii) acknowledges and agrees that it has chosen freely to waive the matters set forth in subsections (b) and (c) of Section 5803 of the DRAA. IN CONNECTION THEREWITH, EACH PARTY UNDERSTANDS AND AGREES THAT IT SHALL RAISE NO OBJECTION TO THE SUBMISSION OF THE DISPUTE TO ARBITRATION IN ACCORDANCE WITH THIS SECTION AND THAT IT WAIVES ANY RIGHT TO LAY CLAIM TO JURISDICTION IN ANY VENUE AND ANY AND ALL RIGHTS TO HAVE THE DISPUTE DECIDED BY A JURY.

This Arbitration provision shall be governed by the laws of the State of Delaware, without regard to principles, conflicts of law, and regardless of whether the laws of Delaware govern the parties' other rights, remedies, liabilities, and powers and duties.

INDEMNIFICATION

This section outlines indemnification terms for the Agreement.

Client acknowledges and agrees that they will indemnify and hold the Company harmless from any loss and/or expenses incurred in connection with the defense or payment of any claim by any other party relating to the subject of this Agreement. This Agreement shall be binding upon Client and their assignees, heirs, executors, and administrators.

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