

NOTICE OF INTENT TO CONTINUE OR DISCONTINUE THE EMBRYO/EGG STORAGE AGREEMENT

Client Name:	Date of Birth:
Address:	
Daytime Telephone:	Email Address:
Signature:	Notice Date:

Thank you for allowing Manhattan Cryobank Inc. (Manhattan Cryobank) to cryopreserve your specimens. Your **storage fee is due**. You can continue the storage of your specimen(s) under the same terms and conditions set forth in your signed Embryo/Egg Storage Agreement.

Kindly let us know of your intention to continue or discontinue your storage by completing only one of the following options:

YES, I wish to continue storing my cryopreserved embryos/eggs at Manhattan Cryobank for a period and cost of:

- 6 months at a cost of \$400
- 1 year at a cost of \$700
- 2 years at a cost of \$1,200
- 3 years at a cost of \$1,680
- 5 years at a cost of \$2,450

Payment Options

- Charge my Credit Card (Visa, Master Card, Discover) \$ _____
 Credit Card # _____
 Expiration Date: _____
 Security Code: _____
 Name on Credit Card: _____
 Billing Zip Code: _____
- Auto Charge my Credit Card upon expiration of my storage term.

NO, I do not wish to continue storing my cryopreserved embryos/eggs at Manhattan Cryobank. I hereby authorize Manhattan Cryobank to dispose of all the embryos/eggs under my name.

IN ORDER TO PROTECT MY RIGHTS, THE CONFIDENTIALITY OF THIS MATTER, AND FOR MANHATTAN CRYOBANK TO BE CERTAIN OF MY DECISION, MANHATTAN CRYOBANK IS REQUESTING THAT I APPEAR IN PERSON OR NOTARIZE THIS NOTICE PRIOR TO MAILING VIA CERTIFIED MAIL WITH RETURN RECEIPT REQUESTED. I UNDERSTAND THAT I AM RESPONSIBLE FOR STORAGE FEES UP TO THE DATE MANHATTAN CRYOBANK RECEIVES THIS NOTICE.

Notification in person:

Client's signature: _____ Driver's License #: _____

Manhattan Cryobank Representative: _____ Date: _____

Notarization:

Notary Signature: _____ Printed Name: _____

My Commission expires: _____