

FCP ELECTION FORM
(Election to Opt In to Whole-Body Field Cryoprotection)

Note: This form may be emailed to Sayer Johanson at the following email addresses: info@suspendedanimationinc.com or by regular mail to:

Suspended Animation, Inc.
26439 Rancho Parkway S., Suite 140
Lake Forest, CA 92630

Effective Date: **April 23, 2025**

This form is only for individuals who are CI Members as of the Effective Date who choose to opt-in to the enhanced whole-body Field Cryoprotection (FCP) procedure. To qualify for the 50% discount on the \$18,000 supplementary FCP Fee, CI members must:

- Be signed up with Suspended Animation (SA) or Resurgence Biomedical Sciences (RBS) no later than thirty (30) days after the Effective Date.
- Complete this FCP Election Form no later than thirty (30) days after the Effective Date (the Opt-In Deadline); and
- Provide proof of funding no later than August 23, 2025.

I certify that I am currently signed up with SA or RBS to receive Standby-Transport services, and by signing this form, I hereby elect to add FCP service to my existing Standby Plan. I understand that the supplementary FCP fee of \$18,000 will be added to the cost of my existing Standby Plan, unless I qualify for a discount as provided herein. I understand that I will qualify for a 50% discount, which effectively reduces the FCP Fee to \$9,000, if: (1) this form is received by SA/RBS no later than thirty (30) days after the Effective Date; and (2) proof of funding is submitted to SA/RBS on or before August 23, 2025.

I will fund the supplementary FCP Fee with (check one):

Insurance _____ Prepaid _____

Other (please specify) _____

(Continued on next page)

Signed by:

Member Name _____

CI Member Number _____

Signature _____

Date _____

(To be completed by SA/RBS)

FCP Election Form received by Opt-In
Deadline? Yes _____ No _____

Approved By (Subject to receipt of proof of funding):

SUSPENDED ANIMATION / RESURGENCE BIOMEDICAL SCIENCES

Print Name _____

Date _____

Signature _____

(To be completed by SA/RBS after receipt of proof of funding)

Final Standby Rate Determination:

<u>Service</u>	<u>\$ Amount</u>
Basic Standby	_____
FCP Fee	_____
Total	_____