

4. Please list the full names, addresses, phone numbers, and ages of your parents, children, and grandchildren. If you have no living parents or children, please list your two closest living relatives. Attach additional sheets if necessary. If you do not have children, do you have relatives with minor children? If so, describe their relationship to you, and their ages.

(Name) (Relation) (age) (Phone)

(Street Address, City, State, Zip)

(Name) (Relation) (age) (Phone)

(Street Address, City, State, Zip)

(Name) (Relation) (age) (Phone)

(Street Address, City, State, Zip)

(Name) (Relation) (age) (Phone)

(Street Address, City, State, Zip)

These questions on children and their ages are useful in selecting the "life in being" that may be used as a measuring stick for the "Rule Against Perpetuities," for possibly setting up a cryonics trust. For a more detailed explanation of this concept, talk to your attorney or read Jim Bianchi's comments on page 8-2 of his **Cryonic Suspension: Legal Forms Manual**.

5. If you have an attorney, please list:

Name _____

Street _____ Phone _____

City, State, Zip

6. Do you have a Will? ___ Yes ___ No

If Yes, what is the date of your most recent Will? _____

List the Executor named in your Will _____

Do you have a Durable Power of Attorney for Health Care document? __Yes__ No

List your Health Care Agent / Health Care Attorney-in-Fact _____

Do you have a general Power of Attorney document executed? ___ Yes ___ No

List your attorney-in-fact named in the above document: _____

7. If you already have a Will, please list the executor(s). If you do not now have a Will, please list two or three people who are willing to serve as your executor, responsible for overseeing the transfer of assets to ACS or a trust. They should reside in the state where most of the assets are located, be willing to perform this function, and be individuals who are likely to survive you. List these individuals in the priority you desire.

(Name) (Phone)

(Street Address, City, State, Zip)

(Name) (Phone)

(Street Address, City, State, Zip)

(Name) (Phone)

(Street Address, City, State, Zip)

8. The disclosure of information regarding your suspension may be very helpful to the field of cryobiology. However, you may impose limits upon the release of information about you and facts related to your cryonic suspension. If so, please specify any restrictions you wish to impose.

A cryonic suspension is an unusual event, one that arouses much curiosity. ACS, and its agents will follow your wishes regarding privacy as much as possible, but the number of people involved in a suspension, either directly or indirectly, such as hospital attendants, ambulance drivers, or vendors of cryogenic supplies, is such that there is always some chance of disclosure of your identity in spite of efforts to restrict such information.

9. The purpose of any trust or fund we establish for you is to further scientific research and education to advance the field of cryobiology. Funds shall be used to suspend you and keep you in suspension until a revival attempt may be made.

There are some circumstances that may prevent your suspension, such as being lost at sea or dying from a contagious disease, where Health Officials order your cremation. There is also a chance that the trust or fund shall develop a surplus not required to fulfill the financial obligations of your cryonic suspension. Then too, some future law or an unforeseen physical disaster to your remains may require a distribution of either the surplus of funds or all of the funds.

If such an event occurs, please specify how such funds should be distributed:

Please note that if you do not name a recipient of such funds they may go to unknown relatives, or escheat to the state.

10. **(optional)** Cryonics is still very new and underfunded. Member participation and support of cryonic organizations is very important, and can make the difference between success and failure.

Please specify any gift you wish to make to the American Cryonics Society, in your Will, to be used by them in any way that they feel will further research, education, and public understanding of cryonic suspension, aging research, or any related scientific endeavor:

Please note that funds given through this provision will *not* be a part of your cryonics trust or maintenance fund.

11. **(optional)** Members whose funds substantially exceed recommended minimums are especially encouraged to make some income available for future cryonic growth, research and operations.

The following are *optional* provisions you may desire. Check them if you wish them; leave them blank otherwise.

___ I wish ___% (percent) of the income from my cryonics trust fund be used by ACS to further cryonics in any manner they see fit, provided that such donation does not endanger the funding for my continued suspension.

___ I wish ___% (percent) of my donor funds to be initially invested in the cryonics service company responsible for maintaining me in suspension, if such stock is available, provided that such investment does not endanger the funding for my continued suspension.

___ If the services of a non profit service provider (other than ACS) is used to maintain me in suspension I wish ___% of my donor funds to be transferred to this company as a gift.

12. Do you reside outside the United States? Yes No
13. Do you intend to use assets outside the United States to fund cryonic suspension? Yes
 No

*If you answer "Yes" to either of the last two questions, you should obtain Jim Bianchi's **Cryonic Suspension: Legal Forms Manual**. He shows how to properly execute a **CERTIFICATE OF INTERNATIONAL WILL** when you complete the **LAST WILL AND TESTAMENT**.*

14. There are contingencies that could arise (such as adverse governmental regulation or financial insufficiency) which require traditional or alternative forms of interment of your human bodily remains (i.e. burial, cremation, etc.).

If traditional or alternative interment of my remains is required I wish the following (*initial* your choice):

- A. I direct that the American Cryonics Society dispose of my remains in the manner ACS determines in good faith to be best in accordance with biostasis and life extension values. In some cases this may involve, but shall not be limited to: burial in a perpetual permafrost zone, desiccation, chemical preservation, vitrification, dry ice storage, and/or freezer maintenance. In any of the above cases, I understand and accept that the preservation shall be clearly and significantly inferior to cryonic maintenance of my body in liquid nitrogen. As such these techniques and methods are significantly qualitatively inferior to liquid nitrogen storage and hence less likely to yield successful experimental results with regard to revival to life, reanimation to health, restoration of identity, rejuvenation to youth, and return of personality research of your brain or remains.
- B. I wish my remains disposed of as follows (please note that ACS does not recommend any practice of remains disposal except those given above in part "A."):

-
15. **(optional)** Please describe the memorial or funeral arrangements you wish, if any.
-

(use additional paper if needed)

In preparing these arrangements, please be careful not to make any statements or execute any forms which would or could complicate or compromise your cryonic suspension. For example, viewing of the body by relatives and friends is not practical, nor is a funeral where the body must be moved to a church or chapel. Several of the persons now in suspension had memorial services in their home towns. This presented no problems to the suspension team and provided a suitable gathering for family and friends.

16. **(optional)** The American Cryonics Society offers a program of *sponsorship* to all members in suspension. To that end, ACS ensures that each member has the ability to nominate a Sponsor for themselves. That Sponsor must also be a full members and suspension program participant in ACS and shall have the power to review your Patient records, inspect your storage capsule, and make recommendations to the ACS Board of Governors. You may choose to nominate a Sponsor at a later date by written instrument, or ACS shall appoint a qualified member as your sponsor in the event of your suspension (when your suspension occurs and you do not have such a Sponsor nominated).

I, the applicant do hereby nominate the following person(s) in order of succession to serve as my ACS Sponsor upon my legal death and cryonic suspension. My sponsor shall have, hold, and exercise all those powers of information review, document examination, and inspections allowed for by ACS under this program (Name and address of each nominee):

- A. _____
- B. _____
- C. _____
- D. _____

(for additional space use another sheet - also note that ACS may request that you complete a separate nomination form to ensure your full understanding of the Sponsorship Program and to verify your nomination choice[s])

17. (optional) Desired Revival Conditions Statement

Some ACS members have provided guidelines on the conditions or circumstances they wish to have in place prior to their revival. For example, some members wish to be revived at the same time other family members are revived. ACS is in no way liable for any failure to provide for or ensure such conditions or circumstances exist, and while ACS will consider your wishes, it must use its own judgment in such matters. ACS shall also be held harmless regarding any impediment such circumstances or conditions would create regarding your revival. Conditions and Circumstances preferred:

18. Source of Funds Statement

I wish to fund my participation in the American Cryonics Society's Suspension Program in the following manner:

- A. Proceeds of life insurance policy(ies): (please list the policies and provide ACS with photocopies of each policy as soon as possible, or provide copies of the applications if policies are not yet issued)

Policy or Application Number: _____ Insurance Amount: _____

Company: _____

Address: _____

Agent: _____ Phone: _____

Amount of loans outstanding against the policy: _____

Policy or Application Number: _____ Insurance Amount: _____

Com-
pany: _____

Address:

Agent: _____ Phone: _____

Amount of loans outstanding against the policy: _____

- B. I promise that my last Will, trust, or other source will be used to fund all or part of my suspension arrangements: (please describe below. Photostatted copies of such documents should be provided when available).

I understand that the American Cryonics Society has no responsibility to place me in cryonic suspension beyond the limits of funds I provide. I understand that if any of the above-designated sources of funds are not in effect at the time of my death, I may not be placed in suspension, or my suspension may be terminated prematurely.

- 19.** This section applies only to applicants who are married and live in community property states, or where assets in community property states will be used to fund suspension. If you are unmarried, or community property legal provisions do not apply to you, write "not applicable" in the space provided below. Otherwise print the name of your spouse in the space below and have your spouse sign and date in the spaces provided at the bottom of this item. If your spouse is unavailable, then indicate so hereafter and do not let this unavailability delay your completion and submission of this form.

Declaration of Transmutation of Community Property

I, _____, declare that I am the spouse of the person executing this instrument, and state that I have read this SOURCE OF FUNDS STATEMENT (above), and hereby memorialize my intention that any community property interest I may have at the time of my spouse's death in the property listed above is transmuted to become the separate property of my spouse, allowing my spouse the right to dispose of such property by Will. It is my present intention that this transmutation is revoked should my spouse terminate her/his suspension membership in the American Cryonics Society.

Date: _____ Spouse Signature: _____

20. Release of Rights (optional, but requires a "yes" or "no" answer)

I, the undersigned applicant to the American Cryonics Society's Suspension Program, do hereby grant to the American Cryonics Society the exclusive rights of copy, usage, and property with regard to all photographs, transcripts, audio tapes, videotapes, films and records of my cryonic suspension. I release to the American Cryonics Society worldwide rights in perpetuity to use or market such materials without reserve.

This release does not necessarily give the American Cryonics Society the right to publicly utilize or release any identifying information regarding my person except whereas such release has been previously granted by me in other documentation and specifically pursuant to my instructions and limitations, if any, in item number 8 here above.

ACS shall have the right to take and use such material within the limitations proscribed herein for use in promoting and advancing cryonics issues.

Please note that ACS prohibits members, their executors, agents, or assigns from selling or otherwise transferring of any and all photographs, transcripts, audio tapes, videotapes, films and records of their own suspensions. While it is not required that you release these rights to ACS, by so doing you may provide ACS with legal authority to prevent use by third parties of such material, regardless of how the third parties may have obtained it.

Do you agree to the release of rights as explained in this (20.) provision? Yes___ No ____

21. Declaration of Intent to be Cryonically Preserved

I, the undersigned, do declare my intentions to have my human bodily remains preserved in a cryogenic temperature state upon my legal death. To that end I do print in my own handwriting in blue ink on the second line here below the following phrase: "I wish to be cryonically suspended at my death."

22. Health Care Providers. By my signature to this Agreement I direct any physician or health care providers to give my medical files and health care information to ACS. I also intend this direction to be binding upon my Executor.

Name of Personal Physician: _____

Address: _____ Phone: _____

HMO or Insurance Provider: _____

Address: _____

Group or Plan Number: _____ Date Joined: _____

Signature Page for Member

I hereby direct the American Cryonics Society, hereinafter referred to as "ACS", to establish a charitable trust, dedicated fund, or private foundation to further scientific research and education to advance the field of cryobiology or to establish a maintenance fund within ACS for this purpose. I wish the American Cryonics Society or their designate to act as Trustee if such a trust is established which need not be established until after my death and may be done so testamentarily by this instrument at the discretion of ACS. This represents my Last Will and Testament regarding my wishes to be cryonically suspended and shall act as such in the event subsequent instruments are not executed by me in this regard. I countermand any prior contrary verbal or written instructions whether as part of previous Wills, or communicated otherwise.

I provide funds for this purpose as listed in the **Source of Funds Statement**, which is contained within this document. I also provide for my human remains to be suspended and maintained to further scientific research into cryobiology and gerontology.

I represent that all statements and answers made in this Application and in my **Application for Full Membership** are complete and true, to the best of my knowledge and belief.

It is agreed that:

- A. This agreement shall form the basis for Applicant's Full Membership status and terms of participation in the ACS Suspension Program.
- B. Applicant is not a Full Member until ACS has received the membership dues and approved that application. Member is not a participant in the ACS Suspension Program until he has submitted the required forms, along with required supporting evidence that funds have indeed been allocated.
- C. Only ACS has the authority to approve a membership application, modify any of the terms of this application, or modify any of the privileges or requirements of ACS Suspension Membership.
- D. The treatment of cryonic suspension is new, unproved, experimental, and involves unforeseeable medical and technical problems. This treatment is not consistent with contemporary medical or mortuary practice. Any expectation regarding the possibility of restoring a suspended person to life and health at a future date is based upon pure and hopeful speculation as to the capabilities of future medical science.

Therefore the Applicant, his heirs, assigns, and any and all persons claiming through the Applicant, shall hold ACS, its governors, officers, members, hirelings, agents, and any companies, corporations, or institutions that ACS may contract with, free from any and all liability in connection with their actions in carrying out the purposes of the ACS Suspension Program.

I _____ (name of applicant) declare this to be my last Will pertaining to the disposition of my human remains and providing funds for the experimental cryonic suspension of my human remains.

Signed at: _____ (town and state)

Date: _____ Applicant Signature: _____

**Signature Page for Witnesses and ACS Acceptance of
Agreement for Suspension Membership in the
American Cryonics Society, Inc.**

On the date written above, _____ (name) the person signing this document, declared to us that this agreement was their last Will pertaining to the disposition of their human remains. The person thereupon signed this agreement in our presence, including all preceding pages. At their request, in our presence, and in the presence of each other, we sign our names as witnesses.

Witness One Sign _____

Print Name: _____

Social Security Number: _____

now residing at: _____

Witness Two Sign _____

Print Name: _____

Social Security Number: _____

now residing at: _____

This Agreement is accepted by the American Cryonics Society.

Dated: _____

American Cryonics Society, Inc.

by: _____
Signature

Printed name and title