

NON-FAMILY TRANSFER OF OWNERSHIP OF PURCHASE & STORE VIAL(S) REQUEST FORM

Minimum Eligibility for Non-Family Transfer of Ownership of Purchase & Store Vial(s):

- Vial(s) must have been purchased and stored at a California Cryobank facility.
- Vial(s) are only eligible if vial(s) have not been shipped or picked up from a California Cryobank facility.
- Any outstanding account balance must be paid prior to Transfer of Ownership is completed.
- New owner must complete and sign CCB's current Frozen Donor Semen Purchase/Storage Agreement.
- Both parties must complete and notarize this form.
- New owner and her physician may be required to complete additional paperwork for vial(s) from donors that have limited distribution.
- Purchase and Store Transfer Fee will be charged to new owner.
- Vial(s) transferred are not eligible for the Vial Buyback Offer or Vial Exchange Program.
- Allow approximately 10 business days for processing.
- If the specimens are below CCB's specimen warranty, the new owner will be reimbursed at the original owner's purchase price.

By completing this form the two undersigned parties acknowledge intent to transfer ownership of donor semen vial(s) processed and frozen at CCB. The transfer is to occur between the current owner and the new owner. CCB may, at its sole discretion, delay or terminate any transfer request if deemed necessary.

Current Owner Information

Name: _____ Account Number: _____

Phone Number: _____ E-mail Address: _____

I authorize California Cryobank to remove the following vial(s) from my storage account for the Non-Family Transfer of Ownership of Purchase & Store Program:

Donor number: _____ ICI IUI Premium ART Quantity of vials: _____

I request the vials be transferred to: _____ (new owner's name)

Current owner signature: _____ Date: _____

PLEASE NOTARIZE

Notary signature: _____ Date: _____

New Owner Information

Name: _____ Account Number: _____

Phone Number: _____ Email Address: _____

I understand the vial(s) will be put in a 30 day temporary storage account. I will notify CCB within 30 days of notification of completion of transfer to ship the vial(s) from California Cryobank or extend the storage term.

New owner signature: _____ Date: _____

PLEASE NOTARIZE

Notary signature: _____ Date: _____