

# Fee Schedule - Family Solutions Program

Exhibit A



Recipient Name:

Fertility Clinic:

Donor Number Selected: ED

| CYCLE FEES:   |         |
|---|---------|
| Agency Fee  | \$6,800 |
| <ul style="list-style-type: none"> <li>Donor recruitment</li> <li>Pre-screening of donor with background check, transcript check, and profile information verification</li> <li>Donor cycle management with fertility clinic</li> <li>Coordination of legal contracts</li> <li>Travel coordination</li> <li>Escrow management</li> <li>Donor gifts during cycle</li> <li>Updates to all parties throughout cycle</li> </ul> |         |
| Donor Compensation (\$5,500-\$10,000)   | \$      |
| Donor Travel Bonus (\$500 In-State/\$1,000 Out-of-State, if applicable)   | \$      |
| SeedTrust® Escrow Initial Funding   | \$4,000 |
| <ul style="list-style-type: none"> <li>Donor legal fees (\$400-\$1,000)</li> <li>Donor complication insurance (\$399)</li> <li>Donor psychological testing (\$400-\$800)</li> <li>Donor travel expenses (if applicable)</li> <li>Donor's local testing (if applicable)</li> </ul>   |         |

Agency Fee Payment is in 2 Installments:

1. \$2,500 of Agency Fee due before donor is screened at clinic.
2. \$4,300 of Agency Fee due after medical screening, at least 7 days prior to stim start.

\*\*SeedTrust® Escrow Initial Funding due upon matching

\*\*Donor Compensation and Travel Bonus (if applicable) due to Escrow after medical screening, at least 7 days prior to stim start.

If the donor does not pass initial screening (medical/genetic/psychological), I may roll over my 1st installment onto a new donor for no additional fees. If screening of the donor has been performed on the direction/orders of the clinic, I will be charged for that screening. 1st installment is not refundable under any circumstance. SeedTrust® is a third-party independent escrow company that we contract with. All installments must be paid via wire or check.

---

Donor Recipient Signature                      Donor Recipient Spouse/Partner Signature                      Date

---

The Donor Solution Representative Signature                      Date