

SURROGACY4ALL
DIVISION OF D. GULATI & ASSOCIATES, INC.
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THE INTERNATIONAL SURROGACY PROGRAM SURROGACY IN THE COUNTRY OF GEORGIA SERVICE AGREEMENT

This Service Agreement (the "Agreement") is entered into effective _____ (the "Effective Date"), by and between the Intended Parent(s) identified below and Deepak Gulati & Associates, Inc., d/b/a Surrogacy4All.com, 1148 Fifth Avenue, Suite 1C, New York, NY 10128 ("DGA" or "Agency"). The Intended Parents and DGA may be referred to individually as a "Party" and collectively as the "Parties."

Client Information - To Be Completed

Field	Information
Intended Parent A Full Legal Name	_____
Intended Parent B Full Legal Name	_____
Current Address	_____ _____ _____
Phone Number(s)	_____
Email Address(es)	_____
Citizenship / Passport Country	_____
Relationship Status / Marriage Date if Applicable	_____

Emergency Contact Name and Phone	_____
Selected Program Path	Existing embryos / FET path [] Standard surrogacy path [] Egg donor + surrogacy path []

This Agreement covers DGA's U.S.-side agency, coordination, referral, administrative, and support services for a surrogacy pathway in the country of Georgia. It does not replace any required Georgian surrogacy agreement, clinic agreement, medical consent, donor consent, embryo/gamete consent, escrow agreement, hospital document, civil-registration document, embassy document, or home-country immigration document.

1. Country of Georgia Legal Compliance

This Agreement concerns the country of Georgia, not the U.S. State of Georgia. All local medical, surrogate, donor, embryo-transfer, pregnancy, delivery, birth-registration, and parentage-documentation activities must comply with then-current laws, regulations, civil-registry practices, notarial practices, clinic rules, and governmental requirements of the country of Georgia.

The Parties acknowledge that the legal basis for IVF and surrogacy in the country of Georgia includes the Law of Georgia on Health Care, including Article 143 and Article 144, as amended or interpreted from time to time by Georgian authorities. The local legal effect of these provisions must be confirmed by Georgian counsel before embryo transfer.

Before embryo transfer, DGA may require written confirmation from the Georgian clinic, Georgian surrogacy provider, or Georgian legal counsel that the Intended Parents appear eligible to proceed under current Georgian law and practice, that required written consents have been or will be signed, and that the local Georgian surrogacy agreement and related documents are in place or ready for execution.

The Intended Parents acknowledge that Georgia law and practice may require documentation of relationship status, written consents, medical indication, embryo/gamete source, donor documents, citizenship/identity documents, translations, notarizations, apostilles, and/or other documents. The Intended Parents are responsible for providing accurate documents and cooperating with all requests.

If a change in Georgian law, government practice, clinic policy, civil-registry practice, embassy practice, or home-country law affects eligibility, parentage, documentation, travel, or program completion, DGA may pause, modify, substitute providers, or terminate coordination services in good faith until compliance can be confirmed. DGA is not liable for delays, added costs, or inability to proceed caused by such changes or by the determinations of third-party professionals or authorities.

2. Services Provided by DGA

DGA acts as a U.S.-based agency and coordinator. DGA may assist with intake, onboarding, program explanation, case coordination, introduction to Georgia-based providers, surrogate-sourcing coordination through local providers, communication support, document coordination, payment-schedule coordination, and support from program start through pregnancy, delivery, and baby handover.

DGA may assist the Intended Parents in opening or coordinating a U.S.-based escrow/payment process, including SeedTrust or another escrow provider if selected. DGA is not the escrow agent, bank, trustee, fiduciary, or guarantor of escrowed funds unless a separate written agreement expressly states otherwise.

DGA may coordinate U.S.-side medical-screening review and physician-support services as described in the pricing schedule. The actual medical care, psychological evaluation, IVF treatment, embryo transfer, pregnancy care, delivery, and newborn care are provided by independent licensed professionals or facilities.

DGA may provide general educational information and referrals, but DGA does not practice medicine, law, psychology, immigration consulting, accounting, tax planning, banking, escrow services, or government services.

3. Services and Results Not Guaranteed

DGA does not guarantee that a surrogate will be approved, that a selected surrogate will remain available, that an embryo will survive thawing or transfer, that pregnancy will occur, that pregnancy will continue, that a live birth will occur, or that any child will be physically, mentally, genetically, chromosomally, or developmentally healthy.

DGA does not guarantee the acts, omissions, decisions, timing, pricing, refunds, quality, or availability of any clinic, hospital, physician, embryologist, psychologist, surrogate, donor, attorney, notary, translator, courier, escrow company, airline, hotel, government agency, embassy, consulate, civil registry, court, or other third party.

DGA does not guarantee the issuance or timing of a birth certificate, passport, DNA result, citizenship document, visa, travel document, embassy approval, or recognition of parentage in the Intended Parents' home country.

Note: All Guarantees are provided under Para 4 below.

The Intended Parents understand that international surrogacy involves medical, legal, financial, emotional, logistical, political, currency, travel, public-health, and regulatory risks. The Intended Parents voluntarily assume those risks.

4. Local Georgian Provider and Separate Local Agreements

All Georgia-based medical, legal, surrogate, donor, laboratory, pregnancy, delivery, birth-registration, translation, legalization, courier, passport, DNA, embassy, and newborn-care services are provided by independent third parties unless a signed addendum states otherwise.

The Intended Parents must sign all required local Georgian surrogacy agreements, clinic agreements, medical consents, donor consents, embryo/gamete consents, notarial documents, birth-registration documents, and other local documents required by Georgian counsel, the clinic, the hospital, the Civil Registry, or any other authority.

If there is a conflict between this Agreement and a mandatory requirement of Georgian law for the local surrogacy, medical, birth-registration, or parentage-documentation process, the mandatory requirement of Georgian law controls that local process. If there is a conflict between this Agreement and a signed local provider agreement as to services provided locally in Georgia, the signed local provider agreement controls those local services.

Intended Parents acknowledge that the Georgia clinic, Georgia surrogacy provider, hospital, local counsel, civil registry, and other Georgia-based professionals may maintain their own procedures, forms, timelines, medical protocols, documentation requirements, and payment requirements. Intended Parents agree to comply with those procedures and any lawful revisions required by the Georgia provider or applicable Georgian authority through pregnancy, delivery, birth registration, and baby handover.

5. Intended Parents' Information, Eligibility, and Verification Duties

The Intended Parents certify that all information provided in the application, intake materials, medical history, criminal-history disclosures, identity documents, embryo/gamete records, relationship-status documents, citizenship documents, and communications with DGA is truthful, complete, current, and subject to verification.

The Intended Parents acknowledge that DGA and/or the Georgia provider may request identity verification, background checks, criminal-history disclosures, financial confirmation, relationship-status documentation, medical records, embryo/gamete documentation, and other eligibility documentation before releasing surrogate or donor profiles, confirming a match, or proceeding with embryo transfer. Intended Parents agree to cooperate with all reasonable verification requests.

The Intended Parents authorize DGA to rely on information provided by the Intended Parents and to share necessary information with clinics, providers, counsel, escrow providers, medical professionals, surrogates, donors, translators, couriers, and other program participants as reasonably necessary to coordinate the program.

The Intended Parents must promptly disclose any change in address, telephone number, email, relationship status, citizenship, immigration status, medical status, embryo/gamete status, criminal-history information, financial ability, or any other fact that may affect eligibility, matching, medical treatment, legal documentation, or program completion.

Before any donor or surrogate profile is released or a match is pursued, DGA may require a completed application, government identification for each Intended Parent, relationship-status documents, embryo/gamete records, medical records, financial confirmation, background-check information, and any other documents reasonably required by DGA or a provider.

If the Intended Parents provide false, misleading, incomplete, or outdated information, or fail to cooperate with verification or document requests, DGA may pause or terminate services, and all earned or incurred fees and third-party costs will remain payable and non-refundable to the fullest extent permitted by law.

The Intended Parents represent that they have the financial ability to proceed or will obtain approved financing before commitments are made to any surrogate, clinic, donor, or third-party provider.

6. Communication, Future Contact, and Emergency Contact Authorization

The Intended Parents must remain reachable during the program and respond promptly to DGA, medical, legal, escrow, and provider communications, especially during cycle preparation, embryo transfer, pregnancy, delivery, and document processing.

If DGA is unable to reach an Intended Parent for forty-eight (48) hours while in cycle or during an urgent program matter, or after four (4) reasonable contact attempts over a two-week period while out of cycle, DGA may contact the emergency or future-contact person designated by the Intended Parents solely to request updated contact information or a return call. DGA will not disclose confidential medical or program details except as necessary to protect health, safety, or legal interests.

The Intended Parents authorize DGA to contact them in the future regarding important medical, genetic, social, legal, or program information related to donors, surrogates, embryos, children born through the arrangement, or the surrogacy program, even after program completion or termination.

The Intended Parents agree to promptly notify DGA in writing if, at any time, they no longer wish to proceed, are unable to proceed, are unable to fund the program, or become aware of a fact that may affect eligibility or program completion.

7. Responsibilities of Intended Parents

Provide or arrange embryos, sperm, eggs, donor eggs, donor sperm, or other reproductive material required for the selected program path and ensure that all ownership, consent, storage, transport, and release documents are valid.

Pay all agreed package fees, escrow fees, local provider charges, added medical costs, donor costs, travel costs, embassy/passport/DNA/legalization costs, legal fees, translations, courier charges, complications, and other expenses as required by this Agreement and any signed provider agreement.

At their own option, obtain independent legal advice in New York, the country of Georgia, and the Intended Parents' home country as needed to understand eligibility, contract obligations, parentage, citizenship, immigration, tax, and travel-document requirements.

Take custody of and assume full legal, financial, medical, and parental responsibility for all child(ren) born from the arrangement, including any child with congenital, genetic, chromosomal, premature-birth, medical, developmental, or other condition, once parentage or genetic/biological connection is established as required by applicable law or contract.

Travel to Georgia or otherwise cooperate in a timely manner for birth, newborn care, passport, embassy, DNA, citizenship, and exit-document steps as required by local counsel, providers, or authorities.

Indemnify DGA for any cost, claim, harm, delay, or loss caused by the Intended Parents' failure to pay, failure to disclose, failure to cooperate, refusal to accept custody, breach of contract, or inaccurate information.

8. Program Paths and Pricing

The Intended Parents will select one of the following program paths. All amounts are stated in U.S. dollars. The package totals include the U.S.-side coordination/safeguard layer described below. Exact inclusions, exclusions, refund rules, and payment-release rules must be read together with this Agreement, any escrow instructions, and the signed local provider agreement.

Program Path	Georgia Program Package	U.S. Coordination / Safeguards	Estimated Full Package
Existing embryos / FET path	\$56,500	\$19,500	\$76,000
Standard surrogacy path	\$58,800	\$19,500	\$78,300
Egg donor + surrogacy path	\$76,400	\$19,500	\$95,900

Selected Program Path: _____

9. Payment Schedule

Unless a signed addendum states otherwise, the following schedule applies. The first payment starts the case-opening, surrogate-selection, testing, onboarding, and Georgia-provider coordination process. The second payment is due once the surrogate is approved. The remaining balance is spread over ten (10) months through escrow or signed payment instructions.

Program Path	Estimated Full Package	Due at Start	Due Once Surrogate Is Approved	Balance Over 10 Months	Estimated Monthly Payment
Existing embryos / FET path	\$76,000	\$20,000	\$9,500	\$46,500	\$4,650 x 10 months
Standard surrogacy path	\$78,300	\$20,000	\$9,500	\$48,800	\$4,880 x 10 months
Egg donor + surrogacy path	\$95,900	\$20,000	\$9,500	\$66,400	\$6,640 x 10 months

Late payments may carry interest at 1.5% per month or the maximum rate permitted by applicable law, whichever is lower. DGA and third-party providers may pause services for nonpayment, missed escrow deposits, or failure to maintain the agreed payment schedule.

10. U.S.-Side Coordination and Safeguard Layer (Cost Included Above)

U.S.-Side Cost Item	Amount	Description
Agency application fee	\$2,500	Application review, intake, background-check coordination, case opening, onboarding, and eligibility/document review.
SeedTrust escrow account in the USA	\$1,500	U.S.-based escrow/payment structure intended to support milestone or monthly payments and reduce fraud or misdirected-fund risk. DGA is not the escrow agent.
Surrogacy4All agency fee in the USA	\$10,000	International sourcing of the Georgia surrogacy pathway and U.S.-side case management from start through pregnancy, delivery, and baby handover.
Medical screening and physician support	\$5,500	Surrogate medical-screening coordination and physician support throughout pregnancy for added review, guidance, and continuity.
Total U.S.-side layer	\$19,500	Included in each estimated full package total above.

11. Additional, Optional, and Contingency Costs

The following costs are not included unless the selected package, provider agreement, escrow instruction, or signed addendum expressly states otherwise:

Possible Additional Cost	Amount / Planning Note
Additional medical try using existing embryos	Estimated at \$5,000 per try unless expressly included in a signed provider agreement.
Travel, lodging, meals, and local transportation	Varies by family and length of stay.
Embassy, passport, citizenship, DNA testing, translations, apostille/legalization, and courier fees	As required by citizenship, embassy, home-country law, and local documentation process.
PGT-A/PGS embryo testing	Often charged separately, sometimes per embryo.
Twin pregnancy, C-section, NICU, premature delivery, pregnancy complications, or post-delivery complications	As incurred or as stated in the provider agreement. Intended Parents should maintain a reserve.
Home-country legal, immigration, tax, or financial advice	Separate unless expressly included.
Suggested reserve	At least \$8,800 above the selected full package; a higher reserve is recommended for twins, C-section, premature delivery, NICU, medication changes, travel delays, or document delays.

12. Pricing Updates, Non-Exhaustive Costs, Refunds, Failed Transfer, Miscarriage, Provider Change, and Legal-Change Events

The pricing listed in this Agreement reflects current program pricing as of the Effective Date. Provider charges, clinic costs, hospital costs, legal costs, government fees, courier costs, embassy costs, travel costs, currency conversion, and third-party costs may change. Unless otherwise stated in a signed addendum, all pricing is subject to revision annually on January 1 and may also change if a third-party provider, clinic, hospital, legal provider, government office, or escrow provider changes its fees.

This Agreement does not include every possible cost. Any additional cost not expressly included shall be the responsibility of the Intended Parents if reasonably necessary to continue or complete the program.

Application, onboarding, case-opening, agency, screening, matching, administrative, and coordination fees are earned when incurred and are non-refundable unless a signed addendum expressly states otherwise.

If a transfer fails, pregnancy is not achieved, miscarriage occurs, a surrogate is medically disqualified, a donor becomes unavailable, or a provider changes requirements, the Parties will follow the final signed provider agreement, escrow

instructions, and any signed addendum. DGA is not responsible for third-party refund decisions or third-party provider refusals.

If the Intended Parents approve a second or later medical try using available existing embryos, the additional medical try charge is \$5,000 per try unless the signed provider agreement expressly includes the try at no additional cost.

The commitment, time, expertise, and resources that DGA devotes to providing the services under this Agreement are substantial and not easily quantifiable. Accordingly, all fees paid to DGA by the Intended Parents are non-refundable, regardless of whether the Intended Parents ultimately receive a child or choose to discontinue working with DGA, except in the event that DGA is in material breach of its obligations under this Agreement. For purposes of this provision, DGA shall be deemed to have fulfilled its obligations in full once the Georgia Clinic has presented at least one qualified surrogate to the Intended Parents.

If a force-majeure event, change in law, change in government practice, civil unrest, war, pandemic, travel restriction, government delay, provider insolvency, clinic refusal, medical emergency, or similar event delays or prevents performance, DGA shall not be liable for the resulting delay, added cost, loss, or inability to complete the program, except to the extent caused by DGA's own gross negligence or willful misconduct.

13. Escrow Funding and Payment of Invoices

Intended Parents agree to maintain sufficient funds in escrow or through approved payment instructions to satisfy all program obligations, including provider fees, medical expenses, legal expenses, document expenses, surrogate-related expenses, and emergency or complication costs.

If any invoice related to the program becomes overdue and funds are available in escrow, Intended Parents authorize the escrow provider, subject to its rules and written escrow instructions, to pay approved invoices. If escrow funds are insufficient, Intended Parents remain personally responsible for payment.

DGA is not liable for escrow-provider acts, omissions, payment delays, wire delays, banking delays, misapplied funds, insufficient funds, or third-party billing disputes.

14. Medical, Psychological, Legal, Immigration, Insurance, and Outcome Disclaimers

DGA does not act in a medical, psychological, legal, immigration, tax, insurance, escrow, banking, or governmental capacity. DGA may assist with referrals and coordination, but decisions and services must be performed by the appropriate licensed or authorized professionals and authorities.

DGA makes no representations or warranties regarding psychological suitability, medical suitability, medical advice, pregnancy care, delivery care, newborn care, legal enforceability, immigration approval, citizenship, travel documents, insurance coverage, or home-country parentage recognition.

Intended Parents are responsible for all medical, hospital, pharmaceutical, laboratory, genetic, psychological, parentage-testing, newborn-care, NICU, complication, emergency, and post-delivery expenses related to the surrogacy arrangement that are not expressly included in the selected package or paid by a third-party provider. This includes expenses for the surrogate, pregnancy, delivery, child, newborn care, DNA testing, parentage testing, and any medical complication unless a signed provider agreement expressly states otherwise.

The Intended Parents acknowledge that they have the right and opportunity to consult independent medical, legal, immigration, tax, financial, insurance, and psychological professionals before signing this Agreement and before signing any related program document.

15. Non-Circumvention

Intended Parents shall not directly or indirectly continue, complete, restart, or attempt to complete a surrogacy arrangement with any surrogate, donor, clinic, coordinator, attorney, provider, or other program participant introduced, identified, referred, or made available through DGA or the Georgia provider without DGA's written consent.

If Intended Parents terminate this Agreement or stop communicating with DGA but continue with any DGA-introduced or DGA-coordinated program participant, DGA's fees shall remain fully earned and payable, and DGA may pursue all remedies available at law or in equity.

16. DGA Right to Pause, Withdraw, or Terminate

If DGA determines in good faith that the relationship with Intended Parents has become unworkable because of nonpayment, failure to provide documents, abusive or threatening communication, failure to cooperate, inaccurate information, legal ineligibility, medical ineligibility, ethical concerns, provider refusal, or other circumstances that make continued coordination impractical or inappropriate, DGA may pause services or terminate this Agreement.

DGA will provide written notice and, where practical, a reasonable opportunity to cure. Fees already earned or incurred and third-party costs shall remain non-refundable and payable.

17. Program Access, Database/Profile Access, and Courtesy Requirements

If DGA provides Intended Parents with access to any surrogate, donor, intended-parent, or program database, profile platform, private link, online portal, or electronic file-sharing system, Intended Parents understand that contact information, email address, IP address, login information, access times, and related technical information may be recorded for privacy, security, and program-integrity purposes.

Intended Parents certify that any access is solely for the authorized purpose of reviewing prospective surrogate, donor, or program information connected to this Agreement. Any copying, scraping, sharing, public posting, unauthorized access, or use for another purpose is prohibited and may result in termination, removal of access, and legal action.

Intended Parents agree to maintain respectful, courteous, and professional communication with DGA staff, providers, surrogates, donors, and other program participants. Abusive, threatening, harassing, discriminatory, or inappropriate conduct may result in immediate suspension or termination of services, with earned or incurred fees remaining non-refundable.

18. Release, Hold Harmless, Indemnification, and Limitation of Liability

Intended Parents acknowledge that DGA did not coerce, induce, or unduly influence their decision to apply for or proceed with a surrogacy arrangement. Intended Parents enter this Agreement voluntarily and after having the opportunity to ask questions and consult independent advisors.

To the fullest extent permitted by applicable law, the Intended Parents release, discharge, indemnify, defend, and hold harmless DGA, its owners, officers, directors, employees, contractors, representatives, agents, and affiliates from and against any and all claims, losses, damages, liabilities, demands, expenses, attorney fees, judgments, proceedings, and causes of action arising out of or relating to the surrogacy program, the Intended Parents' decisions, third-party providers, medical outcomes, pregnancy outcomes, newborn outcomes, legal outcomes, immigration outcomes, document delays, refusal to accept custody, payment disputes, or participation in the arrangement.

This release and indemnity includes, without limitation, claims relating to surrogate selection, donor selection, profile release, background information, embryo transport/storage, IVF/embryo transfer, pregnancy complications, miscarriage, stillbirth, prematurity, congenital abnormality, genetic or chromosomal abnormality, birth injury, maternal injury, newborn injury, document delay, embassy/passport/DNA requirements,

citizenship disputes, custody disputes, divorce/separation disputes, nonpayment, and acts or omissions of third-party providers.

The Intended Parents acknowledge that DGA is not a party to any local Georgian surrogacy agreement, donor agreement, medical agreement, clinic agreement, embryo/gamete agreement, birth-registration document, or government document unless expressly stated in a signed document. DGA cannot predict or control the actions, conduct, negligence, failure to act, or decisions of the Intended Parents, any surrogate, spouse or partner of a surrogate, donor, clinic, physician, attorney, court, civil registry, embassy, consulate, government official, or other person or entity.

The Intended Parents agree to indemnify DGA for all costs, expenses, attorney fees, and losses resulting from any false, inaccurate, incomplete, or outdated information supplied by the Intended Parents; any failure to disclose relevant history; any failure to remain reachable; any failure to pay; or any failure to cooperate with required medical, legal, documentary, or travel steps.

DGA shall not be liable for acts, omissions, negligence, malpractice, breach, fraud, insolvency, delay, refusal, or nonperformance of any independent third party, including any clinic, hospital, physician, embryologist, attorney, notary, translator, courier, escrow provider, surrogate, donor, laboratory, government agency, embassy, consulate, court, or civil registry.

To the fullest extent permitted by law, DGA's total aggregate liability for any claim arising from this Agreement shall not exceed the U.S. agency fee actually paid to DGA, excluding third-party payments, escrowed funds, medical costs, provider payments, travel costs, legal costs, and pass-through expenses. DGA shall not be liable for consequential, incidental, special, punitive, emotional-distress, lost-opportunity, lost-income, or similar damages.

Nothing in this Agreement is intended to waive liability for DGA's own willful misconduct or gross negligence where such waiver is not permitted by applicable law.

19. Confidentiality and Privacy

The Parties will keep this Agreement, program information, donor/surrogate information, medical information, financial information, application information, and identifying information confidential except as reasonably necessary to coordinate services, comply with law, obtain legal or medical advice, process payments, complete birth and exit documents, respond to legal process, or protect health and safety.

The Intended Parents authorize DGA to share application and intake information with a potential surrogate, donor, clinic, doctor, lawyer, psychologist, social worker, escrow provider, translator, courier, or other professional when reasonably needed for program coordination, matching, screening, medical treatment, legal documentation, or payment processing.

The Intended Parents will not copy, distribute, post, publish, or misuse donor or surrogate profiles, personal information, medical information, photographs, or contact information without written permission from DGA and any required consent from the person whose information is involved.

DGA may maintain records electronically and may retain the file for seven (7) years after closure unless a longer retention period is required by law or reasonably necessary to protect legal rights.

20. Dispute Resolution; Governing Law

The Parties will first attempt to resolve any dispute informally and in good faith.

If unresolved, the Parties agree to confidential mediation before a mutually agreed mediator. Unless prohibited by law, mediation may occur by video conference.

This Agreement between the Intended Parents and DGA is governed by the laws of the State of New York, USA, without regard to conflict-of-law rules. Venue for disputes between the Intended Parents and DGA shall be New York County, New York, unless another forum is required by law.

Any local Georgian surrogacy agreement, clinic agreement, medical consent, embryo/donor consent, birth-registration document, and legal-parentage process may be governed by the laws of the country of Georgia or another law stated in that separate agreement. Mandatory requirements of the country of Georgia control the local surrogacy, medical, and parentage-registration process.

21. General Terms

This Agreement may be amended only by a written instrument signed by all Parties.

If any provision is held invalid or unenforceable, the remaining provisions remain in effect to the fullest extent permitted by law. If a provision conflicts with mandatory law of the country of Georgia for the local surrogacy process, the Parties will amend that provision in good faith to comply with mandatory law while preserving the closest lawful economic and commercial intent.

The Intended Parents are jointly and severally responsible for all payment and performance obligations under this Agreement and all signed addenda.

This Agreement, together with signed exhibits, application materials, and addenda, is the entire agreement between DGA and the Intended Parents regarding DGA's services and supersedes prior oral or written discussions on the same subject.

Electronic signatures, scanned signatures, and counterparts are valid and binding to the fullest extent permitted by law.

22. Acknowledgment and Signatures

By signing below, the Intended Parents acknowledge that they have read this Agreement, understand that it is intended to be legally binding, had the opportunity to ask questions and consult independent counsel, understand the pricing and payment schedule, understand that DGA does not guarantee medical, legal, immigration, insurance, or outcome results, and agree to all terms and conditions.

Date: _____

Intended Parent A

Date: _____

Intended Parent B

Date: _____

Deepak Gulati & Associates, Inc. d/b/a
Surrogacy4All.com

Exhibit A - Selected Program and Payment Authorization

Intended Parents select the following program path and authorize DGA and the selected escrow/payment provider to coordinate the corresponding payments according to this Agreement and any signed escrow instructions.

Initial Here	Program Path	Estimated Full Package	Due at Start	Due Once Surrogate Is Approved	Monthly Payment for 10 Months
_____	Existing embryos / FET path	\$76,000	\$20,000	\$9,500	\$4,650
_____	Standard surrogacy path	\$78,300	\$20,000	\$9,500	\$4,880
_____	Egg donor + surrogacy path	\$95,900	\$20,000	\$9,500	\$6,640

Escrow Provider / Payment Method: SeedTrust /Other

Special Payment Notes or Addenda: _____

For Exhibit A: Agreed and Accepted:

Intended Parent A Initials: _____

Intended Parent B Initials: _____

DGA Initials: _____

Exhibit B - Included Service Categories

Included services depend on the selected program path and the final signed local provider agreement. The following categories are generally contemplated unless a provider quote or signed agreement states otherwise:

- Surrogate matching and local coordination through Georgia-based providers.
- IVF, ICSI, embryo transfer, embryo thawing, egg donor coordination, or embryo creation services according to the selected package.
- Surrogate preparation, screening, endometrial preparation, medications, monitoring, and pregnancy care as included in the signed local provider agreement.
- Maternity hospital coordination, delivery coordination, newborn consultation during the Georgia stay if included by the provider, and local pregnancy supervision as stated in the signed provider agreement.
- Local legal, translation, birth-certificate, document legalization/apostille, and exit-document coordination as included in the signed local provider agreement.
- Surrogate living-expense coordination, transportation to clinic, housing/food/clothing support payments, and compensation as included in the signed local provider agreement.

For Exhibit B: Agreed and Accepted:

Intended Parent A Initials: _____

Intended Parent B Initials: _____

DGA Initials: _____

Exhibit C - Country of Georgia Compliance Checklist Before Embryo Transfer

Compliance Item	Required Confirmation / Document
Eligibility under country of Georgia law	Georgian provider or counsel confirms the Intended Parents qualify under then-current law and practice.
Written consent of the couple	Required local consents signed before IVF/embryo transfer, consistent with the Law of Georgia on Health Care Article 143 as interpreted by Georgian counsel.
Local Georgian surrogacy agreement	Executed in the form required by local counsel/provider, including any notarization, translation, or legalization required.
Embryo/gamete documentation	Clinic confirms embryo/gamete source, ownership, consent, transport, thawing, storage, donor documents, and use of frozen embryos/gametes where applicable.
Medical authorization	Clinic/hospital confirms it is authorized to provide the relevant medical services and that required medical consents are signed.
Birth registration and exit documents	Counsel/provider confirms expected documents for birth certificate, passport, embassy, DNA, translation, apostille/legalization, and travel home.
Home-country review	Intended Parents consult home-country immigration/parentage counsel to confirm citizenship and travel-document pathway.

For Exhibit C: Agreed and Accepted:

Intended Parent A Initials: _____

Intended Parent B Initials: _____

DGA Initials: _____

Exhibit D - Additional / Optional / Contingency Costs

Possible Extra Cost	Planning Note
Additional medical try using existing embryos	\$5,000 per try unless expressly included.
Travel, lodging, meals, local transportation	Varies by family and length of stay.
Embassy, passport, DNA, translations, apostille/legalization, courier	Varies by embassy, citizenship, and home-country rules.
PGT-A/PGS embryo testing	Often charged separately, sometimes per embryo.
Twin pregnancy, C-section, NICU, premature delivery, pregnancy or post-delivery complications	As incurred or as stated in the provider agreement. Maintain a reserve.
Home-country legal/immigration advice	Separate unless expressly included.

For Exhibit D: Agreed and Accepted:

Intended Parent A Initials: _____

Intended Parent B Initials: _____

DGA Initials: _____

Exhibit E - Intended Parent Release, Non-Coercion, Confidentiality, and Program Access Acknowledgment

1. I/We desire to enter a surrogacy arrangement through a country of Georgia pathway in order to become parent(s).
2. I/We acknowledge that DGA did not coerce, induce, or unduly influence my/our decision to apply to be intended parent(s) or to pursue this surrogacy pathway.
3. I/We understand that DGA is not a party to any separate local Georgian surrogacy agreement, clinic agreement, donor agreement, medical consent, government document, or other agreement I/we may enter into with a surrogate, donor, clinic, provider, or local professional, unless a signed writing expressly states otherwise.
4. I/We understand that DGA makes no representations, warranties, or guarantees regarding any potential surrogate, donor, provider, court, civil registry, government authority, embassy, consulate, or the surrogacy process. I/We understand that DGA cannot predict or control how any surrogate, spouse/partner, donor, clinic, counsel, court, civil registry, embassy, consulate, or government authority may act or interpret any surrogacy arrangement or related documents.
5. I/We authorize DGA to keep my/our application and information confidential except where I/we have authorized or where DGA reasonably needs to share information with a potential surrogate, donor, clinic, doctor, lawyer, psychologist, social worker, escrow provider, translator, courier, or other surrogacy professional involved in the program.
6. I/We release and discharge DGA, its employees, representatives, owners, officers, affiliates, contractors, and agents from liability and all actions, suits, causes of action, proceedings, debts, claims, and demands in law or equity arising from my/our decision to engage in surrogacy and any adverse consequences or damages that may result from my/our involvement with the surrogacy process, except where such release is not permitted by law.
7. I/We agree to indemnify and hold harmless DGA, its employees, representatives, owners, officers, affiliates, contractors, and agents against liability, loss, attorney fees, and all costs incurred defending any complaint, action, claim, or demand related to services I/we received or my/our participation in the surrogacy process.
8. I/We acknowledge that I/we have had the opportunity to consult legal counsel regarding this Release and Indemnification and have done so or have decided voluntarily not to do so.
9. I/We understand that DGA services do not guarantee a match with a potential surrogate or donor and do not guarantee pregnancy, live birth, or a healthy child.
10. I/We agree to inform DGA in writing if, at any time, I/we no longer wish to proceed or become unable to proceed with a surrogacy arrangement.

11. If DGA grants database, portal, private link, or profile access, I/we understand that my/our contact information is required and that my/our email address, IP address, login information, and access history may be recorded for security, privacy, and program-integrity purposes.
12. I/We certify that any access to DGA's intended-parent, donor, surrogate, profile, or program materials is solely for the purpose authorized by DGA. Any other purpose is unauthorized and may result in termination, removal from the program, and legal action.
13. I/We agree to maintain respect and courtesy toward DGA staff, surrogates, donors, intended parents, and other program participants. Failure to do so may result in removal or termination from DGA services.
14. I/We understand that there are no refunds for services except as expressly provided

For Exhibit E: Agreed and Accepted:

Intended Parent A Initials: _____

Intended Parent B Initials: _____

DGA Initials: _____

Exhibit F - Initial Surrogate and Pregnancy-Management Preferences

The following preferences are for matching and planning purposes only. Final medical decisions, embryo-transfer decisions, pregnancy-management decisions, and termination or selective-reduction decisions must comply with applicable law, clinic policy, physician judgment, surrogate consent, and the signed local Georgian surrogacy agreement.

Preference Question	Intended Parent Response
Preferred surrogate ethnicity, if any	Caucasian [] Afro-American [] Spanish [] Other [] None []
Preferred surrogate age range	Under 30 [] 30-35 [] 35-40 [] Other: _____
Maximum acceptable surrogate age	_____
Accept surrogate who will not terminate under any circumstance?	Yes [] No [] Discuss []
Accept surrogate who would not terminate for Down syndrome?	Yes [] No [] Discuss []
Accept surrogate who would not agree to selective reduction?	Yes [] No [] Discuss []
Accept surrogate who would not terminate for congenital defect?	Yes [] No [] Discuss []
Accept surrogate taking medication deemed safe by clinic?	Yes [] No [] Discuss []
Considering transfer of more than one embryo?	Yes [] No [] Discuss with clinic []
Accept twin pregnancy risk / additional twin costs?	Yes [] No [] Discuss []
Other notes	_____ _____ _____

For Exhibit F: Agreed and Accepted:

Intended Parent A Initials: _____

Intended Parent B Initials: _____

DGA Initials: _____

Exhibit G - Notice to International Intended Parents

Intended Parents acknowledge that birth registration, passport issuance, DNA testing, citizenship recognition, embassy appointments, travel documents, and recognition of parentage in the Intended Parents' home country may take time and may vary by citizenship, marital status, family structure, genetics, embassy rules, and home-country law.

DGA may provide general coordination support but does not guarantee any government approval, document timeline, passport, citizenship, visa, or recognition of parentage.

Intended Parents are solely responsible for obtaining home-country legal and immigration advice before embryo transfer and before travel to Georgia.

Intended Parents should plan for added time in Georgia or elsewhere if birth registration, DNA, passport, embassy, citizenship, or travel-document processing is delayed.

For Exhibit G: Agreed and Accepted:

Intended Parent A Initials: _____

Intended Parent B Initials: _____

DGA Initials: _____

Exhibit H - DGA Acknowledgment, Consent, and Waiver of Potential Conflict

Intended Parents acknowledge that DGA may refer them to clinics, physicians, attorneys, escrow providers, insurance providers, translators, couriers, and other professionals. Intended Parents understand that other providers may offer similar services and that Intended Parents may seek independent advice before using any referral.

DGA's services do not create an attorney-client, physician-patient, therapist-client, escrow, fiduciary, partnership, employment, or joint-venture relationship unless a separate written agreement expressly states otherwise.

Because of DGA's relationship with intended parents, surrogates, donors, providers, and other participants, DGA may need to make decisions designed to protect the integrity of the process even if those decisions also benefit a surrogate, donor, or provider. Intended Parents are informed of the potential for conflict and waive any potential conflict to the fullest extent permitted by law.

For Exhibit H: Agreed and Accepted:

Intended Parent A Initials: _____

Intended Parent B Initials: _____

DGA Initials: _____

Exhibit I - Optional Photo / Testimonial Release

This exhibit is optional. Check one option below:

I/We CONSENT to DGA using photographs, images, first names, testimonials, and/or success-story materials as described below.

I/We DO NOT CONSENT to DGA using photographs, images, names, testimonials, or success-story materials.

If consent is given, I/we grant permission to DGA to take, use, publish, and republish photographs, pictures, testimonials, or success-story information of us, our surrogate, and/or any child born through the arrangement, in any media now known or later developed, for educational, promotional, editorial, advertising, or public-service purposes. I/We waive any right to inspect or approve the finished product and release DGA from claims for libel, publicity, privacy, or related claims to the fullest extent permitted by law.

May we use Intended Parent A first name? Yes No Last name? Yes No

May we use Intended Parent B first name? Yes No Last name? Yes No

For Exhibit I: Agreed and Accepted:

Intended Parent A Initials: _____

Intended Parent B Initials: _____

DGA Initials: _____

Exhibit J - Optional Credit Card Authorization

This exhibit is to be signed only if Intended Parents request payment of eligible DGA fees by credit card. Payments for escrow funding or other restricted third-party payments may not be made by credit card unless permitted by the applicable escrow provider or third-party provider.

Credit Card Field	Information
Cardholder Name	_____
Card Number	_____
Card Type	Visa [] MasterCard [] American Express [] Other: _____
Expiration Date	_____
Security Code	_____
Billing Address	_____ _____
Billing Phone	_____
Authorized Amount	\$ _____
Description of Fee	_____

Any authorized credit-card charge may incur an additional processing fee or surcharge of up to 4%, where permitted by applicable law and card-network rules. I understand that I must sign or otherwise authorize charges before processing and that payments made by credit card are non-refundable as described in this Agreement, except as required by applicable law.

Date: _____

Cardholder Signature