

Premier Club Reservation Agreement



Prospective Resident Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

email _____ Birthdate _____

Apartment Home Preference

One Bedroom One Bedroom with Den Two Bedroom Premier Two Bedroom

Timeframe

I/we are considering moving to Beacon Hill at Eastgate within:

4-6 months 6-9 months 12-18 months 18-24 months 24 months or longer

Signature _____ Date _____

Terms of the Premier Club Reservation Program:

- 1) The \$1,000 Premier Club Deposit you have placed is fully refundable at any time by written request sent to the address listed below. Your request will be honored within 7 days of receipt.
- 2) Your Premier Club Deposit will be held in an escrow account with **Fifth Third Bank** and will earn interest for your benefit, whether or not you proceed with your plans to move to Beacon Hill at Eastgate.
- 3) Your priority for selecting from among the available apartment homes will be established based upon the date you place your fully-refundable \$1,000 Premier Club Reservation Deposit.

Beacon Hill at Eastgate, an organization with a rich heritage of caring for the residents of Grand Rapids over the past 45 years, is planning the development of a new, full-service Continuing Care Retirement Community (CCRC) on the site adjacent to their current residence.

This Premier Club Reservation Program is being used to create a fair method for parties to show their interest and choose the apartment home of their preference at some future date. This program is neither an offer nor a promise to provide care in the future.

A Disclosure Statement, as required by the Michigan Living Care Disclosure Act, will be given you in advance of the time you are invited to reserve from among the available apartment homes. Should Beacon Hill at Eastgate decide against its plans to develop a CCRC, your Priority Deposit will be returned with the interest it has earned.

An Application for Registration as required by the Michigan Living Care Disclosure Act has been filed with the Office of Financial and Insurance Services.

Office Use:

Check # _____ Amount _____ Date Received _____ Received by _____

