

BRICE POINTE
PRIORITY LIST
DEPOSIT AGREEMENT

This Priority List Deposit Agreement ("Agreement") is made and entered into by and between Baptist Retirement Homes of North Carolina d/b/a ThriveMore ("we," "our," or "us"), the operator of a community known as Brice Pointe (the "Community"), and Name(s) of Future Resident ("Future Resident(s)") to provide the Future Resident with the following priority deposit in the selection of their residence.

1. Priority Deposit. Future Resident has requested and is assigned the following priority to select a residence (the "Residence") at the Community prior to the Community Opening:

Priority Deposit Number: Priority Deposit #
Desired Residence Type: Residence Type

2. Deposit Requirements. To secure the priority opportunity to select a Residence, Future Resident shall pay a Priority List Deposit in the amount of \$1,000, receipt of which we hereby acknowledge. The Priority List Deposit, without interest, shall be applied toward your Community Fee. The Community Fee is currently set at \$ N/A. The Community Fee may vary based on premium apartment selection and is subject to change at any time without notice prior to Future Resident signing a Residency Agreement. The Priority List Deposit may also be applied to a Reservation Agreement as desired by Future Resident to secure a specific apartment or suite.

3. Availability of Residence. When the opening-timeline fees for each residence have been established, Future Resident will be notified of available residences, and Future Resident will be entitled to select an available Residence prior to selection by others that have a Priority Deposit with lesser priority or no priority at all. Future Resident must make a selection from available Residences within three (3) business days, indicated by completion of a Reservation Agreement or Residency Agreement. If selection of a Residence is not made within this time, Community Representative will notify the next Future Resident on the Priority Deposit list and the Future Resident position will be converted to a Wait List.

4. Cancellation of This Agreement. Future Resident or the Community may cancel this Agreement at any time upon written notice of cancellation to the other. In the event Future Resident or Community cancels this Agreement, the Priority List Deposit paid by Future Resident under this Agreement shall be refunded in full, without interest, within 30 days of cancellation, and neither party shall have any further obligations to the other.

5. Applicability of This Agreement. We have no obligation under the terms of this Agreement to accept Future Resident for residency under a Residency Agreement.

Upon executing a Residency Agreement, the Residency Agreement shall set forth the terms of the agreements between Future Resident and us, and this Priority List Deposit Agreement shall be of no further force and effect.

6. Future Resident's Contact Information. Future Resident agrees to notify us of any changes in his or her address and telephone number as stated below by giving us written notice.

CONTACT INFORMATION FOR FUTURE RESIDENT (PRIOR TO MOVING):

Mailing Address

City, State and Zip Code

Name - Resident 1

Phone Number - Resident 1

Email - Resident 1

Date of Birth - Resident 1

Social Security Number - Resident 1

Name – Resident 2

Phone Number - Resident 2

Email - Resident 2

Date of Birth - Resident 2

Social Security Number - Resident 2

Which of the following best describes the current residence (select all that apply)?

Own home/townhome/condo Home of a relative
 Rental apartment/home Active Adult/55+ Community
 Retirement Home/Senior Living Community

CONTACT INFORMATION FOR RELATIVE LIVING CLOSEST TO COMMUNITY OR RESPONSIBLE PARTY

Name: _____

Relationship: _____

Mailing Address

City, State and Zip Code

Phone Number

Email

7. Acknowledgment of Receipt of Document. Future Resident hereby acknowledges receiving an executed copy of this Agreement.

Executed this Day ____ of _____, 2026.

**FUTURE RESIDENT #1 NAME
(OR RESPONSIBLE PARTY)**
Please print clearly.

SIGNATURE

**FUTURE RESIDENT #2 NAME
(OR RESPONSIBLE PARTY)**
Please print clearly.

SIGNATURE

Approved this Day ____ of _____, 2026.

**BAPTIST RETIREMENT HOMES OF
NORTH CAROLINA, INCORPORATED
d/b/a ThriveMore**

By: _____
Authorized Representative

PLEASE MAKE CHECKS PAYABLE TO:

ThriveMore
503 W. Thurman Rd
New Bern, NC 28562

