

CONCUSSION SETTLEMENT

IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION No. 2:12-md-02323 (E.D. Pa.)

REQUEST TO REVOKE OPT OUT FROM SETTLEMENT CLASS

A person who Opted Out of the NFL Concussion Settlement may request to revoke that Opt Out by completing this form and sending it to the Claims Administrator. The Claims Administrator will present the request to the Parties to the Settlement Agreement for their consideration. If Class Counsel and the NFL Parties both consent, they will submit it to the Court for approval. Complete all sections of this form. If your revocation is approved, you cannot later Opt Out again.

| I. Person Seeking to Revoke Opt Out | | | | | |
|--|-----------|---|-------|---|---------|
| Name | First | M.I. | Last | | |
| Mailing Address | Address 1 | I | | | |
| | Address 2 | | | | |
| | City | | State | | Zip |
| Telephone Number | | | | | |
| Date of Birth | | | | | |
| II. STATEMENT OF INTENT AND SIGNATURE | | | | | |
| I wish to revoke my Opt Out from the Settlement Class and instead be included in the Settlement Class. | | | | | |
| Signature | | | Date | Ш | / / |
| III. How to Submit this Form | | | | | |
| By Email: | | ClaimsAdministrator@NFLConcussionSettlement.com | | | |
| By Mail: | | NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260 | | | |
| By Online Portal: | | Go to your secure online portal with the Claims Administrator and upload this signed PDF. | | | |