

CONCUSSION SETTLEMENT

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

REGISTRATION FORM

All Settlement Class Members, whether a Retired NFL Football Player, a Representative Claimant, or a Derivative Claimant, must register to be eligible for benefits. Please complete this form to the best of your ability. You also may complete this form online by clicking the Register Now button at www.NFLConcussionsettlement.com. If you need assistance, call 1-855-887-3485.

EVERYONE MUST SELECT ONE OPTION BELOW									
☐ I am a Retired NFL Football Player.									
☐ I am a <u>Repr</u>	☐ I am a Representative Claimant. I have a legal right to act on behalf of a Retired NFL Football Player.								
	I am a <u>Derivative Claimant</u> . I have certain legal rights because of my relationship with a Retired NFL Football Player.								
	SECTION I. IDENTITY OF RETIRED NFL FOOTBALL PLAYER Everyone must complete this section								
		Everyone mast com	•		LIOII				
Name of Retired Player	First		M.I.	Last			Suffix		
Retired Player's SSN, Taxpayer ID or Foreign ID Number (if not a U.S. Citizen)	<u> </u>								
		Team				From	То		
Retired Player's		Example: New York Giants			2001		2005		
Professional Foo Employment Hist		1.							
(if known)		2.							
Please complete this section to the best of your ability, as shown in the example. If you need space for more than six teams, please attach an extra page to this form.		3.							
		4.							
		5.							
		6	_						

			REGISTRAT	TION FORM		
	SECTION	II. FOR F	RETIRED NFL FOC	TBALL PLAYER CLAI	MANTS ONLY	
If you are a Retire section and go to		ball Player	, complete this section	n. If you are NOT a Retir	ed NFL Football Player, skip this	
Settlement Programme (if known)	ram ID					
Your Mailing Address	Address 1					
	Address 2					
	City					
7.444.000	State/Province					
	Postal Code			Country		
Your Telephone Number			<u> </u>			
Your Email Address						
Preferred Metho Communicate w			Online Portal	☐ Email	☐ U.S. Mail	

SECTION III. FOR REPRESENTATIVE CLAIMANTS ONLY

If you are a Representative Claimant, complete this section. If you are NOT a Representative Claimant, skip this section and go to Section IV.

A Representative Claimant is an authorized representative, ordered by a court or other official of competent jurisdiction under applicable state law, of a deceased or legally incapacitated or incompetent Retired NFL Football Player.

Settlement Programme (if known)	ram ID								
Your Name	First			M.I.	Last			Suffix	
Your Mailing Address	Address 1			•				•	
	Address 2								
	City								
	State/Province	,							
	Postal Code			Country	,				
Your Telephone Number			<u> </u>	- -	<u> </u>				
Your Email Address									
Preferred Method Communicate wi			Online Portal		J Em	ail		J.S. Mail	
Is the Retired NF deceased or lega			whom you are actiincompetent?	ng		Deceased Legally Incap	acitated (or Incomp	etent
Date of Death (if applicable)			/			FL Football Pla esidence	yer's Las	st Known	1 1 1
Note to Represe	ntative Clai	imants:							

Along with this Registration Form, <u>YOU MUST SUBMIT</u> a copy of the court order or other document issued by an official of competent jurisdiction that gives you legal authority to act on behalf of the deceased or legally incapacitated or incompetent Retired NFL Football Player.

If you have not yet been ordered by a court or other official of competent jurisdiction to be the authorized representative of the deceased or legally incapacitated or incompetent Retired NFL Football Player before the Registration deadline, you may request a deadline extension to submit your Registration Form by: (1) using your secure online portal; or (2) writing to the NFL Concussion Settlement Claims Administrator, P.O. Box 25369, Richmond, VA 23260.

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Registration Form for the NFL Concussion Settlement Program
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SECTION IV. FOR DERIVATIVE CLAIMANTS ONLY

If you are a Derivative Claimant, complete this section. If you are NOT a Derivative Claimant, skip this section and go to Section V.

A Derivative Claimant is a spouse, parent, child who is a dependent, or any other person who properly under applicable state law asserts the right to sue independently or derivatively by reason of their relationship with a Retired NFL Football Player.

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Settlement Prog (if known)	ram ID								
Your Name	First			M.I.	Last		Suffix		
	Address 1			•	•		•		
	Address 2								
Your Mailing Address	City								
	State/Province								
	Postal Code			Country	у				
Your Telephone Number				_ -					
Your Email Address									
Preferred Metho Communicate w			Online Portal	ſ	☐ Email		U.S. Mail		
What is your rela		the Retire	d						

SECTION V. ATTORNEY INFORMATION FOR ALL REGISTRANTS

If an attorney is representing you in connection with the NFL Concussion Settlement, complete this section. If an attorney is NOT representing you in connection with the NFL Concussion Settlement, skip this section and go to Section VI.

Attorney Name	First		M.I.	Last		Suffix		
Law Firm Name								
	Address 1							
	Address 2							
Attorney Mailing	City							
Address	State/Province							
	Postal Code		Country	,				
Attorney Telephone			-					
Attorney Fax			- _					
Attorney Email Address								
All future communicatio	ns related to the NFL	Concussion Settlem	nent wi	Il be directed to your a	attorney.			

SECTION VI. SIGNATURE FOR ALL REGISTRANTS

This Form is an official document submitted in connection with the Class Action Settlement in *In re: National Football League Players' Concussion Injury Litigation*, No. 2:12-md-2323 (E.D. Pa.). **By signing below, I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that all information provided in this Registration Form is true and correct to the best of my knowledge, information and belief.**

Signature			Date		·)	
Printed Name	First	M.I.	Last		Suffix	
CECTION VII. HOW TO CURMIT THIS DECISTRATION FORM						

By Email: ClaimsAdministrator@NFLConcussionSettlement.com NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260 NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260 NFL Concussion Settlement c/o BrownGreer PLC 250 Rocketts Way Richmond, VA 23231

If you are a valid Settlement Class Member you will be REGISTERED once you submit this form. The Claims Administrator will contact you if there are any additional questions about the information you have provided.

END OF REGISTRATION FORM