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| RC002 | PROPOSED REPRESENTATIVE CLAIMANT DECLARATION: LEGALLY INCAPACITATED OR INCOMPETENT RETIRED NFL FOOTBALL PLAYER |
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A person who has not been appointed as the authorized representative of a legally incapacitated or incompetent Retired NFL Football Player ("Player") by a court or other official of competent jurisdiction under applicable state law, and who cannot submit to the Claims Administrator such other proof of representative capacity that the Claims Administrator has been authorized by the Court or the Parties to accept, must complete and submit this Declaration in support of his or her Petition for Appointment as Representative Claimant on behalf of the Player in connection with the NFL Concussion Settlement program.

I. PLAYER INFORMATION

| | | | |
|--|-----------------------|-------|-----------|
| Name | First Name | M.I. | Last Name |
| Settlement Program ID | _____ | | |
| Player's Social Security Number | _____ - _____ - _____ | | |
| Player's Residence Address | Street | | |
| | City | State | Zip Code |

II. PROPOSED REPRESENTATIVE CLAIMANT INFORMATION

| | | | |
|--|-----------------------|-------|-----------|
| Name | First Name | M.I. | Last Name |
| Proposed Representative Claimant's Social Security Number | _____ - _____ - _____ | | |
| Proposed Representative Claimant's Address | Street | | |
| | City | State | Zip Code |

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| Relationship to Player | |
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| Basis of Authority to Act for Player | |
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List All Document(s) Submitted Evidencing the Basis for Your Authority (attach additional sheets, if needed)

III. PROPOSED REPRESENTATIVE CLAIMANT CERTIFICATION

This Declaration is an official document submitted in connection with the Class Action Settlement in *In re: National Football League Players' Concussion Injury Litigation, MDL No. 2323*. By signing this Declaration, I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that:

- (a) I have authority to act on behalf of the Player in connection with the NFL Concussion Settlement program (the "Program"), including with respect to the submission of materials to register for the Program, the decision to participate in the Baseline Assessment Program (where applicable), the filing of any Claim Packages for Monetary Awards, and the receipt of payment for any Monetary Awards.
- (b) I will abide by all substantive laws of the Player's state of domicile concerning the compromise and distribution of any Monetary Award or Supplemental Monetary Award.
- (c) I will notify the Claims Administrator promptly if my authority to act is curtailed, surrendered, withdrawn, or terminated.
- (d) I am not aware of any objections to my appointment and service as Representative Claimant on behalf of the Player.
- (e) I will indemnify and hold harmless the Released Parties, as defined in Section 2.1(bbbb) of the Settlement Agreement, and their attorneys and insurers, Class Counsel, the Claims Administrator, the BAP Administrator, the Lien Resolution Administrator, the Special Masters, and the agents and representatives of any of the foregoing, from any and all claims, demands, or expenses of any kind arising out of or relating to my actions in connection with the Program, including, without limitation, as set forth in Section 11.4 of the Settlement Agreement.

The information I have provided in this Declaration is true and correct. I understand that the Claims Administrator and Court will rely on this Declaration and false statements or claims made in connection with this Declaration may result in fines, imprisonment, and/or any other remedy available by law to the federal government.

IV. PROPOSED REPRESENTATIVE CLAIMANT SIGNATURE

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|------------------|-------|-------------|------------------------------------|
| Signature | _____ | Date | ____/____/____ (Month/Day/Year) |
|------------------|-------|-------------|------------------------------------|

V. HOW TO SUBMIT THIS DECLARATION

Complete this Declaration fully, sign it, and submit it to the Claims Administrator using one of the methods below. If you have not already done so, you must also submit: (1) a completed Petition for Appointment of Representative Claimant; (2) documents evidencing that the Player is legally incapacitated or incompetent; and (3) all documents you identified in Section II as supporting your authority to serve as the proposed Representative Claimant.

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| By Mail: | NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260 |
| By Delivery: | NFL Concussion Settlement c/o BrownGreer PLC 250 Rocketts Way Richmond, VA 23231 |

VI. HOW TO CONTACT US WITH QUESTIONS OR FOR HELP

If you are represented by a lawyer, consult with your lawyer if you have questions or need assistance. If you are unrepresented and have any questions about this Declaration or need help, contact us at 1-855-887-3485 or send an email to ClaimsAdministrator@NFLConcussionSettlement.com. If you are a lawyer, call or email your designated Firm Contact for assistance. For more information about the Settlement Program, visit the official website at www.NFLConcussionSettlement.com to read the Frequently Asked Questions or download a copy of the complete Settlement Agreement.