NFL CONCUSSION SETTLEMENT

IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION

No. 2:12-md-02323 (E.D. Pa.)

WITHDRAWAL OF MONETARY AWARD CLAIM

INSTRUCTIONS

Fill out every space in this form that applies to you, sign and date it, and submit it to the Claims Administrator. **NOTE:** You may withdraw your claim at any time, unless it already has been paid in full or has been denied and all steps after the denial have been finished. If you withdraw a claim while it is subject to an Audit investigation or proceeding, the Claims Administrator and the Special Masters may continue with the Audit after the withdrawal.

I. INFORMATION ABOUT THE RETIRED NFL FOOTBALL PLAYER

Settlement Program ID	|____|____|____|____|____|____|____|____|____|____|____|
Retired Player Name	First　　　　　　　　　M.I.　　　Last

Retired Player Primary Residence

Address 1
Address 2
City
State/Province

Postal Code	Country

II. INFORMATION ABOUT THE REPRESENTATIVE CLAIMANT

Representative Name:	First Name　　　　　　　MI　　Last Name
Address:	Street/P.O. Box

City	State	Zip

III. HOW TO SUBMIT THIS FORM

Submit this Form by one of these methods:

By Using the Secure Online Portal:	Click the Search feature on your online portal and find this Settlement Class Member. Then select the Documents hyperlink, click the Upload button, and select the appropriate document name to submit your information and/or records.
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

IV. **HOW TO CONTACT US WITH QUESTIONS OR HELP**
If you have any questions about this Form or need help, call us at 1-855-887-3485 or email ClaimsAdministrator@NFLConcussionSettlement.com.

V. **SIGNATURE**

Signature by Retired NFL Football Player or Representative Claimant			**Date**	|__|__|/|__|__|/|__|__|__|__| (Month/Day/Year)
Printed Name	First	M.I.	Last	