



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

1. Fill out every space in this form that applies to you.
2. The Retired NFL Football Player or the person acting as the Representative Claimant of a deceased or legally incapacitated or incompetent Retired NFL Player must sign this form and the signature must be dated on the date it was signed.

A. SETTLEMENT CLASS MEMBER INFORMATION

(Fill out this section with information on the Retired NFL Football Player who made or on whose behalf the Monetary Award claim was made)

Name	First	MI	Last
SSN		Settlement Program ID	
Lawyer			

B. REPRESENTATIVE CLAIMANT INFORMATION

(Fill out this section if there is a person acting as the Representative Claimant for a deceased, incapacitated, or incompetent Retired NFL Football Player)

Name of Representative Claimant	First Name	MI	Last Name
Address	Street/P.O. Box		
	City	State	Zip

C. WITHDRAWAL OF CLAIM

I hereby represent and agree to the following:

1. I am the Retired NFL Football Player identified in Section A or I am the authorized Representative Claimant of such Retired NFL Football Player in Section B and am authorized to execute this form on behalf of the Retired NFL Football Player.
2. I wish to withdraw the Monetary Award claim I have submitted in this Settlement Program.
3. I understand and agree that this withdrawal is irrevocable and that I cannot change my mind after I send in this signed form.

D. SIGNATURE BY RETIRED NFL FOOTBALL PLAYER OR REPRESENTATIVE CLAIMANT

Signature		Date	____/____/____ (month) (day) (year)
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E. 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

F. 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 Form 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.