

RC003

## PROPOSED DERIVATIVE CLAIMANT REPRESENTATIVE DECLARATION: LEGALLY INCAPACITATED OR INCOMPETENT DERIVATIVE CLAIMANT

A person who has not been appointed as the authorized representative of a legally incapacitated or incompetent Derivative Claimant of a 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 Derivative Representative Claimant on behalf of the Derivative Claimant of the Player in connection with the NFL Concussion Settlement program.

### I. PLAYER INFORMATION

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

### II. DERIVATIVE CLAIMANT INFORMATION

<b>Name</b>	First Name	M.I.	Last Name
<b>Settlement Program ID</b>	_____		
<b>Derivative Claimant's Social Security Number</b>	_____ - _____ - _____		
<b>Derivative Claimant's Address</b>	Street		
	City	State	Zip Code
<b>Relationship to Player</b>			

### III. PROPOSED DERIVATIVE CLAIMANT REPRESENTATIVE INFORMATION

<b>Name</b>	First Name	M.I.	Last Name
<b>Proposed Derivative Claimant Representative's Social Security Number</b>	_____ - _____ - _____		
<b>Proposed Derivative Claimant Representative's Address</b>	Street		
	City	State	Zip Code

**Relationship to  
Derivative Claimant**

**Basis of Authority to  
Act for Derivative  
Claimant**

**List All Document(s)  
Submitted Evidencing  
the Basis for Your  
Authority** (attach  
additional sheets, if  
needed)

#### IV. PROPOSED DERIVATIVE CLAIMANT REPRESENTATIVE 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 Derivative Claimant in connection with the NFL Concussion Settlement program (the "Program"), including with respect to the submission of materials to register for the Program, the filing of any Derivative Claim Packages for Derivative Claimant Awards, and the receipt of payment for any Derivative Claimant Awards.
- (b) I will abide by all substantive laws of the Derivative Claimant's state of domicile concerning the compromise and distribution of any Derivative Claimant 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 the Derivative Claimant Representative on behalf of the Derivative Claimant.
- (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, Co-Lead 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.

### V. PROPOSED DERIVATIVE CLAIMANT REPRESENTATIVE SIGNATURE

<b>Signature</b>	_____	<b>Date</b>	____/____/____ (Month/Day/Year)
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### VI. 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 Derivative Claimant Representative; (2) documents evidencing that the Derivative Claimant is legally incapacitated or incompetent; and (3) all documents you identified in Section II as supporting your authority to serve as the proposed Derivative Claimant Representative.

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

### VII. 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](mailto: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](http://www.NFLConcussionSettlement.com) to read the Frequently Asked Questions or download a copy of the complete Settlement Agreement.