



CONCUSSION SETTLEMENT

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

UNREPRESENTED SETTLEMENT CLASS MEMBER PAYMENT ELECTION FORM

I. INSTRUCTIONS

Use this form to provide the Settlement Program with instructions on how to issue any Monetary Award Fund payments to you. Select whether you wish to receive payments by check or wire transfer in Section II. If you select Wire Transfer, complete only Section III. If you select Check, complete only Section IV.

II. SETTLEMENT CLASS MEMBER INFORMATION

Settlement Class Member Name	Last	First	Middle
Settlement Program ID		Payment Method	<input type="checkbox"/> Wire Transfer <input type="checkbox"/> Check

III. REQUIRED INFORMATION TO RECEIVE PAYMENTS BY WIRE TRANSFER

1.	Bank Name	
2.	Bank ABA Routing Number	
3.	Account Name	
4.	Account Number	
5.	Intermediary Bank Name (if applicable)	
6.	Intermediary Bank ABA Routing Number (if applicable)	
7.	For Further Credit Instruction (if applicable)	

IV. REQUIRED INFORMATION TO RECEIVE PAYMENTS BY CHECK

1.	Payee Name	
2.	Address 1	
3.	Address 2	
4.	City	
5.	State	
6.	Zip Code	

V. SIGNATURE

By signing this form, you attest that the NFL Concussion Settlement Program can use the payment instructions provided above to issue any Monetary Award Fund payments to you, and that you will provide any updates to these instructions to the Claims Administrator as necessary.

Signature	
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