

## WAIVER RELINQUISHING RIGHTS UNDER ATTEMPTED ASSIGNMENT

DEADLINE FOR RECEIPT OF COMPLETED WAIVER: [TO BE COMPLETED BY THE CLAIMS ADMINISTRATOR]

In the Explanation and Order dated 12/8/17 (the "Order"), the Court ruled that any agreement entered into by a Class Member that assigned or attempted to assign monetary claims is void and invalid. The Claims Administrator is prohibited from paying a Class Member's monetary award to any third-party that holds an assignment or attempted assignment ("Third-Party Funder").

The Order provides an opportunity for Third-Party Funders to accept rescission. To do so, Third Party Funders must execute this Waiver Relinquishing Rights Under Attempted Assignment (this "Waiver"), thereby relinquishing any claims to rights under the agreement that created the assignment or attempted assignment, and return it to the Claims Administrator within 30 days of the date that the Claims Administrator issued it. This deadline is printed in the banner heading above.

The Claims Administrator will withhold – from the Class Member's monetary award – the amount of money that the Third-Party Funder has already paid to the Class Member and that the Class Member has not returned to the Third-Party Funder, if:

- 1. The Third-Party Funder has provided a completed, signed Waiver to the Claims Administrator; and
- 2. The Class Member confirms the monetary amount indicated in Section III below.

If the Class Member is represented by a lawyer, the Third-Party Funder must submit the completed, signed Waiver to the Class Member's lawyer.

If the Class Member is <u>not</u> represented by a lawyer, the Third-Party Funder must submit the completed, signed Waiver directly to the Claims Administrator.

I. SETTLEMENT CLASS MEMBER INFORMATION						
Settlement Program ID						
Name			M.I.	Last		
Settlement Class N	Member Type					
Lawyer						
II. THIRD-PARTY FUNDER INFORMATION						
Name						
Employer Identific	ation Number	EIN   -				
Address		Street			State	Zip Code

Name of Authorized Business Representative					
Title of Authorized	Business Representa	ative			
Email Address					
Phone Number	(_		<u> </u>		1
III. DETAILS OF AGREEMENT(S) BETWEEN THIRD-PARTY FUNDER AND CLASS MEMBER					
Name and Date of Agreement(s) Between Third-Party Funder and Class Member. Enter the names (e.g., Funding Agreement, Promissory Note, Security Agreement, etc.) of the agreements between the Third-Party Funder and the Class Member in which the Class Member assigned or attempted to assign a monetary claim to the Third-Party Funder, together with the effective dates of those agreements. If one transaction includes multiple agreements, list them all. If there are more than five agreements, list additional agreements on a separate page.					
Name of Agreement Document Effective Date of Agreement					
1.					
2.					
3.					
4.					
5.					
Amount Third-Party Funder Paid to Class Member. Enter the total amount of money that the Third-Party Funder has already paid to the Class Member.  \$					
Amount Class Member Has Returned to Third-Party Funder. If applicable, enter the total amount of money that the Class Member has returned to the Third-Party Funder.  \$					
NOTE: Upon receipt of this completed Waiver signed by the Third-Party Funder and the Attachment A signed by the Class Member, the Claims Administrator will withhold the amount the Third-Party Funder has paid to the Class Member, minus any amount the Class Member has returned to the Third-Party Funder, from the Class Member's Monetary Award payment and direct that amount to the Third-Party Funder.					
IV. ACCEPTANCE OF RESCISSION AND WAIVER RELINQUISHING RIGHTS UNDER ATTEMPTED ASSIGNMENT					
By signing this Waiver and accepting the amount noted at Section III above, the Third-Party Funder accepts rescission and relinquishes any and all claims or rights under each and every agreement, in its entirety, between the Class Member and the Third-Party Funder creating the assignment or attempted assignment. The Third-Party Funder will not seek any further payment from the Class Member, the Class Member's estate, or any other party, by any collection method, as a result of the agreement(s) noted above and certifies by signing this Waiver that the Third-Party Funder accepts the amount noted as full and complete repayment of any and all amounts due from the Class Member. Additionally, the Third-Party					

Trustee of the Settlement Trust Account.

Funder waives any and all claims against the Class Member's attorney, the Claims Administrator, and the

V. PAYMENT ELECTION INFORMATION FOR THIRD-PARTY FUNDER							
Paymer	ent Method Wire Transfer Check						
V(a). REQUIRED INFORMATION TO RECEIVE PAYMENT BY WIRE TRANSFER  (Complete only if Payment Method selected is Wire Transfer)							
1.	BANK NAME						
2.	BANK ABA ROL	ITING NUMBER					
3.	ACCOUNT NAME						
4.	ACCOUNT NUMBER						
5.	INTERMEDIARY BANK NAME (IF APPLICABLE)						
6.	INTERMEDIARY BANK ABA ROUTING NUMBER (IF APPLICABLE)						
7.	FOR FURTHER O	REDIT INSTRUCT	ION				
V(B). REQUIRED INFORMATION TO RECEIVE PAYMENT BY CHECK							
(Complete only if Payment Method selected is Check)							
1.	PAYEE NAME						
2.	MAILING ADDRE	SS	Street		State	Zip Code	

VI. SIGNATURE OF THIRD-PARTY	Ι.	SIGNATURE	OF	I HIRD-PARTY	FUNDER
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This Waiver 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 Waiver, the Third-Party Funder accepts rescission and relinquishes any claims or rights under the entire agreement between the Class Member and the Third-Party Funder creating the assignment or attempted assignment. By signing below, I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that all information provided in this Waiver is true and correct to the best of my knowledge, information and belief.

		31,					
Signature		Date					
Printed Name	First M.I. Last						
Title							
VII. How to Submit this Waiver							
Complete this Wa using one of these		t to the Claims Administrator. You may submit this Waiver					
By Online Portal:  Go to your secure online portal with the Claims Administrator and upload this signed PDF.							
By Email:	ail: ClaimsAdministrator@NFLConcussionSettlement						
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					



## WAIVER RELINQUISHING RIGHTS UNDER ATTEMPTED ASSIGNMENT ATTACHMENT A

In the Explanation and Order dated 12/8/17 (the "Order"), the Court ruled that any agreement entered into by a Class Member that assigned or attempted to assign monetary claims is void and invalid. The Claims Administrator is prohibited from paying a Class Member's monetary award to any third-party that holds an assignment or attempted assignment ("Third-Party Funder").

The Order provides an opportunity for Third-Party Funders to accept rescission. This means that they will accept the return of the funds they extended to you in lieu of enforcing the purported agreement you entered into with the Third-Party Funder. To accept rescission, Third Party Funders must execute a Waiver Relinquishing Rights Under Attempted Assignment (the "Waiver"), thereby relinquishing any claims to rights under the agreement that created the assignment or attempted assignment.

The Claims Administrator will withhold – from your monetary award – the amount of money that the Third-Party Funder has already paid to you and that you have not returned to the Third-Party Funder, if:

- 1. The Third-Party Funder has provided a completed, signed Waiver to the Claims Administrator; and
- 2. You confirm the monetary amount indicated in Section III of the Waiver.

You must sign this Attachment A to confirm the amount indicated in Section III of the Waiver.

## SIGNATURE OF SETTLEMENT CLASS MEMBER

This Attachment A to the Waiver 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 below, I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that all information provided in the Waiver is true and correct to the best of my knowledge, information and belief.

Signature by Settlement Class Member			Date	
Printed Name	First	M.I.	Last	