

ATTORNEYS' LIEN ASSERTION FORM (NOTICE OF ATTORNEYS' LIEN) REQUEST DATE:

This Form can be used by an attorney or law firm ("Attorney Lienholder") to assert an Attorneys' Lien or otherwise present a claim against an eligible Settlement Class Member ("SCM") in any way related to that SCM's Award.

NOTE: An Attorney Lienholder must submit this Form and all the required proof described below to perfect a lien before the SCM receives his settlement payment. Failure to comply with Rules 2 through 4 of the Rules Governing Attorneys' Liens before the Claims Administrator finalizes the payment list will result in the waiver of the Attorney Lienholder's right to assert an Attorney's Lien against the SCM's Award.

I. INSTRUCTIONS

The Attorney Lienholder must submit proof of an Attorneys' lien by providing the following information and documentation to the Claims Administrator.

II. INFORMATION TO IDENTIFY THE RETIRED NFL FOOTBALL PLAYER OR DERIVATIVE CLAIMANT

Name of Settlement Class Member	First	M.I.	Last
Date of Birth		Settlement Program ID (if known)	

III. LIEN INFORMATION

Attorney Lienholder				
Law Firm Name				
Contact Information	Address	Street		
		City	State	Zip
	Email Address			
	Phone Number			
Preferred Method of Communication	<input type="checkbox"/> Online Portal		<input type="checkbox"/> Hardcopy by mail or delivery	
Amount or Percentage of Fees				
Amount of Reasonable Costs				

IV. ADDITIONAL DOCUMENTATION

In addition to completing Section II and III of this Form, the Attorney Lienholder must provide a copy of his or her retainer agreement signed by the SCM along with detailed information about each specific cost and the dollar amount of such costs if the attorney is seeking reimbursement of costs in addition to fees. For all costs exceeding \$50 in value, attorneys must submit proof that the asserted costs have been paid on behalf of the SCM (*i.e.*, paid receipts, invoices, etc.). Failure to provide this information before the Claims Administrator begins processing the Award will result in the waiver of the Attorney Lienholder's right to seek reimbursement of any costs incurred during representation of the SCM.

V. HOW TO SUBMIT THIS FORM AND ADDITIONAL DOCUMENTATION

Submit this Form and additional documentation by one of the following methods:

By Using the Secure Online Portal:

Click the Upload feature located under the Attorneys' Lien Dispute section on the home screen of your online portal.

By Mail:

(must be postmarked on or before the date the disbursement list is finalized and sent to the NFL Parties for approval)

NFL Concussion Settlement
Claims Administrator
P.O. Box 25369
Richmond, VA 23260
ATTN: NFL Liens

By Delivery:

(must be placed with the carrier on or before the date the disbursement list is finalized and sent to the NFL Parties for approval)

NFL Concussion Settlement
c/o BrownGreer PLC
250 Rocketts Way
Richmond, VA 23231
ATTN: NFL Liens

VI. HOW TO CONTACT US WITH QUESTIONS OR FOR HELP

Contact us at 1-855-887-3485 or send an email to ClaimsAdministrator@NFLConcussionSettlement.com. For more information about the Settlement Program, visit the official website at www.NFLConcussionSettlement.com to read the Frequently Asked Questions, download a copy of the complete Settlement Agreement, or review the Rules Governing Attorneys' Liens.

VII. CERTIFICATION

By signing below, I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that all information provided in this Form as well as the information included in the additional documentation is true and correct to the best of my knowledge, information, and belief.

Signature		Date	
Printed Name	First	M.I.	Last