

EXHIBIT A

TO THE DECLARATION OF

LEWIS T. LeCLAIR

IN SUPPORT OF CLASS COUNSELS'

NOTICE REGARDING DISTRIBUTIONS

FROM THE SETTLEMENT FUND

RESPONSE DUE DATE
*Postmarked
No Later Than
February 9, 2010*

Retired Player Class Action Administrator
c/o The Garden City Group, Inc.
P.O. Box 91047
Seattle, WA 98111-9147 *P-FLP-POC/1*
Toll-Free: 1 (866) 697-5552

FLP

Claim No.

Control No.

REQUIRED ADDRESS INFORMATION OR CORRECTIONS
If the pre-printed address to the left is incorrect or out of date,
OR if there is no pre-printed data to the left, **YOU MUST** provide
your current name and address here:

CLAIM FORM AND RELEASE

Please note that returning this Claim Form quickly can expedite your receipt of the first installment of the Settlement Funds.

To receive a payment from the Settlement Fund, you **must** file a Claim Form. You may file a Claim Form by completing and mailing this form to the Claims Administrator via first class mail, postmarked on or before February 9, 2010, to the following address:

Retired Player Class Action Administrator
c/o The Garden City Group, Inc.
P.O. Box 91047
Seattle, WA 98111-9147
Toll-Free: 1 (866) 697-5552

A FAILURE TO MAIL YOUR CLAIM FORM POSTMARKED BY FEBRUARY 9, 2010 MAY SUBJECT YOUR CLAIM TO REJECTION AND PRECLUDE YOU FROM SHARING IN THE SETTLEMENT FUND.

Do not mail or deliver the Claim Form to the Court or to any of the parties or their counsel.

You previously should have received a Notice of Class Action Settlement (the "Notice"). If you have not received a Notice in the mail, you may obtain a copy at www.RetiredPlayerClassAction.com. By submitting a Claim Form, you acknowledge that you have read and understand the Notice.

You must **complete all items** in the Claim Form. We have attempted to make this process as simple as possible by filling out the pertinent information on the form based on the records in the possession of Class Counsel received from the NFLPA. When filing a Claim Form, please type or print all additional information except for the signature. You may attach additional sheets if space on the Claim Form is inadequate.

Retain all supporting documentation in your possession.

I. Claimant Information: E-mail address

(optional): _____

II. Class Definition and GLA Information:

On April 29, 2008, the Court certified the Class in this matter and designated Herbert Adderley as Class Representative. The Class is defined as:

All retired NFL players who executed a group licensing authorization form (“GLA”) with the NFLPA that was in effect at any time between February 14, 2003 and February 14, 2007 and which contains the following language: “[T]he moneys generated by such licensing of retired player group rights will be divided between the player and an escrow account for all eligible NFLPA members who have signed a group licensing authorization form.”

The records of the NFLPA show that you signed a GLA during certain of the years 2003-2006 and are scheduled to receive an initial payment from the settlement fund as follows:

2003 GLA (payment due for 2004)	2004 GLA (payment due for 2005)	2005 GLA (payment due for 2006)	2006 GLA (payment due for 2007)	Total Initial Payment

We do not know the exact amount of the second payment that you will receive in July 2010 because the costs of administration can be unpredictable and because we do not yet know what percentage of funds, if any, will go unclaimed. However, our current estimate of that payment is the following:

2003 GLA (payment due for 2004)	2004 GLA (payment due for 2005)	2005 GLA (payment due for 2006)	2006 GLA (payment due for 2007)	Total Second Payment-July 2010

III. Status of the Settlement and Estimate of Payment to You under the Settlement

Subject to the terms of the Settlement Agreement, Defendants are required to pay a total of \$26,250,000 (Twenty-Six Million Two Hundred and Fifty Thousand Dollars) (the “Gross Settlement Amount”) into an interest-bearing Escrow Account. The Gross Settlement Amount has been or will be paid in two installments. Defendants previously paid into the Escrow Account the sum of Thirteen Million One Hundred Twenty-Five Thousand Dollars (\$13,125,000), constituting one half of the Settlement Amount. By June 5, 2010, the Defendants will pay into the Escrow Account another Thirteen Million One Hundred Twenty-Five Thousand Dollars (\$13,125,000). These funds, and any interest earned thereon, are referred to in this Notice as the “Settlement Fund.”

On November 23, 2009, the Court finally approved the settlement of this matter, the Distribution Plan, and the award of attorney fees and expenses to counsel. Based on the Distribution Plan and the award of attorneys' fees in the amount of approximately \$4.9 million and expenses of \$1.6 million, and assuming that all class members submit claims, you will receive a check as indicated in Section II above in the amount of approximately _____ in the first installment of the settlement payment to be distributed in late December 2009 or January 2010. It is estimated that you will receive a second check in the amount of approximately _____ in June or July 2010 representing the second installment of the settlement payment.

IV. Tax Form to be Returned

Attached with this Claim Form is a Substitute W-9 form of the Internal Revenue Service that you must sign, fill out with your social security number and return with your Claim Form in order to be paid under the Settlement.

V. Verification and Release

The Claims Administrator has the right to request additional information and documentation to verify your claim, including the right to examine original documents.

By signing and submitting this Claim Form, each person affirms under penalty of perjury that he/she: (a) is a member of the Class as defined in the Notice, or is acting for such a person under a power of attorney or as an executor, administrator, or heir; (b) has not filed a request to be excluded from the Class; (c) desires to participate in the proposed Settlement; and (d) warrants that the individual listed on the Claim Form is the only person entitled to receive the settlement amount.

Each person who signs this Claim Form agrees and understands that all of his/her claims against the NFLPA, NFL Players, Inc., and all other Releasees under the GLA, as described in the Settlement Agreement, shall be RELEASED by the Court's approval of the Settlement and the Final Judgment in this action.

UNDER THE PENALTIES OF PERJURY, I AFFIRM THAT ALL OF THE INFORMATION PROVIDED ON THIS CLAIM FORM, OR IN ANY DOCUMENTATION THAT I AM SUBMITTING WITH THIS CLAIM FORM, IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Claimant, representative or heir (circle one)

_____/_____/_____
Date:

Print Name

Reminder: You must complete and return this Claim Form by first-class mail postmarked by February 9, 2010 to recover from the Settlement Fund.

SUBSTITUTE IRS FORM W-9

Substitute IRS Form W-9

Enter the Social Security Number (SSN) you use to work or your Individual Taxpayer Identification Number (ITIN):

_____ - _____ - _____

Print name as shown on your income tax return if different from your name on the first page of this form:

Under penalties of perjury, I certify that:

- 1 The taxpayer identification number shown on this form is the taxpayer identification number I use, **and**
- 2 I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.

The IRS does not require your consent to any provision of this document other than this Form W-9 certification to avoid backup withholding.

CLAIMANT SIGNATURE

(Sign your name here)

_____/_____/_____
Date

Former Names (if any)