

PLAYER CORPORATION NOTICE

Date

Finance & Asset Management
NFL Players Association
1133 20th Street NW
Washington, DC 20036

Re: Establishment of Corporation for _____
(player's name)

To Whom It May Concern:

Please be informed that I have established a personal corporation in the name of

(corporation name)

Please accept this letter as a notification that all future monies to be paid, shall be made to the order of my corporation as listed above, with a Tax ID Number of _____
(tax ID number)

In order for you to fully process this change, I have enclosed the following materials:

- A copy of my personal W-9 form (if not already on file)
- A copy of the corporation's W-9 form

If at any time I desire to change this information, I will provide you with written notification.

If you have any questions regarding this letter, I can be reached at _____
or via email at _____
(player's telephone number)
(player's email address)

Thank you.

Signature

For NFL Players Association use only:
Date Received:



NFLPA



**NFL PLAYERS
INCORPORATED**

**DIRECT DEPOSIT ENROLLMENT FORM AND
SUBSTITUTE IRS FORM W-9**

I hereby authorize NFL PLAYERS ASSOCIATION (NFLPA) and NFL PLAYERS, Inc. to initiate credit entries (deposits) into my bank account indicated below at the depository financial institution named below, I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until the NFLPA and NFL PLAYERS, Inc have received written notification from me of its termination in such time and in such manner as to afford reasonable opportunity to act on it. I recognize that if I fail to provide complete and accurate information on this form, processing may be delayed or my payments may be erroneously transferred. I understand that it is my responsibility to notify NFLPA and NFL PLAYERS of any changes in my banking information or of any discrepancies.

Player Name _____ **Social Security Number** _____

Address _____
[Number and Street] _____ [Apt or Suite Number] _____

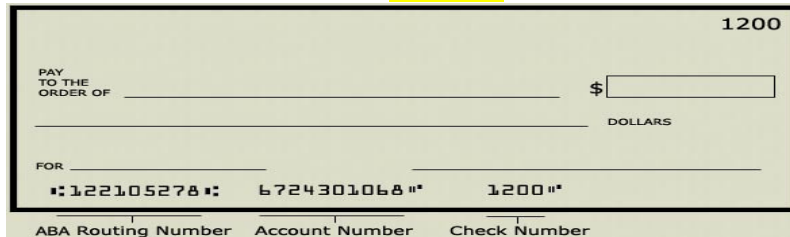
[City] _____ [State] _____ [Zip Code] _____

Phone[H] _____ [C] _____ **E-mail** _____

Financial Institution _____
[Name] _____ [City] _____ [State] _____

Name on Account _____ Checking -or- Savings

Routing/ABA# _____ **Account #** _____



I certify that I represent myself as the person authorizing the NFLPA and NFL PLAYERS to deposit my funds in the account designated above. Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), 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, and
- (3) I am a U.S. citizen or other U.S. person.
- (4) I am exempt from FATCA (*Foreign Account Tax Compliance Act*) reporting.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature _____ **Date** _____

- Receipts will be sent via E-mail notifying you of payment at the E-mail address provided above.
- To ensure accuracy of your deposit, a VOIDED CHECK is requested.
- Please return your completed form and voided check copy to the NFLPA by either:
FAX: 202-756-9319 (Attn: Accounting) or E-MAIL: accountspayable@nflplayers.com or
MAIL: NFLPA, Attn: Accounting, 1133 20th ST. NW, Suite 600, Washington, DC 20036



PLAYER’S COMPANY – DIRECT DEPOSIT AUTHORIZATION FORM AND SUBSTITUTE IRS FORM W-9

I hereby authorize the National Football Players Association (NFLPA) and National Football Players, Inc. (NFLPI) to initiate credit entries (ACH deposits) into the bank account indicated below. I acknowledge that the origination of ACH deposits to the account must comply with the provisions of U.S. law. This Direct Deposit Authorization is to remain in full force and effect until the NFLPA and NFLPI have received written notification of its termination from me. I recognize that if I fail to provide complete and accurate information on this form, processing of payments may be delayed or erroneously transferred. I understand that it is my responsibility to notify NFLPA and NFLPI of any discrepancies or changes in the banking information.

Player’s Name _____

Payee/Company Name _____ Tax Identification Number _____

Type of Payee (mark one): Single Member LLC/Sole Proprietor Partnership S-Corporation C-Corporation Trust

Payee Address _____
[Number and Street] [Apt or Suite Number]

[City] [State] [Zip Code]

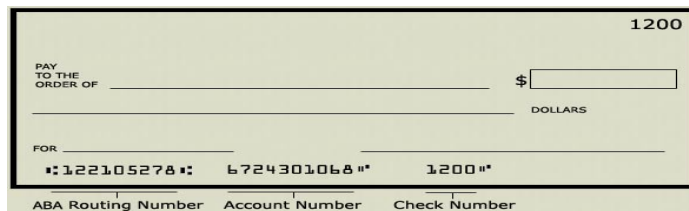
Phone [H] _____ [C] _____ E-mail _____

Financial Institution _____
[Name] [City] [State]

Name on Account _____ Type of Account Checking -or- Savings

ACH Routing/ABA# (9 digits) _____ Account # _____

To ensure accuracy of your deposit, a VOIDED CHECK is requested:



I certify that I represent myself as the person authorizing the NFLPA and NFLPI to deposit funds in the account designated above. Under penalties of perjury, I certify that:

1. The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me);
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;
3. I am a U.S. citizen or other U.S. person; and
4. I am exempt from FATCA (*Foreign Account Tax Compliance Act*) reporting.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature _____ Date _____

- Receipts will be sent via E-mail notifying you of payment at the E-mail address provided above.
- Please return your completed form and voided check copy to the NFLPA—addressed “Attn: Accounting”—by either:
 - FAX: 202-756-9319 | E-MAIL: accountspayable@nflpa.com | MAIL: 1133 20th ST. NW, Suite 600, Washington, DC 20036