INSTRUCTIONS: ILLINOIS LOTTERY WINNER CLAIM FORM

C L A I M A N T

CLAIMANT INSTRUCTIONS
IMPORTANT: USE BALL POINT PEN AND PRESS FIRMLY. YOU ARE MAKING MULTIPLE COPIES.

If you believe you or someone you know has a gambling problem, call 1-800-426-2537 (1-800-GAMBLER) for assistance.

1. Complete back of ticket with name, address and signature.
   Important: The winning ticket and claim form must be completed in the name of <u>one individual </u>or legal entity.
2. Complete the top portion of claim form in spaces provided which include name (last name, first), address, date of birth, Social Security or Employer I.D. Number, telephone number, sex (male or female).
3. Mark box indicating whether you are claiming as an individual, as a representative of a group or partnership or as a representative of another type of legal entity. All claimants are subject to all constraints and requirements provided under the Illinois Lottery Law (20 ILCS 1605 *et seq.*), the Illinois Administrative Code (11 Ill. Admin. Code 1770 *et seq.*) and any other applicable laws. Claims to prizes made on behalf of multiple winners must include a completed Form 5754 when applicable.
4. Indicate type of game won and the prize amount.
5. Print driver's license number in space provided (other accepted forms of identification include Secretary of State issued identification cards, social security cards).
6. Complete the **WINNER QUESTIONNAIRE** in order to ensure compliance with the Illinois Lottery Law and Regulations. Failure to comply will result in your claim not being processed.
7. If you have an outstanding debt to the State of Illinois or local debt recovery, there may be a delay in payment.
8. Sign and date form on claimant's signature line.

SEE ATTACHED ENVELOPE FOR MAILING INSTRUCTIONS. IF MAILING, RETAIN PINK COPY FOR YOUR RECORDS AND MAIL WHITE COPY. IF YOU ARE TAKING TO NEAREST CLAIM CENTER, BE SURE TO BRING SOCIAL SECURITY CARD AND DRIVER'S LICENSE OR SECRETARY OF STATE ID CARD TO CLAIM WINNINGS.

C E N T E R

CLAIM CENTER INSTRUCTIONS

1. Validate the winning ticket via your on-line terminal.
2. Staple winning and claim tickets on the space provided to the white copy only.
3. Clearly print the six (6) digit agent number.
4. Print date won (date of drawing for on-line games).
5. For **<u>ON-LINE winning </u>** tickets, print the nineteen (19) digit serial number from the lower right side of the winning ticket in the blocks provided. For **<u>INSTANT winning</u>** tickets, print the twelve (12) digit game, book, and ticket number in the spaces provided.
6. Sign form on "Prepared By" line.

CLAIM CENTERS ARE LOCATED AT

Des Plaines – 9511 West Harrison St., 60016   **Chicago** – James R. Thompson Center, 100 W. Randolph St. 7th FL, 60601
Springfield – 101 West Jefferson St., 62702   **Fairview Heights** – 15 Executive Drive, Suite 3, 62208
Rockford – 200 South Wyman St., 61101

COPY DISTRIBUTION

1. **White copy** – Take to nearest Claim Center (with winning ticket and any claim ticket attached) or mail to: Illinois Lottery, Lottery Claims, P.O. Box 19080, Springfield, Illinois. 62794-9912.
2. **Blue copy** – Claim Center's copy.
3. **Pink copy** – Claimant copy.

ILLINOIS LOTTERY WINNER CLAIM FORM

STATEMENT OF PURPOSE FOR THE COLLECTION OF CERTAIN INFORMATION

STATEMENT

The Identity Protection Act, 5 ILCS 179/1 et seq., requires each local and State government agency to draft, approve, and implement an Identity Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting, maintaining, and using a person's Social Security number (SSN). The Department of the Lottery also collects additional Personal Identity Information and therefore includes their collection, maintenance, and use within this statement of purpose.

The Department requires SSN or other Personal Identity Information to be provided for one or more of the following reasons:

- Claims processing
- Retailer licensing and debt collection
- Vendor/Contractor background checks
- Internal verification
- Administrative services including payroll processing and hiring
- Compliance with Federal and State tax law and regulations
- Vendor services, such as executing contracts and/or billing

The Department will only use your SSN or other Personal Identity Information in accordance with the Department's Identity Protection Policy, available on the Illinois Lottery's website at http://illinoislottery.com.

ILLINOIS LOTTERY WINNER QUESTIONNAIRE

CLAIMANT, PLEASE COMPLETE AND PRESENT WITH YOUR LOTTERY WINNER CLAIM FORM

In order to ensure compliance with Illinois Lottery Law and Regulations, complete the following questionnaire. Failure to comply will result in your claim not being processed. Thank you for your assistance.

CLAIMANT INFORMATION

Claimant's Last Name:	First:	MI:	Social Security No.:

QUESTIONNAIRE

1. What is your date of birth?

2. Are you or a close relative with whom you reside:
   a) Currently employed by the Illinois Department of the Lottery (Illinois Lottery)?   ❏ Yes ❏ No
   b) Currently employed by a licensed retailer of the Illinois Lottery?   ❏ Yes ❏ No
   c) Currently employed by a contractor of the Illinois Lottery?   ❏ Yes ❏ No

   If you answered yes to (a), (b) or (c) above, please describe:

3. Were you or a close relative with whom you reside:
   a) Employed by the Illinois Lottery at the time you purchased the ticket?   ❏ Yes ❏ No
   b) Employed by a licensed retailer of the Illinois Lottery at the time you purchased the ticket?   ❏ Yes ❏ No
   c) Employed by a contractor of the Illinois Lottery at the time you purchased the ticket?   ❏ Yes ❏ No

   If you answered yes to (a), (b) or (c) above, please describe:

4. Are you party to a contract or any other agreement with any contractor or vendor of the Illinois Lottery that would otherwise prevent you from playing or winning the Lottery?   ❏ Yes ❏ No

   If you answered yes, please describe:

5. Place of Employment: _____

   If not employed, please indicate if you are a student, retired, or not employed.

LEGAL DISCLAIMER

I hereby declare under penalty of perjury, that the above information is true and correct to the best of my knowledge and belief.

Claimant's Signature:	Date:	Printed Name:

Source: 20 ILCS 1605/15; 11 Ill. Adm. Code 1770.200; IDL-283

ILLINOIS LOTTERY WINNER CLAIM FORM

CLAIMANT, PLEASE COMPLETE AND PRESENT TO A CLAIM CENTER

If your claim is validated, your check will be made payable to the claimant's name exactly as shown below, so USE CARE!

CLAIMANT INFORMATION

Claimant's Last Name:	First:	MI:	Birth Date:	Sex: M F

Street Address:	Apt or P.O. Box:

City:	State:	Zip Code:

Email Address:	Phone No:

❏ Individual   Social Security No: ❏ Group Rep

❏ Corporation   Federal Employer No: -
❏ Partnership
❏ Other

Please describe if "Other" box is marked:

Are you a non-resident alien?   Yes   No   Please show country of origin/nationality:

Game Name:	Prize Amount $

LEGAL DISCLAIMER

I understand as a claimant I am subject to all constraints and requirements provided under the Illinois Lottery Law (20 ILCS 1605 *et seq.*), the Illinois Administrative Code (11 Ill. Admin. Code 1770 *et seq.*) and any other applicable laws. I understand I may be asked to participate in interviews with Lottery public relations personnel and the news media and grant permission to use my photograph, comments, or likeness in Lottery-sponsored advertising and promotions, or on the Lottery's website/social media.

Please check the appropriate box before signing:

☐	Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.	☐	I am claiming this prize as the authorized representative of a corporation, limited liability company, trust, or other non-group or non-partnership entity. If I have furnished a FEIN, I certify under penalties of perjury that the number provided is correct.	☐	I am claiming this prize as the designated representative of a group or partnership; I have completed and attached Form 5754 where applicable identifying each person entitled to any part of this payment and any payments from identical wagers. If I have furnished a FEIN, I certify under penalties of perjury that the number provided is correct.

WARNING: Presentation of claim with the intent to **DEFRAUD** the State of Illinois is a Class 4 Felony and upon the **conviction** thereof may subject the offender to a maximum fine of $10,000 and/or imprisonment of up to 3 years.

ID Presented (Driver's License/State ID Number, SSN Card):	Claimant's Signature:	Date:

TO BE COMPLETED BY CLAIM CENTER

Claimant Note: For redemption of prizes up to $25,000, please visit one of our claim centers throughout the state. If submitting a claim through the mail, please send to: **Claims Department**, Illinois Lottery, P.O. Box 19080, Springfield, Illinois 62794-9912.

Staple WINNING & CLAIM Tickets Here to LOTTERY COPY ONLY

Claim Center Note: If you are filing a claim for a Grand Prize Lotto, or a Grand or Second Prize Mega Millions or Powerball Winner, please inform the Lottery immediately, by calling (312) 793-3030.

IMPORTANT: Validate winning ticket via your on-line terminal.

___ ___ ___ ___ ___ ___   ___ ___ / ___ ___ / ___ ___

AGENT NUMBER   **DATE**

___ ___ ___   ___ ___ ___ ___ ___ ___ ___   ___ ___ ___ ___ ___

ON-LINE WINNING TICKET (SERIAL NUMBER)

___ ___ ___   ___ ___ ___ ___ ___ ___   ___ ___ ___

INSTANT WINNING TICKET (GAME, BOOK, TICKET NUMBER)

DO NOT WRITE IN THIS SPACE

___ ___ ___ ___ ___ ___ ___ ___   ___ ___ ___ ___

Prepared By: _____   **Approved By:** _____

STOCK # _____   **CHECK #**_____   **CLAIM #**_____

_____   _____   _____

ILLINOIS LOTTERY WINNER CLAIM FORM

IMPORTANT MAILING INSTRUCTIONS

1. Remember to sign the back of ticket and claim form.
2. Retain copy of the ticket and claim form for your records.
3. Place the original winning ticket and claim form in an envelope.
4. Place return address on envelope and mail to:

Claims Department, Illinois Lottery
P.O. Box 19080
Springfield, Illinois 62794-9912

*The Illinois Lottery is not responsible for lost mail,
we suggest you send by registered mail.*

LOTTERY PRIZE WINNERS OF $250,000 OR GREATER

Under Illinois Lottery Law, 20 ILCS 1605/9 (k), the winner of a prize of $250,000 or greater may request that the Illinois Lottery keep their name and municipality of residence confidential by submitting a written request at the time of claiming.

I hereby request that the Illinois Lottery keep my name and municipality of residence confidential under Illinois Lottery Law, 20 ILCS 1605/9 (k). I understand that this will not prevent disclosure of my name and municipality of residence if requested under the Freedom of Information Act (FOIA).

_____   _____
Claimant's Signature   Date