

2nd CHANCE WINNER CLAIM FORM

PLAYER INFORMATION

LAST NAME: _____ SUFFIX: _____ FIRST NAME: _____ M.I.: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ STATE: _____ ZIPCODE: _____

EMAIL: _____

BIRTH DATE: ____/____/____ SOCIAL SECURITY NUMBER: ____-____-____ I DON'T HAVE A SOCIAL SECURITY NUMBER ☐

I AM **NOT** A US CITIZEN - or - ☐

I AM **NOT** A RESIDENT ALIEN ☐ DAYTIME PHONE NUMBER: (____) _____

ARE YOU A LOTTERY RETAILER? ☐ YES ☐ NO ARE YOU EMPLOYED BY A LOTTERY RETAILER? ☐ YES ☐ NO ARE YOU RELATED TO A LOTTERY RETAILER? ☐ YES ☐ NO

PRIZE INFORMATION

PRIZE NAME _____ DRAWING NAME _____

TICKET ID/ENTRY CODE _____ DRAWING ID (IF APPLICABLE) _____

PROVIDING THE FOLLOWING INFORMATION IS VOLUNTARY

WHICH OF THE FOLLOWING DO YOU CONSIDER YOURSELF TO BE		HOUSEHOLD INCOME (CHECK ONE)
AFRICAN AMERICAN	<input type="checkbox"/>	UNDER \$20,000
ASIAN	<input type="checkbox"/>	\$20,000 TO \$35,000
HISPANIC	<input type="checkbox"/>	\$35,000 TO \$50,000
WHITE	<input type="checkbox"/>	\$50,000 TO \$75,000
OTHER (specify)	<input type="checkbox"/>	OVER \$75,000
		Number of people in household

EDUCATION (CHECK ONE)		SEX (CHECK ONE)	OCCUPATION (CHECK ALL THAT APPLY)
DID NOT FINISH HIGH SCHOOL	<input type="checkbox"/>	MALE <input type="checkbox"/>	STUDENT <input type="checkbox"/>
HIGH SCHOOL GRAD OR GED	<input type="checkbox"/>		EMPLOYED <input type="checkbox"/>
SOME COLLEGE	<input type="checkbox"/>		UNEMPLOYED <input type="checkbox"/>
GRADUATED COLLEGE	<input type="checkbox"/>	FEMALE <input type="checkbox"/>	RETIRED <input type="checkbox"/>

I declare under penalty of perjury and the laws of the Lottery that I am the rightful owner of the winning ticket referenced in this form from International Gaming Technology, that I am 18 years of age or older and that all information provided is true and correct. I understand that any person who, with intent to defraud, falsely makes, alters, forges or counterfeits a Lottery ticket is a violation of Federal Law and could be liable for criminal penalties.

WINNER'S SIGNATURE: _____ DATE: _____

(ONLY ONE SIGNATURE IS PERMITTED)

For District Office Use Only				For Headquarters Use Only		

PLEASE READ ALL INFORMATION AND INSTRUCTIONS BEFORE RETURNING CLAIM FORM

Failure to provide your social security number, date of birth, name and complete address (including apartment or space number), city, state, zip code and phone number may delay or prevent the Lottery from processing our prize claim or result in additional federal taxes being withheld from your prize.

If you are not a U.S. citizen or resident alien, the Lottery is required by federal tax law to withhold additional taxes from your prize. The Lottery is required to withhold federal taxes of 25% for U.S. citizens and resident aliens providing a social security number, and 28% for U.S. citizens and resident aliens not providing a social security number. Claimants who do not mark the citizenship status will have 30% withheld from all prizes. Federal tax rates are subject to change.

BE SURE TO KEEP A COPY OF THIS FORM

MAIL THIS CLAIM FORM TO:

International Gaming Technology
Attn: 2nd Chance Promotion
10 Memorial Boulevard
Providence, RI 02903

PRIZE PAYMENT INFORMATION

Claims submitted to Lottery Headquarters for processing are paid by check from International Gaming Technology. If you do not receive your prize within six weeks, you may contact the Lottery at 1-800-LOTTERY (568-8379), Monday through Friday, 8:00am to 5:00pm.

The Lottery may make individual prize payments to claimants sharing prizes of \$1,000,000 or more if a Multiple Ownership Claim Form is completed and there are less than 100 claimants for the prize. You may request a Multiple Ownership Claim Form by calling 1-800-LOTTERY (568-8379) or by visiting any Lottery District Office.