



OFFICIAL COPY - Mail in with SIGNED Ticket(s)

TEXAS LOTTERY WINNER CLAIM FORM

(For use by individual claimants only)

INSTRUCTIONS TO CLAIMANT

- Staple winning instant or draw ticket(s) to top copy here.
- Enter the information called for on the claim form in items 6 - 17, as appropriate. (NOTE: If a U.S. Citizen or a Resident Alien, a Social Security Number is required in order to receive a prize payment of \$25.00 and over.)
- Each ticket of \$600.00 or more must be claimed on a separate form. Multiple tickets totaling less than \$600.00 may be combined on one form.
- You may claim a prize at any Lottery Claim Center in person or by mail. If mailing: staple your ticket(s) to the white copy(ies) of the claim form(s) and keep the pink copy(ies) for your records. Mail the white and yellow copies of the claim form(s) with the ticket(s) attached to:

Texas Lottery Commission / ATTN: Austin Claim Center
P.O. Box 16600 / Austin, TX 78761-6600
Phone: 1-800-37-LOTTO.

| | | | |
|--|--------------------------|----------------------------------|--|
| Claim center number | Claim number 40272466 | | |
| Cashier's initials | Date processed | | |
| ID Type / ID match YES <input type="checkbox"/> NO <input type="checkbox"/> | ID number / State | Expiration Date | |
| Date paid | Check/Counter number | | |
| Unvalidated claim <input type="checkbox"/> | Hold code | Reason / Agency | |
| Security bag # | | ACTS <input type="checkbox"/> | |

LOTTERY USE ONLY

INSTANT TICKET

| | |
|---|--|
| 1. Ticket number (Number above the bar code) | |
| 2. Validation number (Number from lower play area) | |

DRAW TICKET

| | |
|--|--|
| 3. Ticket number (Number on bottom of ticket) | |
|--|--|

EXCHANGE TICKET

| | |
|----------|------|
| Initials | Date |
|----------|------|

REQUIRED INFORMATION - PLEASE PRINT ALL INFORMATION

| | | | |
|--|--------|-----------------------------------|---------------------------------------|
| PRIZE AMOUNT | | NUMBER OF TICKETS | |
| 4. Total prize value of claim | \$4.00 | 5. Included with claim | 1 |
| 6. Claimant name | | | |
| SHENG | | | |
| LAST | | | |
| YIDAN | | | |
| FIRST | | | |
| MIDDLE INITIAL | | | |
| 7. Citizenship / Residency (For tax purposes only) U.S. Citizen / U.S. Resident Alien <u>No</u> If "No," country of origin <u>CHINA</u> | | | |
| 8. Social Security Number | | 9. Date of Birth | |
| 330-91-2535 | | 03/20/1995 | |
| 10. Mailing address | | | |
| 7421 FRANKFORD RD, APT 2024 | | | |
| Street number and street name or PO Box | | | |
| DALLAS | | TX | |
| City | | State | |
| DALLAS | | 75252 | |
| 11. County | | 12. Email | |
| DALLAS | | AGNESSYD015@GMAIL.COM | |
| 13. Home or Cell # | | 14. Work Phone # | |
| 302-450-6703 | | 302-450-6703 | |
| 15. I PURCHASED THE TICKET (Explain) | | | |
| | | | |
| 16. If purchased, store name and city where ticket purchased: | | 17. Date you received the ticket: | |
| TOM THUMB, RICHARDSON, TX | | 10/22/2018 | |
| • Under penalty of law, I declare that to the best of my knowledge and belief, the information entered above is correct and correctly identifies the person entitled to claim this prize; no other person or entity is entitled to claim any part of this prize; and the recipient is not prohibited by law from purchasing a ticket or claiming, collecting or receiving a lottery prize or share of a prize. I understand it is a violation of law for any person to intentionally or knowingly, claim or aid another in claiming a lottery prize, or a share of a prize, by means of fraud, deceit, or misrepresentation, or to intentionally or knowingly alter or forge a ticket. | | | |
| Claimant signature (must match back of ticket) sign here | | Date | Claimant initials for check received. |
| • By signing below, I release the Commission from any and all liability for use by the Commission of my photograph, image, and video or audio recording in order to advertise and publicize the above lottery winnings for marketing, advertising or other purposes as determined by the Commission. | | | |
| sign here | | | Date |



CLAIMANT COPY - Keep for your records.
TEXAS LOTTERY WINNER CLAIM FORM

(For use by individual claimants only)

| | | | | | | |
|--------------------------|---|---|---------------------------------|--------------------------------|----------------------------------|-----------------|
| INSTRUCTIONS TO CLAIMANT | <ul style="list-style-type: none">• Staple winning instant or draw ticket(s) to top copy here.• Enter the information called for on the claim form in items 6 - 17, as appropriate. (NOTE: If a U.S. Citizen or a Resident Alien, a Social Security Number is required in order to receive a prize payment of \$25.00 and over.)• Each ticket of \$600.00 or more must be claimed on a separate form. Multiple tickets totaling less than \$600.00 may be combined on one form.• You may claim a prize at any Lottery Claim Center in person or by mail. If mailing: staple your ticket(s) to the white copy(ies) of the claim form(s) and keep the pink copy(ies) for your records. Mail the white and yellow copies of the claim form(s) with the ticket(s) attached to: Texas Lottery Commission / ATTN: Austin Claim Center P.O. Box 16600 / Austin, TX 78761-6600 Phone: 1-800-37-LOTTO. | Claim center number | | Claim number 40272466 | | |
| | | Cashier's initials | | Date processed | | |
| | | ID Type / ID match | YES <input type="checkbox"/> | NO <input type="checkbox"/> | ID number / State | Expiration Date |
| | | Date paid | | Check/Counter number | | |
| | | Unvalidated claim <input type="checkbox"/> | Hold code [][][][] | | Reason / Agency | |
| | | Security bag # | | | ACTS <input type="checkbox"/> | |

| | | | | |
|---|--|--|---------------------------------------|------|
| LOTTERY USE ONLY | <u>INSTANT TICKET</u> | | <u>EXCHANGE TICKET</u> | |
| | 1. Ticket number (Number above the bar code) | | Initials | Date |
| LOTTERY USE ONLY | 2. Validation number (Number from lower play area) | | | |
| | <u>DRAW TICKET</u> | | | |
| LOTTERY USE ONLY | 3. Ticket number (Number on bottom of ticket) | | | |
| | <u>PRIZE AMOUNT</u> | | <u>NUMBER OF TICKETS</u> | |
| REQUIRED INFORMATION - PLEASE PRINT ALL INFORMATION | 4. Total prize value of claim | | 5. Included with claim | |
| | \$4.00 | | 1 | |
| REQUIRED INFORMATION - PLEASE PRINT ALL INFORMATION | 6. Claimant name | | | |
| | SHENG LAST | | | |
| REQUIRED INFORMATION - PLEASE PRINT ALL INFORMATION | YIDAN FIRST | | | |
| | | | MIDDLE INITIAL | |
| REQUIRED INFORMATION - PLEASE PRINT ALL INFORMATION | 7. Citizenship / Residency (For tax purposes only) U.S. Citizen / U.S. Resident Alien | | No If "No," country of origin CHINA | |
| | 8. Social Security Number | | 9. Date of Birth | |
| REQUIRED INFORMATION - PLEASE PRINT ALL INFORMATION | 330-91-2535 | | 03/20/1995 | |
| | 10. Mailing address | | | |
| REQUIRED INFORMATION - PLEASE PRINT ALL INFORMATION | 7421 FRANKFORD RD, APT 2024 Street number and street name or PO Box | | | |
| | DALLAS City | | TX State | |
| REQUIRED INFORMATION - PLEASE PRINT ALL INFORMATION | 11. County | | 75252 Zip code | |
| | DALLAS | | | |
| REQUIRED INFORMATION - PLEASE PRINT ALL INFORMATION | 12. Email | | AGNESSYD015@GMAIL.COM | |
| | 13. Home or Cell # | | 14. Work Phone # | |
| REQUIRED INFORMATION - PLEASE PRINT ALL INFORMATION | 302-450-6703 | | 302-450-6703 | |
| | 15. I PURCHASED THE TICKET (Explain) | | | |
| REQUIRED INFORMATION - PLEASE PRINT ALL INFORMATION | 16. If purchased, store name and city where ticket purchased: | | 17. Date you received the ticket: | |
| | TOM THUMB, RICHARDSON, TX | | 10/22/2018 | |
| REQUIRED INFORMATION - PLEASE PRINT ALL INFORMATION | Under penalty of law, I declare that to the best of my knowledge and belief, the information entered above is correct and correctly identifies the person entitled to claim this prize; no other person or entity is entitled to claim any part of this prize; and the recipient is not prohibited by law from purchasing a ticket or claiming, collecting or receiving a lottery prize or share of a prize. I understand it is a violation of law for any person to intentionally or knowingly, claim or aid another in claiming a lottery prize, or a share of a prize, by means of fraud, deceit, or misrepresentation, or to intentionally or knowingly alter or forge a ticket. | | | |
| | Claimant signature (must match back of ticket) sign here | | Date | |
| REQUIRED INFORMATION - PLEASE PRINT ALL INFORMATION | By signing below, I release the Commission from any and all liability for use by the Commission of my photograph, image, and video or audio recording in order to advertise and publicize the above lottery winnings for marketing, advertising or other purposes as determined by the Commission. | | Claimant initials for check received. | |
| | sign here | | Date | |