



## Winner Claim

Cash all prizes of \$599 or less at  
your participating Lottery Retailer

### PLAYER INFORMATION

Fields marked with \* are mandatory

SEE PAGE 2 BEFORE COMPLETING FORM

*LAST NAME					*DATE OF BIRTH	MONTH	DAY	YEAR	
*FIRST NAME	MI	SUFFIX	SSN/TIN						
*ADDRESS 1									
ADDRESS 2									
*CITY					*STATE	*ZIP CODE			
*COUNTRY	E-MAIL								
*PHONE	AREA CODE			<input type="checkbox"/> I do not have a Social Security Number (Check this box only if you do not have a SSN)		<input type="checkbox"/> I am NOT a U.S. Citizen, and I am NOT a Resident Alien			
*Are you a Lottery Retailer?		<input type="checkbox"/> Yes <input type="checkbox"/> No		*Are you employed by a Lottery Retailer?		<input type="checkbox"/> Yes <input type="checkbox"/> No		*Are you related to a Lottery Retailer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

By volunteering to answer the following questions, you will help the Lottery know more about its players. Your responses will not be sold or disclosed to the public.

Which of the following do you consider yourself to be? (Check all that apply)		<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White	<input type="checkbox"/> Other (specify) _____
Annual Household Income	<input type="checkbox"/> Under \$20,000	<input type="checkbox"/> \$20,000 to \$35,000	<input type="checkbox"/> \$35,000 to \$50,000	<input type="checkbox"/> \$50,000 to \$75,000	<input type="checkbox"/> Over \$75,000	Number of People in Household (including yourself): _____
Education	<input type="checkbox"/> Did not finish High School	<input type="checkbox"/> Graduated High School or GED	<input type="checkbox"/> Some College	<input type="checkbox"/> Graduated College		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation (Check all that apply)	<input type="checkbox"/> Student	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired

### TICKET INFORMATION

Attach winning Scratchers® ticket to this form with your name and address showing.

Print Name (One Person Only)	
Daytime Phone	
Address	
City	State Zip
Signature	
TICKET NUMBER XXXX-XXXXXXX-X-XXXXXX	
SCRATCHERS	

Print your name, street address, city, state and zip code; and sign your name on the back of the ticket.

TICKET NUMBER		
13-18 DIGIT NUMBER ON THE BACK OF TICKET		
PRIZE CLAIMED		

Attach winning draw game ticket to this form.

SuperLotto	
01 02 03 04 05 06	
R1234567 XXX-XXXXXXXX-XXXXXX	
Ticket number is also located in the same area on all draw game tickets.	

BL NAME	(Print and name only)	(Date of Birth)
ADDRESS		
PHONE		
SIGNATURE		

Print your name, street address, city, state and zip code; and sign your name on the back of the ticket.

TICKET NUMBER		
18-DIGIT NUMBER ON THE FRONT OF TICKET		
PRIZE CLAIMED		

I declare, under penalty of perjury and the laws of the State of California, including but not limited to California Penal Code sections 118 and 72, that I am the rightful owner of the winning ticket on this form, 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 in violation of state law and could be liable for criminal penalties.

\*Claimant's Signature (Only one signature, and it must match signature on ticket)

\*Date

FOR DISTRICT OFFICE USE ONLY			
PLAYER I.D. CODE	DIST. OFFICE CODE	DATE RECEIVED	POST MARK DATE
DRAW DATE		INITIALS	CONTROL NUMBER

FOR HEADQUARTER OFFICE USE ONLY			
CODE(S)			
REASON			
RELEASED	INITIALS	FINAL	
CRN			



## PLEASE READ ALL INFORMATION AND INSTRUCTIONS BEFORE COMPLETING CLAIM FORM

Failure to provide your original signed winning ticket, 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 your prize claim or result in additional federal taxes withheld from your prize. Lottery prizes are not subject to California state income tax.

***If you are not a U.S. citizen or a 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 24% for U.S. citizens and resident aliens providing a social security number, and 24% for U.S. citizens and resident aliens not providing a social security number. Players who select "I am NOT a U.S. Citizen and I am NOT a Resident Alien" box will have 30% withheld from all prizes. Federal tax rates are subject to change.***

1. Print your name, street address, city, state, and zip code on the back of the ticket.
2. Sign your name on the back of the ticket.
3. Complete the Player Information and Ticket Information sections on the first page of this form.
4. Sign the first page of this form with ink. (ONLY ONE SIGNATURE IS PERMITTED)
5. Staple your ticket to the front of this form.

### **KEEP A COPY OF THIS FORM AND A COPY OF THE TICKET.**

(Include all of the identification numbers shown on both sides of the ticket)

### **MAIL THIS CLAIM FORM, WITH THE TICKET STAPLED ON THE FRONT, TO:**

California Lottery, 730 North 10th Street, Sacramento, CA 95811-0336

## **PRIZE PAYMENT INFORMATION**

Claims submitted to Lottery Headquarters for processing are paid by check from the California State Controller's Office. If you do not receive your prize within eight weeks, contact the Lottery at 1-800-Lottery (568-8379), Monday through Friday, 8:00 a.m. to 5:00 p.m.

A Multiple Ownership Claim Form is available for group players (less than 100) sharing prizes of \$1,000,000 or more. You may request a Multiple Ownership Claim Form by calling 1-800-Lottery (568-8379) or by visiting any Lottery District Office.

## **PRIVACY NOTICE**

The Information Practices Act of 1977 (Cal. Civ. Code sections 1798-1798.78, the Federal Privacy Act (Public Law 93-579), 5 U.S.C. section 552a, and Cal. Gov. Code sections 11015.5 and 11019.9, require that this notice be provided when collecting personal information from individuals.

The Player Information requested on this form will be used to validate and process your claim in accordance with the California State Lottery Act of 1984 (Gov. Code sections 8880 et seq.). The Lottery requires a player's social security or tax identification number (SSN/TIN) for tax withholding and reporting purposes, pursuant to Internal Revenue Code sections 6011, 6041, 6109, 3402, and the regulations enacted thereunder.

The Player Information you provide may be disclosed to various state and federal government agencies, including but not limited to: the State Controller's Office, Franchise Tax Board, Health and Welfare Agency, and the Internal Revenue Service.

The voluntary information that you provide regarding your ethnicity, household income, education, gender, and occupation will be used only by the Lottery to conduct internal demographic studies (which may be completed by agents, contractors, and third-party affiliates). It will not be disclosed to any state or federal government agency or members of the public.

You have the right to access your personal information maintained by the Lottery by contacting the California Lottery, 700 North 10th Street, Sacramento, CA 95811-0336 - Attention: Information Practices Act Coordinator, Legal Services - Executive Division. The Information Practices Coordinator can also be reached at 916-822-8177.

***Purpose and Relevancy of Information Collected:*** Information is collected to validate and process a claim and for purposes of sales, marketing, research, security investigation, legal review, surveys, and strategic planning as related to the operations of the Lottery. By submitting this claim, you consent and agree to such use, and waive any and all legal claims, known or unknown, related to the specified uses set forth herein. The California Lottery is subject to public disclosure laws that allow access to certain governmental records. Your full name, the name and location of the retailer who sold you the winning ticket, the date you won, and the amount of your winnings, including your gross and net installment payments, are matters of public record and are subject to disclosure. The Lottery will not disclose any other personal or identifying information without your permission unless legally required to do so. No information will be collected or accepted from known minors. You may be asked to participate in a press conference.

***Tickets, transactions, purchases, claims and prize payments are subject to federal and state law and California Lottery regulations, policies and procedures. Copies of regulations are available at Lottery District Offices and on our website at [www.calottery.com](http://www.calottery.com). Tickets failing validation are void.***