# WINNER CLAIM FORM

www.kylottery.com

Kentucky LOTTERY

Fueling Imagination. Funding Education.

## INSTRUCTIONS TO CLAIMANT

- **ONLY TICKET OWNERS MAY CLAIM PRIZE!**
- **YOU MUST SIGN YOUR NAME ON THE TICKET.**
- COMPLETE ITEMS 1 THROUGH 10 BELOW.
- **YOU MUST SIGN YOUR NAME ON THE CLAIM FORM.**
- STAPLE TICKET TO TOP COPY. DO NOT STAPLE THROUGH ANY NUMBER OR PLAY AREA ON TICKET.
- MAIL WHITE COPIES OF THIS FORM WITH TICKET TO ADDRESS SHOWN BELOW.

**MAIL TO: Claims Department**
**1011 W Main Street**
**Louisville, KY 40202**

**1. NAME**

PLEASE PRINT | LAST NAME | FIRST NAME | MI

**2. SOCIAL SECURITY NUMBER** __ __ __ – __ __ – __ __ __ __

**3. DATE OF BIRTH** __ __ – __ __ – __ __ __ __

MONTH | DATE | YEAR

**4. RESIDENT STATUS**

1 U.S. CITIZEN ☐ | 2 NON-RESIDENT ALIEN ☐ | 3 RESIDENT ALIEN ☐

**EMAIL**

**5. MAILING ADDRESS**

**APARTMENT/UNIT #** (IF APPLICABLE)

**6. CITY**

**7. STATE**

**8. ZIP CODE** __ __ __ __ __ – __ __ __ __

**9. PHONE NUMBER** __ __ __ – __ __ __ – __ __ __ __

**10.** Presently or in the past 180 days, have you , or any member of your family, been any of the following with respect to a business that sells Kentucky Lottery tickets: employee, owner, partner, member, managing member, officer, director, or shareholder? Yes / No.

If yes, provide the name, address and telephone number of the business. _____

_____

I declare I am not (1) a director, or officer or employee of the Kentucky Lottery Corp., (2) a vendor (or related entity) of a major lottery-specific procurement item to the Kentucky Lottery Corp. or an officer, director, employee, partner or owner of such a vendor (or related entity), or (3) spouse, child, sibling, or parent residing as a member of the same household in principal residence of any such person, prohibited from purchasing a ticket or claiming a prize from the Kentucky Lottery Corp., under KRS 154A.110. **Under penalty of perjury, I declare that to the best of my knowledge and belief, the name, address and social security number provided above correctly identified me asthe rightful owner of the winning ticket, and the recipient of the payments and that no other person is entitled to any part of the payments.** I understand that the Kentucky Lottery Corp. is required by federal and state law to collect my social security number, and that Kentucky and federal taxes shall be withheld by the KLC from prize payments in such amounts as may be required, in accordance with applicable provisions of state and federal law, and that any attachments, garnishments, delinquent amounts, or executions authorized and issued pursuant to statute shall also be withheld. **I understand that any person who, with intent to defraud, falsely present for payment a forged or counterfeit lottery ticket is in violation of state law.** I authorized the Kentucky Lottery to use my name, image, and voice for any reasonable publicity it considers desirable. I understand that the KLC, pursuant to applicable state and federal law, may be required to send my personal and prize information to state governmental agencies for their administrative use.

**CLAIMANT'S SIGNATURE:**_____ **DATE:** _____

**FOR LOTTERY/CASHING AGENT USE ONLY**

| DATE | CLAIM NUMBER | PRIZE AMOUNT | CASHIER INITIALS |
|---|---|---|---|
| | | | |

**CONFIDENTIAL**

WHITE – LOTTERY HEADQUARTERS | YELLOW – RETAILER OR LOTTERY OFFICE | REV. 10/20