

[ STAPLE TICKET  
HERE ]



# Prize Claim Form

**A** On the back of your ticket, complete the information requested and sign your name. If you do not sign the back of the ticket and it is lost or stolen, anyone can claim your prize. **NOTE: Any LOTTO prize of \$100 or less can be claimed at any LOTTO retailer. Any INSTANT prize of \$100 or less can be claimed at any INSTANT retailer. A claim form is ONLY required for prizes of \$101 or more.**

**B** Complete items 1-19 below. This form may be used for claiming either an instant scratch or lotto prize.

Staple your ticket to the top left corner of this form. Keep the yellow copy for your records and mail the white copy to :

**South Dakota Lottery, 711 E. Wells Avenue, Pierre, SD 57501**

**C** Or hand deliver your ticket and the completed claim form to any of the following Lottery Offices:

*In Pierre*  
Office Open 8 a.m. to 5 p.m., CT  
711 E. Wells Avenue  
605-773-5770

*In Rapid City*  
Office Open 8 a.m. to 4 p.m., MT  
221 Mall Dr, Suite 103  
605-394-5106

*In Sioux Falls*  
Office Open 8 a.m. to 5 p.m., CT  
3605 S. Western Avenue, Suite B  
605-367-5840

|    |                                   |                      |                          |   |                      |
|----|-----------------------------------|----------------------|--------------------------|---|----------------------|
| 1  | <input type="text"/>              | <input type="text"/> | <input type="text"/>     | 2   | <input type="text"/> |
|    | FIRST NAME (Please Print)         | M.I.                 | LAST NAME (Please Print) |   | SEX                  |
| 3  | <input type="text"/>              |                      | 4                        | <input type="text"/>  |                      |
|    | MAILING ADDRESS (STREET OR BOX #) |                      |                          | CITY  |                      |
|    |                                   |                      |                          | STATE   |                      |
| 6  | <input type="text"/>              | <input type="text"/> | 7                        | <input type="text"/>  | <input type="text"/> |
|    | ZIP CODE                          |                      |                          | SOCIAL SECURITY NUMBER*   |                      |
| 8  | <input type="text"/>              | <input type="text"/> | <input type="text"/>     | <input type="text"/>  | <input type="text"/> |
|    |                                   |                      |                          | DATE OF BIRTH   |                      |
| 9  | <input type="text"/>              | <input type="text"/> | <input type="text"/>     | <input type="text"/>  | <input type="text"/> |
|    | DAYTIME TELEPHONE                 |                      | 10                       | <input type="text"/>  |                      |
|    |                                   |                      |                          | PRIZE AMOUNT CLAIMED  |                      |
|    |                                   |                      | 11                       | <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident |                      |
|    |                                   |                      |                          | (CHECK ONLY ONE)  |                      |
| 12 | <input type="text"/>              |                      |                          |   |                      |
|    | EMAIL ADDRESS                     |                      |                          |   |                      |

## 13 INSTANT TICKET INFORMATION

Complete this area if you are claiming a scratch ticket prize.

Number on back of the ticket below the bar code

## 14 LOTTO TICKET INFORMATION

Complete this area if you are claiming a lotto prize.

Validation Number (below the logo)

### PLEASE READ AND RESPOND TO 15, 16, 17, 18 AND 19, THEN SIGN AND DATE BELOW.

- 15** Do you own or work for a business that sells South Dakota Lottery tickets? ☐ Yes ☐ No  
If yes, identify the business name and location.  
Name of business: \_\_\_\_\_ City: \_\_\_\_\_
- 16** The Lottery may use this information for promotional purposes (such as print, radio, television and social media). ☐ Yes ☐ No
- 17** The Lottery may also take and use your photo or video image for promotional purposes (such as print, radio, television and social media). ☐ Yes ☐ No
- 18** The Lottery may contact you via email to conduct surveys. ☐ Yes ☐ No
- 19** I declare, under penalty of perjury, that all information provided is true and correct to the best of my knowledge and that I am not a person prohibited by law from purchasing a lottery ticket or claiming or accepting a prize from the Lottery. I understand that any person who, with intent to defraud, falsely makes, alters, forges, passes, or counterfeits a ticket is guilty of a felony pursuant to SDCL 42-7A-30.

Claimant/Winner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail ☐ Hand Delivered ☐

Received by \_\_\_\_\_ Date \_\_\_\_\_ Claim # \_\_\_\_\_ Check # \_\_\_\_\_

\*Your social security number may be used to report the amount of your prize to the Internal Revenue Service as required by federal law, and to determine whether a debt is owed to or collected through a state agency pursuant to SDCL 42-7A-51 et seq.

\*\*SD Lottery Commission rules authorize the Lottery to publish the name, city, state of residence, and prize amounts of instant scratch and lotto game winners as a matter of public record (48:01:04:10:01 and 46:03:03:05).