

STAPLE TICKET TO TOP COPY HERE
DO NOT STAPLE THROUGH ANY NUMBER OR PLAY SPOTS ON TICKET!

WINNER CLAIM FORM

www.kylottery.com



MAIL TO:
Kentucky Lottery Corporation
Claims - Dept. 100
Louisville, KY 40287-0001

INSTRUCTIONS TO CLAIMANT

- ON BACK OF TICKET, PRINT YOUR NAME & ADDRESS.
- **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 OF FORM AT LEFT.
- MAIL WHITE COPIES OF THIS FORM WITH TICKET TO ADDRESS SHOWN ABOVE.

FOR LOTTERY/CASHING
AGENT USE ONLY

DATE _____ CASHIER INITIALS _____

CLAIM NUMBER _____

PRIZE AMOUNT _____

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

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) a 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 as the recipient of the payments and that no other person is entitled to any part of the payments. I understand 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 authorize the Kentucky Lottery to use my name, image and voice for any reasonable publicity it considers desirable.

CLAIMANT'S SIGNATURE: _____ DATE: _____

CONFIDENTIAL