CLAIM FORM
ILLINOIS LOTTERY

E 0015914

CLAIMANT COMPLETE AND PRESENT TO AGENT OR CLAIMS CENTER

If your claim is validated, your check will be payable to claimant's name exactly as shown below, so USE CARE!

CLAIMANT'S NAME: Leave one space between last name, first name and initial

DATE OF BIRTH

STREET ADDRESS, ROUTE OR BOX NUMBER

APT. NO.

CITY OR TOWN

STATE

ZIP CODE

SEX M F

Individual Group Rep Social Security Number Area Code Telephone Number

Corporation Partnership Other Federal Employer Number

Are you a non-resident alien? Yes No

Please specify if "Other" box is marked:_____

Winnings from identical wagers $_____

Game Name:_____

Prize Amount $_____

Place of Employment (if prize exceeds $10,000):_____

I agree to participate in interviews with Lottery public relations personnel and the media, and grant permission to use my name, photograph, comments and image in Lottery-sponsored advertising and promotions, and on the Lottery's website.

Check appropriate box before signing

☐ Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

or

☐ I am claiming this prize as the representative of a group or partner in a partnership, and have completed and attached a Form 5754 identifying each person entitled to any part of this payment and any payments from identical wagers. If I have furnished an FEIN for a partnership corporation or other entity, I certify under penalties of perjury that the number provided is correct.

WARNING: Presentation of claim with the intent to **DEFRAUD** the State of Illinois is a Class 4 Felony and upon the conviction thereof may subject the offender to a maximum fine of $10,000 and/or imprisonment of up to 3 years.

IDENTIFICATION PRESENTED:_____ _____ _____

DRIVER'S LICENSE NUMBER/STATE CLAIMANT'S SIGNATURE DATE

TO BE COMPLETED BY AGENT OR CLAIMS CENTER

Claimant note: For your immediate redemption of prizes up to $25,000 please visit one of our check writing centers throughout the state. Valid claims made through the agent and mailed will be paid in approximately 4 weeks. If you do not receive a response on this claim within one month, contact the Claim Department, Illinois Lottery, 3-910 P.O. Box 19080, Springfield, Illinois 62794-9080. Phone Number 1-217-524-5150.

Staple WINNING & CLAIM Tickets Here to LOTTERY COPY ONLY

Agt. Note: If you are filing a claim for a Grand Prize Lotto Winner, or a Grand Prize or Second Prize Mega Millions Winner, please inform the Lottery immediately, by calling 1-800-252-1775

IMPORTANT: Validate winning ticket via your on-line terminal or GVT

AGENT NUMBER DATE

ON-LINE WINNING TICKET

SERIAL NUMBER

INSTANT WINNING TICKET

(GAME, BOOK, TICKET NUMBER)

AGENT'S SIGNATURE:_____

DO NOT WRITE IN THIS SPACE

VIRN Claim Ctr

VALIDATED

Prepared by:_____ Approved by:_____

Rev. 3/04

LOTTERY COPY__WHITE CLAIMANT'S COPY__PINK AGENT'S COPY__BLUE