



# ILLINOIS LOTTERY WINNER CLAIM FORM



PLEASE CAREFULLY COMPLETE AND PRESENT  
THIS FORM TO THE NEAREST PRIZE CENTER IN-PERSON OR BY MAIL  
TO SPRINGFIELD (PO Box 19080, Springfield, IL 62702) WITH A VALID WINNING  
LOTTERY TICKET (Over \$600)

If your claim is validated, your check will be made payable to the claimant's name exactly as shown below.

The Winner Claim Form must be completed to ensure compliance with the Illinois Lottery Law and Regulations. Failure to comply will result in your claim not being processed. Complete back of ticket with one name, address and signature. The winning ticket and claim form must be completed in the name of one individual or legal entity. NOTE: The Lottery Ticket is a bearer instrument which means once a name, address and signature have been affixed to the back of the ticket, this information can't be changed, altered, whited out, or scratched off. A damaged, altered, mutilated, unreadable ticket is automatically "void". For any questions, visit the Lottery Website ([illinoislottery.com](http://illinoislottery.com)) or contact the hotline (1-800-252-1775).

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Birth Date</b>
<b>Street Address</b>			<b>Apt or PO Box</b>
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone Number</b>
<b>Social Security No./FEIN</b>		<b>Email Address</b>	

### CLAIMANT QUESTIONNAIRE

Are you or a close relative, with whom you currently reside, employed by the Illinois Lottery?

Yes  No

Were you or a close relative, with whom you currently reside, employed by the Illinois Lottery at time of purchase?

Yes  No

What is your place of employment (or if student/retired/not employed)? \_\_\_\_\_

Are you a party to a contract or any other agreement with any contractor or vendor of the Illinois Lottery that would otherwise prevent you from playing or winning the Illinois Lottery? Yes  No

Claim Type:  Individual  Corporation  Group Rep (IL Form 5754 included)  Partnership  Other

Please describe if "Other" is marked:

\_\_\_\_\_

Are you a non-resident alien? Yes  No

If "Yes", indicate country of origin/nationality: \_\_\_\_\_

### STATEMENT OF PURPOSE FOR THE COLLECTION OF CERTAIN INFORMATION

**The Identity Protection Act, 5 ILCS 179/1 et seq.**, requires each local and State government agency to draft, approve, and implement an Identity Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting, maintaining, and using a person's Social Security number (SSN). The Illinois Lottery also collects additional Personal Identity Information and therefore includes their collection, maintenance, and use within this statement of purpose. Illinois Lottery will only use your SSN or other Personal Identity Information in accordance with its Identity Protection Policy, available on the Illinois Lottery's website at [illinoislottery.com](http://illinoislottery.com). Must be 18 or older to buy a lottery ticket and 21 or older to buy a sports lottery ticket. Please play responsibly. If you or someone you know has a gambling problem call 1-800-GAMBLER®



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### ANONYMITY WAIVERS

Having won \$250,000 or greater, I hereby request that the Illinois Lottery keep my name and municipality of residence confidential under Illinois Lottery Law, 20 ILCS 1605/9 (k). I understand that this will not prevent disclosure of my information if requested under the Freedom of Information Act (FOIA ). Initials \_\_\_\_\_

### CERTIFICATION & SIGNATURE

I understand, as a claimant, I am subject to all constraints and requirements provided under the Illinois Lottery Law (20 ILCS 1605 ET Seq.), The Illinois Administrative Code (11 ILL. Admin Code 1770 ET Seq.) and any other applicable laws. Under penalty of perjury, I declare that the name, address, Social Security number, and all other information which I have provided, correctly identifies me as the recipient and rightful owner of the prize claim, and that the ticket attached to this claim has not been stolen, falsely made, altered or forged. I understand I may be asked to participate in interviews with Lottery public relations personnel and the news media which will use my photograph, comments, or likeness in Lottery-sponsored advertising and promotions, or on the Lottery's website/social media. I certify that I have read and understand the information on this form. I certify that the information provided by me is accurate. I understand that if any information provided is knowingly false, I am subject to punishment of up to a maximum fine of \$10,000 and/or imprisonment of up to 3 years for a Class A felony.

\_\_\_\_\_ ID Presented (Driver's License/State ID Number)

\_\_\_\_\_ Claimant's Signature

\_\_\_\_\_ Date

### FOR OFFICIAL LOTTERY USE ONLY BELOW

#### ONLINE TICKET SERIAL NUMBERS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### INSTANT TICKET SERIAL NUMBERS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Game \_\_\_\_\_

Amount Claimed \$ \_\_\_\_\_

\_\_\_\_\_ STOCK #

\_\_\_\_\_ CHECK#

\_\_\_\_\_ CLAIM #

Prepared by:

Date: