



IOWA LOTTERY WINNER CLAIM FORM

REFERENCE NO. _____

Send completed form to:
Iowa Lottery, P.O. Box 10474
Des Moines, Iowa 50306-0474

INSTRUCTIONS TO WINNER (Use one form per winning ticket.)

- Sign the back of your winning ticket.
- To claim instant-scratch prizes you must complete items 1 through 10. Item 3 is optional.
- To claim on-line game prizes you must complete items 1 through 9, and 11. Item 3 is optional.
- Prizes from games available only in Iowa must be claimed within 90 days of the drawing for which the play was eligible. Prizes from multi-state on-line games must be claimed within 365 days of the drawing for which the play was eligible.
- **For all prizes:** After completing this form you must sign at item 13. This signature must match the signature on the back of your ticket. If you are a minor, your parent/guardian must also sign at Item 12.
- If you are claiming a portion of this prize for someone else (such as your spouse or members of a group) you must identify all other winners entitled to any portion of this prize by filing Internal Revenue Service Form 5754 with us. Form 5754 is available from the Lottery. Questions should be discussed with your tax advisor.
- Staple the ticket to the bottom of the form where indicated.

1. NAME _____

2. ADDRESS _____

CITY _____ STATE _____ ZIP _____

3. PHONE NUMBER (____) _____ - _____

4. SOCIAL SECURITY # _____ - _____ - _____

5. PRIZE CLAIMED \$ _____ .00

6. GENDER ___ M ___ F

7. DATE PURCHASED ____ / ____ / ____

8. BIRTH DATE ____ / ____ / ____

9. IF NOT U.S. CITIZEN, YOUR CITIZENSHIP _____

10. INSTANT TICKET # _____ - _____

11. ONLINE TICKET # _____ - _____

WINNER CERTIFICATION: I certify that I am the sole owner of the lottery ticket submitted with this form, or that I have been authorized by all other owners of this ticket to claim the prize on their behalf. I also certify that 1) the purchaser of this ticket was at least 21 years old or that, if a gift, this ticket was given to me by the purchaser, who was at least 21 years old; 2) that I have not altered this ticket in any way; 3) that this ticket is not stolen; 4) that I am not disqualified by law from receiving a prize from the Iowa Lottery Authority and 5) that I am not subject to backup withholding due to my failure to report interest and dividend income. Parent or guardian must also sign ticket for any claimant who is a minor. Under penalties of perjury, I declare that to the best of my knowledge and belief that the information supplied on this form is true and correct and that I have correctly identified any other person who is entitled to any of these winnings.

12. PARENT/GUARDIAN'S SIGNATURE _____ **DATE** _____
(Only required if claimant is a minor)

BY SIGNING THIS CLAIM FORM, I agree to indemnify and hold harmless the state of Iowa and the Iowa Lottery Authority, its elected officials, appointees, employees, agents and volunteers from any judgments, liabilities, losses, settlements or damages, including reasonable attorney's fees incurred as a result of any untrue or inaccurate information which I have supplied in connection with claiming this prize.

BY SIGNING THIS CLAIM FORM, I authorize the Iowa Lottery Authority to use my name and likeness for any publicity purposes that it deems desirable. I authorize the lottery to begin my membership in the Iowa Lottery **VIP Club**. I understand that the lottery will use my e-mail address for this purpose only, and it will not sell, share or rent my e-mail address with any other persons or entities.

My e-mail address is: _____ Check here if you **do not** want to be a VIP Club member:

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

13. WINNER'S SIGNATURE _____ **DATE** _____

The Lottery uses the information supplied on this form to enable it to pay you your prize, to report your prize winnings to the Internal Revenue Service and the Iowa Department of Revenue (if reporting is required), for research purposes, and for publicity purposes. The information provided may also be shared with other governmental agencies, such as the Iowa Department of Human Services, and members of the public.
PRIVACY ACT NOTICE (5 USC 552a): Disclosure of your Social Security Number on this form is mandatory. It is authorized by 42 USC 405(c)(2)(C)(i), 26 USC 3402(q), 26 USC 6041, and Iowa Code sections 99G.31, 252J.8(1), and 421.17(21). The Lottery collects this information to accurately process tax information and to cross-check various programs as required by state and federal law. In the event this information becomes the subject of a public records request, the Lottery will redact your Social Security number on the claim form. The remaining information is used for research and publicity purposes and will be made available to members of the public. Failure to provide the information on this form may delay or prevent the payment of your prize.

STAPLE TICKET HERE

FOR LOTTERY USE ONLY	
REC. BY: _____	D.E. BY: _____
REGION: _____	DATE: _____
CHECK REC. BY: _____	