



STAPLE WINNING TICKET HERE

PLEASE DO NOT STAPLE THROUGH ANY NUMBERS OR PLAY AREA ON THE TICKET!!

NORTH CAROLINA EDUCATION LOTTERY Prizes of \$599 or Less WINNER CLAIM FORM

For more information, visit our website at https://nclottery.com/ClaimPrizes

CLAIMANT – PLEASE PRINT WHEN COMPLETING SECTION

1. MS. / MR. FIRST MIDDLE NAME LAST
2. ADDRESS
3. CITY 4. STATE 5. ZIP CODE
6. COUNTY 7. DATE OF BIRTH (MM-DD-YYYY)
8. REQUIRED PHONE NUMBER

Under penalty of perjury, I certify that I (the Claimant) am at least 18 years of age or older. I acknowledge that pursuant to N.C.G.S. §18C-132(j), "No prize shall be paid to a person under the age of 18." The NCEL reserves the right to require Claimant to provide proof of age prior to issuance of any prize payment.

9. CLAIMANT SIGNATURE DATE

FOR LOTTERY USE ONLY

- The Federal Privacy Act (Public Law 93-579), 5 U.S.C. §552a requires that this notice be provided when personal information is collected from individuals.
The Player information requested on this form will be used to validate and process your claim in accordance with the North Carolina State Lottery Act and the regulations adopted thereunder (N.C.G.S. §§18C-120(b)(1) and 18C-132(l)).
Information is collected to validate and process a claim and for promotional, investigative and administrative purposes.
I understand that NCEL, its retailers and advertising agencies, and the news media may use my name, likeness, and statements for reproduction as it relates to winner awareness for purposes of advertising, promotion, display, or exhibition.
If I am claiming as an entity, other than as an individual, I certify that I am the legal representative authorized to sign any and all documents required by the NCEL to process this claim, and to bind such entity to the terms of this Claim Form and all NCEL rules and procedures.
Under penalty of perjury, I certify that the taxpayer identification number shown on this form correctly identifies the recipient of this payment, I am a U.S. citizen or legal U.S. resident and I am not subject to backup withholdings (if applicable).
I understand that the NCEL, pursuant to the North Carolina State Lottery Act, will send my personal and prize information to the NC Department of Health and Human Services for its administrative use.

Please send the completed claim form, original ticket(s) to: North Carolina Education Lottery Headquarters P.O. Box 41606 Raleigh, North Carolina 27629-1606

Regional Office #: Received By (signature): # of Tickets: Date:
Created: Approved: