

WINNER CLAIM FORM



Please read all information and instructions before completing claim form

Instructions, Privacy Act Notice and Disclosures are on the back of form. For your record, make a copy / take a photo of your ticket(s), validation slip(s) (if applicable) and completed and signed claim form prior to sending to the NJ Lottery. Enclose original SIGNED tickets.

FOR LOTTERY USE ONLY VALIDATION #	SECURITY #

1 CLAIM DATE				2 NUMBER OF TICKETS CLAIMING				3 TOTAL CLAIM AMOUNT							
M	M	D	D	Y	Y	Y	Y								

4 LAST NAME (EXACTLY AS REPORTED TO THE IRS)								5 FIRST NAME								MI	SUFFIX

5 GROUP NAME (OPTIONAL) IF A GROUP, COMPLETE AND ATTACH IRS FORM 5754															

6 ADDRESS (INCLUDE APT NUMBER OR FLOOR, IF ANY)															

7 CITY												STATE	ZIP		

8 PERSONAL / TAX INFORMATION															
8A Are you a U.S. Citizen or Permanent Resident with an SSN? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES provide SSN in 8C NOTE: If Permanent Resident, place Permanent Resident USCIS Number in Section 11 8B Do you have an ITIN or "Work Only" SSN? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES Place ITIN in 8C and Enter Passport Issuing Country and Number in Sections 10 and 10A. If NO to both 8A and 8B, leave 8C blank and complete sections 10 and 10A.															

8C SSN / ITIN				8D DATE OF BIRTH				9 PHONE NUMBER <input type="checkbox"/> HOME <input type="checkbox"/> MOBILE				IF MOBILE PHONE, ARE TEXT MESSAGES AUTHORIZED <input type="checkbox"/> YES <input type="checkbox"/> NO							
				M	M	D	D	Y	Y	Y	Y								

10 PASSPORT ISSUING COUNTRY (ONLY FILL IN IF NON-U.S. RESIDENT)								10A PASSPORT NUMBER (ONLY FILL IN IF NON-U.S. RESIDENT)							

11 IDENTIFICATION PROVIDED (TYPE/NUMBER) EX: PERMANENT RESIDENT CARD, STATE ID / DL												STATE	DL/ID		

12 PERSONAL EMAIL ADDRESS															

13 PAYMENT TYPE (SELECT ONE)								13A IF DIRECT DEPOSIT (ACH) IS SELECTED, COMPLETE 13A - 13E							
<input type="checkbox"/> MAILED CHECK <input type="checkbox"/> DIRECT DEPOSIT (ACH)								ACCOUNT TYPE: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS							

13B BANK ROUTING NUMBER								13C BANK ACCOUNT NUMBER							

13D BANK NAME															

13E NAME ON ACCOUNT (MUST MATCH ACCOUNT INFO EXACTLY)															

14 ANONYMITY WAIVER: (SELECT "YES" OR "NO") <input type="checkbox"/> YES <input type="checkbox"/> NO															
I ACKNOWLEDGE MY IDENTITY MAY REMAIN ANONYMOUS, HOWEVER, IF I CHECK "YES", I AM KNOWINGLY WAIVING MY ANONYMITY, AS DESCRIBED IN MORE DETAIL ON THE BACK OF THIS FORM, WHICH I HAVE READ AND UNDERSTAND. (SEE REVERSE FOR DETAILS)															

15 USE OF PERSONAL INFORMATION: (SELECT "YES" OR "NO") <input type="checkbox"/> YES <input type="checkbox"/> NO															
BY CHECKING "YES" AND PROVIDING MY SOCIAL SECURITY NUMBER, I UNDERSTAND MY CLAIM FOR MY PRIZE MAY BE EXPEDITED. I ALSO UNDERSTAND MY SOCIAL SECURITY NUMBER MAY BE PROVIDED TO OTHER STATE AGENCIES FOR PURPOSES OF IDENTIFYING OUTSTANDING OBLIGATIONS AND OTHER STATE DEBTS AND MY WINNINGS MAY BE GARNISHED FOR THOSE OBLIGATIONS. (SEE REVERSE FOR DETAILS)															

16 CERTIFICATION															
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 CLAIMED, AND THAT THE TICKET ATTACHED TO THIS CLAIM HAS NOT BEEN FALSELY MADE, ALTERED, FORGED OR COUNTERFEITED. I CERTIFY THAT I HAVE READ AND UNDERSTAND THE INFORMATION ON THE FRONT AND BACK OF THIS FORM. I CERTIFY THAT THE INFORMATION PROVIDED BY ME IS TRUE AND ACCURATE. I UNDERSTAND THAT IF ANY INFORMATION PROVIDED IS KNOWINGLY FALSE, I AM SUBJECT TO PUNISHMENT. SIGNATURE AUTHORIZES NEW JERSEY LOTTERY TO DEPOSIT PAYMENT INTO BANKING ACCOUNT.															

17 CLAIMANT SIGNATURE															



WINNER CLAIM FORM

PLEASE USE THIS FORM FOR PRIZE CLAIMS OF \$600 OR MORE AND QUESTIONABLE TICKETS

INSTRUCTIONS TO CLAIMANT

- ▶ Read all instructions, Privacy Act Notice and Disclosure statements carefully.
- ▶ **Must sign back of original ticket and Claim Form. Name and signatures must match.**
- ▶ Complete ALL Boxes, as needed, ask Retailer, contact Customer Service at 1-800-222-0996, or visit our website at <https://www.njlottery.com/en-us/player/tools/claimprize.html> for assistance.
- ▶ Failure to provide your original signed winning ticket, Social Security Number, date of birth, complete address, and phone number may delay or prevent the New Jersey Lottery from processing your claim or result in additional federal taxes withheld from your prize.
- ▶ Tear envelope along perforated edge, fold ticket flat, and firmly secure tape to seal envelope.
- ▶ **For your records, make a copy / take a photograph of your ticket(s) with signature, ticket validation slip (if applicable) and completed claim form prior to sending to the New Jersey Lottery.**
- ▶ Payment of prize requested herein is subject to all applicable New Jersey Lottery Rules and Regulations.
- ▶ Allow approximately 6 weeks for processing. For questions concerning payment, contact Customer Service at 1-800-222-0996 or visit our website at <https://www.njlottery.com/en-us/player/tools/claimprize.html>.

EXPLANATION OF BOXES & INSTRUCTIONS

- Box 1** Claim Date – Enter today's date.
- Box 2** Total of Tickets Claiming
- Box 3** Total Claim Amount. Add all ticket totals from Box 2 together.
- Box 4** Name of Claimant – Name of the person claiming the ticket (Last Name, First Name, Middle Initial, Suffix (i.e. Jr, Sr, II, III)).
NOTE: PRINT NAME EXACTLY AS REPORTED TO THE IRS.
- Box 5** Group Name – Name of Group is Optional.
NOTE: If sharing a prize, obtain IRS Form 5754 from <http://www.irs.gov> or 1-800-829-1040 and attach to claim.
- Box 6-7** Address / City / State / Zip Code – Claimant's mailing address, including apartment number or floor.
If address changes during the year, contact the New Jersey Lottery at 1-800-222-0996.
- Box 8 (A)(B)** If Non-U.S. Citizen or Permanent Resident see Boxes 10, 10(A), and 11. If you do not provide the New Jersey Lottery with a tax identification number and elect not to report your residency status, your prize will be subject to the Internal Revenue Service non-resident withholding requirements. For further information see Privacy Act notice and disclosures below. A copy of the Passport, ITIN or Permanent Resident Card is required for Non-U.S. Citizens / Permanent Residents.
- Box 8 (C)** Claimant Social Security Number or Taxpayer ID (If "Work only" Taxpayer ID Number (TIN), passport info is required).
NOTE: For winnings \$1,000,000 and above, a copy of the Claimant's Social Security Card, Driver's License and/or Passport is required.
- Box 8 (D)** Date of Birth – Required if the amount of any one prize is over \$600 or more.
- Box 9** Text messaging may be used for claim status updates. Data rates may apply if authorizing text messages.
- Box 10A** Passport Country of Issue / Number – Claimant without a Social Security Number who is a Non-U.S. Citizen must provide their Passport Country of Issue and Number. This information is required for claiming prize and tax purposes. Failure to include will delay payment. The Retailer does not retain this information. **NOTE: For winnings \$1,000,000 and above, a copy of the Claimant's Identification is required.**
- Box 11** Proof of Identification – Examples of acceptable forms of identification are Driver's License; identification issued by a public agency; Passport, Work Authorization Card, Permanent Resident Card, Green Card; identification issued by any branch of the Armed Forces of the U.S. **NOTE: For winnings \$1,000,000 and above, a copy of the Claimant's Non-Resident Identification is required.**
- Box 12** Personal email address may be utilized to send correspondence regarding claim.
- Box 13 (A)(B)(C)(D)(E)** Select either a Mailed Check or Direct Deposit (ACH). By selecting ACH and authorizing the use of ACH, you agree to hold harmless New Jersey Lottery and its representatives and designees for any issues arising from use of ACH including, but not limited to, bank errors, incorrectly input information, (such as name reported to the IRS and bank account differing) overpayment, or underpayment. If you change banking information, the New Jersey Lottery must be notified in writing via Certified Mail. Proof of identification (i.e. Driver's License, Social Security Card, Passport) must be provided. This is a one time authorization for the payment of this prize(s) as part of this claim. Please take notice If Claimant's name on file with the IRS differs from the Claimant's name used with their banking institution, this may cause issues with an ACH Deposit. Claimant may request the New Jersey Lottery hold payment until any such discrepancies are resolved with their banking institution.
- Box 14** Anonymity Waiver – By checking "YES" I am waiving my anonymity and allowing the New Jersey Lottery and its agents, representatives and designees, to use my name, town and state of residence, prize amount, and photographic or video-graphic likeness, in any medium for the purposes of advertising or trade. I acknowledge I have read the Privacy Act Notice and Disclosures on this Winner Claim Form. Pursuant to the New Jersey Lottery Law (N.J.S.A. 5:9-1 et seq. and N.J.A.C. 17:20-1 et seq.) ("New Jersey Lottery Law"), holders of winning tickets or shares may remain anonymous indefinitely. The identity of a holder choosing to remain anonymous shall not be included under materials available to public inspection pursuant to the New Jersey Open Public Records Act (N.J.S.A. 47:1A-1 et seq. and N.J.A.C. 17:20-7.7) By authorizing the New Jersey Lottery and its agents, representatives and designees to use your name, town and state of residence, prize amount, and photographic and video-graphic likeness (collectively "Likeness"), you agree to hold harmless the New Jersey Lottery and its agents, representatives and designees, and its/their respective employees, for any unauthorized use or misuse of your Likeness.
- Box 15** Use of Personal Information – By checking "YES", I am voluntarily consenting to provide my Social Security Number to the New Jersey Lottery in which the New Jersey Lottery may share with additional state agencies for purposes of identifying outstanding obligations. Providing my Social Security Number to these agencies may speed the New Jersey Lottery's ability to process and validate my claim. Nothing in the New Jersey Lottery law section N.J.S.A. 5:9-7(b) and associated regulations shall be construed to prevent the conduct of data exchange among authorized State and Federal entities.
- Box 16** Certification – Claimant must read and sign claim form.
- Box 17** **Signature on claim form must match signature on back of original ticket. Claim will not be processed without signature. Signature authorizes New Jersey Lottery to deposit payment into banking account.**

PRIVACY ACT NOTICE AND DISCLOSURES

The Federal Privacy Act (Public Law 93-579), 5 U.S.C. §552a, requires that this notice be provided when collecting personal information from individuals. Disclosure Requirement: Each claimant submitting this form for payment of winnings shall furnish to the New Jersey Lottery the information required on the Internal Revenue Service ("IRS") Form W-2G (or any other form required by the IRS), including but not limited to the claimant's: (i) Name; (ii) Address; (iii) Social Security Number; and (iv) Prize Amount. This disclosure is mandatory and such information will be disclosed by the New Jersey Lottery to the IRS for tax withholding and reporting purposes pursuant to 5 U.S.C. §552a(b)(3); 26 U.S.C. §3402(q), 6011, 6041, 6103(h)(1), and 6109; 42 U.S.C. §405(c)(2)(C); 26 C.F.R. §31.3402(q)-1; N.J.S.A. 54:50-8 and -9; N.J.A.C. 17:20-7.1, and any regulations thereunder. Additionally, the New Jersey Lottery will disclose this information for purposes of identifying child and spousal support obligors; overpaid recipients of Temporary Assistance for Needy Families, Supplemental Nutrition Assistance, Medicaid, federal unemployment compensation, Low Income Home Energy Assistance, and certain other federally funded state welfare programs; and state tax, general public assistance, driver's license, and motor vehicle registration debtors for possible prize garnishment. These disclosures are mandatory. See 42 U.S.C. 405(c)(2)(C)(i); 42 U.S.C. 1320b-7(a)(1); 42 U.S.C. 654(8); 42 U.S.C. 8624(j); and N.J.S.A. 5:9-13.1 through -13.18.

**The New Jersey Lottery reminds players, it's only a game...remember to play responsibly.
If you or someone you know has a gambling problem, call 1-800-GAMBLER® or visit www.800gambler.org.**