



CALIFORNIA LOTTERY
2nd CHANCE WINNER CLAIM

PLAYER INFORMATION

LAST NAME: _____ SUFFIX: _____ FIRST NAME: _____ M.I.: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

BIRTH DATE: ____ / ____ / ____ SOCIAL SECURITY NUMBER: ____ - ____ - ____ I do not have a Social Security Number

Month Day Year

I am **Not** a U.S. citizen, and I am **Not** a resident alien DAYTIME PHONE NUMBER: (____) _____

Area Code

Are you a Lottery retailer? Yes No Are you employed by a Lottery retailer? Yes No Are you related to a Lottery retailer? Yes No

PRIZE INFORMATION

PRIZE NAME: _____ DRAWING NAME: _____

TICKET ID/ ENTRY CODE: _____ DRAWING ID (IF APPLICABLE): _____

PROVIDING THE FOLLOWING INFORMATION IS VOLUNTARY

| | | | |
|--|--------------------------|----------|--------------------------|
| Which of the following do you consider yourself to be: | | | |
| African American | <input type="checkbox"/> | Hispanic | <input type="checkbox"/> |
| Asian | <input type="checkbox"/> | White | <input type="checkbox"/> |
| Other (specify) _____ | | | |

| | | | |
|-------------------------------------|--------------------------|-------------------------------|--------------------------|
| Annual household income (Check one) | | | |
| Under \$20,000 | <input type="checkbox"/> | \$50,000 to \$75,000 | <input type="checkbox"/> |
| \$20,000 to \$35,000 | <input type="checkbox"/> | Over \$75,000 | <input type="checkbox"/> |
| \$35,000 to \$50,000 | <input type="checkbox"/> | Number of people in household | _____ |

| | | | |
|-----------------------------|--------------------------|-------------------|--------------------------|
| Education (Check one) | | | |
| Did not finish high school | <input type="checkbox"/> | Some college | <input type="checkbox"/> |
| High School Graduate or GED | <input type="checkbox"/> | Graduated College | <input type="checkbox"/> |

| | |
|--------------------|--------------------------|
| Gender (Check one) | |
| Male | <input type="checkbox"/> |
| Female | <input type="checkbox"/> |

| | | | |
|-----------------------------------|--------------------------|------------|--------------------------|
| Occupation (Check all that apply) | | | |
| Student | <input type="checkbox"/> | Unemployed | <input type="checkbox"/> |
| Employed | <input type="checkbox"/> | Retired | <input type="checkbox"/> |

I declare under penalty of perjury and the laws of the State of California, including but not limited to California Penal Code sections 118 and 72, that I am the rightful owner of the 2nd Chance entry referenced in this form from the California State Lottery, that I am 18 years of age or older, and that all information provided is true and correct. I understand that any person who, with intent to defraud, falsely makes, alters, forges, or counterfeits a Lottery ticket is in violation of State law and could be liable for criminal penalties.

Winner's Signature: _____ Date: _____

(Only one signature is permitted)

| FOR DISTRICT OFFICE USE ONLY | | | |
|------------------------------|----------------------|----------------|----------------|
| CLAIMANT I.D. CODE | DISTRICT OFFICE CODE | DATE RECEIVED | POST MARK DATE |
| | | | |
| DRAW DATE | INITIALS | CONTROL NUMBER | |
| | | | |

| FOR HEADQUARTERS USE ONLY | | |
|---------------------------|---------|-------|
| CODE(S) | | |
| REASON | | |
| RELEASED | | |
| CRN | INITIAL | FINAL |
| | | |



PLEASE READ ALL INFORMATION AND INSTRUCTIONS BEFORE RETURNING THIS CLAIM FORM

Failure to provide your social security number, date of birth, name, and complete address (including apartment or space number), city, state, zip code, and phone number may delay or prevent the Lottery from processing your prize claim or result in additional federal taxes being withheld from your prize. Lottery prizes are not subject to California state tax.

If you are not a U.S. citizen or resident alien, the Lottery is required by federal tax law to withhold additional taxes from your prize. The Lottery is required to withhold federal taxes of 25% for U.S. citizens and resident aliens providing a social security number, and 28% for U.S. citizens and resident aliens not providing a social security number. Claimants who do not mark the citizenship status will have 30% withheld from all prizes. Federal tax rates are subject to change.

BE SURE TO KEEP A COPY OF THIS FORM

MAIL THIS CLAIM FORM TO:

California Lottery
Attn: 2nd Chance Promotion
P. O. Box 1317
Sacramento, CA 95812-1317

PRIZE PAYMENT INFORMATION

Claims submitted to Lottery Headquarters for processing are paid by check from the California State Controller's Office. If you do not receive your prize within six weeks, you may contact the Lottery at 1-800-LOTTERY (568-8379), Monday through Friday, 8:00 a.m. to 5:00 p.m.

The Lottery may make individual prize payments to claimants sharing prizes of \$1,000,000 or more if a Multiple Ownership Claim form is completed and there are less than 100 claimants for the prize. You may request a Multiple Ownership Claim form by calling 1-800-LOTTERY (568-8379) or by visiting any Lottery District Office.

PRIVACY NOTICE

The Information Practices Act of 1977 (Cal. Civ. Code sections 1798-1798.78), the Federal Privacy Act (Public Law 93-579), 5 U.S.C. section 552a, and Cal. Gov. Code sections 11015.5 and 11019.9, require that this notice be provided when collecting personal information from individuals.

The Player Information requested on this form will be used to validate and process your claim in accordance with the California State Lottery Act of 1984 (Gov. Code 8880 et seq.). The Lottery requires a claimant's social security or tax identification number for tax withholding and reporting purposes, pursuant to Internal Revenue Code sections 6011, 6041, 6109, 3402 and the regulations enacted thereunder.

The Player Information you provide may be disclosed to various state and federal government agencies, including but not limited to: the State Controller's Office, Franchise Tax Board, Health and Welfare Agency and the Internal Revenue Service. The voluntary information that you provide regarding your ethnicity, household income, education, gender, and occupation will be used only by the Lottery to conduct internal demographic studies (which may be completed by agents, contractors, and third-party affiliates). It will not be disclosed to any state or federal government agency or members of the public. You have the right to access your personal information maintained by the Lottery by contacting the California Lottery at 700 N. 10th Street, Sacramento, CA 95811-0336, Attention: Information Practices Act Coordinator, Legal Services - Executive Division. The Information Practices Coordinator can also be reached at 916-822-8177.

Purpose and Relevancy of Information Collected: Information is collected to validate and process a claim and for purposes of sales, marketing, research, security investigation, legal review, surveys, and strategic planning as related to the operations of the Lottery. By submitting this claim you consent and agree to such use, and waive claims, whether known now or in the future, related thereto. The California Lottery is subject to public disclosure laws that allow access to certain governmental records. Your full name, the name and location of the retailer that sold you the winning ticket, the date you won and the amount of your winnings, including your gross and net installment payments, are matters of public record and are subject to disclosure. The Lottery will not disclose any other personal or identifying information without your permission unless legally mandated to do so. No information will be collected or accepted from known minors. You may be asked to attend a press conference.

Tickets, transactions, purchases, claims and prize payments are subject to federal and state law and California Lottery regulations, policies and procedures. Copies of regulations are available at Lottery District Offices and on our website at calottery.com. Claims failing validation are void.