



CALIFORNIA LOTTERY

MULTIPLE OWNERSHIP CLAIM

COMPLETE FOR PRIZES PAYABLE IN
INSTALLMENTS, AND CASH OPTION JACKPOTS
IN ORDER TO HAVE INDIVIDUAL CHECKS
ISSUED TO EACH MEMBER OF THE GROUP

INSTRUCTIONS TO WINNER

PLEASE READ THE PRIVACY NOTICE AND
INSTRUCTIONS ON PAGE 3

**STAPLE TICKET TO TOP COPY ONLY
DO NOT TAPE OR GLUE YOUR TICKET
TO THIS FORM.**
**DO NOT STAPLE THROUGH ANY NUMBERS
OR PLAY SPOTS ON TICKET**

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E

- * USE ONE FORM FOR EACH TICKET.
- * EACH GROUP MUST DESIGNATE A REPRESENTATIVE (SEE #7).
- * FOR YOUR OWN PROTECTION, AND IN ORDER FOR THE LOTTERY TO PROCESS YOUR CLAIM, THE DESIGNATED GROUP REPRESENTATIVE SHALL COMPLETE AND SIGN THE BACK OF THE TICKET.
- * STAPLE YOUR TICKET IN THE UPPER RIGHT HAND CORNER. DO NOT TAPE OR GLUE YOUR TICKET TO THIS FORM. DO NOT STAPLE THROUGH ANY OF THE NUMBERS OR PLAY SPOTS.
- * PARTS A AND B MUST BE COMPLETED. THE DESIGNATED GROUP REPRESENTATIVE SHALL COMPLETE PART B. USE FORM CSL 0897 FOR REMAINING GROUP MEMBER'S WINNER INFORMATION. EACH MEMBER OF THE GROUP SHALL COMPLETE HIS/HER OWN WINNER INFORMATION AND SIGN IN THE SPACE PROVIDED.
- * YOU MAY TAKE YOUR COMPLETED CLAIM, WHICH INCLUDES THIS FORM (CSL 0896) AND ATTACHMENTS (CSL 0897) WITH YOUR TICKET ATTACHED, TO YOUR LOCAL DISTRICT OFFICE OR MAIL TO:

CALIFORNIA LOTTERY
730 NORTH 10TH STREET
SACRAMENTO, CA 95811

- * FOR YOUR PROTECTION, WE RECOMMEND THAT YOU: 1) COMPLETE THE BACK OF THE TICKET, IN INK; 2) MAKE A COPY OF BOTH SIDES OF YOUR TICKET WITH ALL NUMBERS EXPOSED; 3) MAKE A PHOTOCOPY OF THIS FORM, AND KEEP THE COPIES OF YOUR TICKET FOR YOUR RECORDS.

PART A

The undersigned declare under penalty of perjury and the laws of the State of California:

1. That they have associated together to purchase, and that they own and hold as tenants in common, each having an undivided interest in the Lottery ticket:

SCRATCHERS

a. VALIDATION NUMBER
16-digit number on ticket *front*

b. 15-digit number on ticket *back*

DRAW GAME

c. SERIAL NUMBER
18-digit number on the front
of your draw ticket.

d. DRAW DATE
Date on the front of your draw ticket. - - through - -
Month Day Year Month Day Year

For Advance Play® Only

2. That the California Lottery (Lottery) relying on the warrants, certifications, statement, representations and the signing of this statement of ownership by the undersigned, is hereby authorized to treat the undersigned as multiple owners and holders of the above identified Lottery ticket, and to cause eligible prize awards to be paid to each of them individually in the proportion indicated by #6 and #20.

3. That the ticket was lawfully purchased.

OFFICE USE ONLY

Prize Claimed	District Office Code	Date Received	Received By	Post Mark Date	Received By	Claim # (Draw game serial number or Scratchers 4-digit game # and pack #)
Draw Game Date:		Game Type:		Selling Retailer ID#		

Original to Prize Payments; Copy to S/LED; Copy to Winner; Copies to District Office and Investments (if installment winner)

4. That they agree to release and hold harmless the California Lottery Commission (Commission) and the California Lottery (Lottery), and their offices, employees, and agents from any and all liability or responsibility to the undersigned, individually and/or jointly, and their spouses, families, heirs, devisees, legatees, designees, assignees, creditors, attorneys-in-fact, and/or personal representatives, from and for any and all losses, expenses, injuries, claims, liabilities, and/or harms of every nature, kind, and description whatsoever, resulting from the signing of this statement.
5. That the group consists of _____ members (# of members)
6. That the total amount wagered by the group for this claim is \$ _____ .00; and that each member's share of this claim will be determined by the proportionate amount of his/her contribution to the total wager, as provided in #20 of the Winner Information. (The sum of all of the Individual contributions of #20 of Winner Information must be equal to the total amount wagered.)
7. That they agree to designate _____ who is a member of the group as the group's representative. This person will be (1) the recipient of any uneven distribution of prize amounts due to rounding; (2) will represent the group and decide on options, if applicable; (3) will be the sole payee of non-grand prizes or merchandise prizes, that may be awarded as a result of this claim.
(Print Full Name)
8. That they voluntarily consent, for the period that this claim is in effect, to the disclosure of winner information to other members of the group claiming ownership herein.

OFFICE USE ONLY

Claim ID#: CODE: RELEASED:

REASON _____ FINAL:

DESIGNATED GROUP REPRESENTATIVE WINNER INFORMATION

PART B:

Designated group representative identified in #7 shall complete this part. Attach additional forms CSL 0897 as needed for remaining group member's winner information.

9. NAME (Enter one name only)

_____ LAST _____ FIRST _____ MI _____

10. MAILING ADDRESS

_____ Apt # _____

11. CITY

12. STATE

13. ZIP CODE

14. COUNTRY

(Only if not USA)

15. U.S. CITIZEN OR RESIDENT ALIEN? YES NO
See Instructions for Additional Information

16. PHONE NUMBERS (DAY) _____ (EVENING) _____
Area Code Area Code

17. BIRTH DATE (MM-DD-YY) _____ - _____ - _____
Month Day Year

18. SOCIAL SECURITY NO. _____ - _____ - _____

19. GENDER M F

20. YOUR CONTRIBUTION TO THE TOTAL AMOUNT WAGERED

(This will determine your share of the prize. See Part A, #6 of the Multiple Ownership Claim)

\$ _____, _____.

I declare under penalty of perjury and the laws of the State of California that I am 18 years of age or older, and that all information provided in the Multiple Ownership Claim is true and correct. I understand that any person who with the intent to defraud, falsely makes, alters, forges, or counterfeits a California Lottery ticket is in violation of State Law. I have read and understand the contents of the Multiple Ownership claim and voluntarily agree that the contents are correct and in accordance with my wishes.

21. DESIGNATED GROUP REPRESENTATIVE'S SIGNATURE _____ DATE _____

MULTIPLE OWNERSHIP CLAIM PRIVACY NOTICE & INSTRUCTIONS

The Information Practices Act of 1977 (Civil Code § 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this Notice be provided when collecting personal information from individuals.

The 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't Code § 8880 et seq). The California Lottery (Lottery) requires a claimant's social security number for identification and tax withholding and reporting purposes pursuant to Internal Revenue Code §§ 6011, 6041, 6109, 3402 and the regulations enacted thereto. Lottery prizes ARE NOT subject to California State Tax.

The information you provide may be disclosed to various State and Federal government agencies, including but not limited to: the State Controller's Office, State Franchise Tax Board, State Health and Human Services Agency, and the Federal Internal Revenue Service.

You have rights to access your personal information maintained by the Lottery by contacting the California Lottery at 700 North 10th Street, Sacramento, CA 95811, Attention: Privacy Coordinator, Information Security Office, Executive Division. The Privacy Coordinator can also be reached at (916) 822-8800 or privacy@calottery.com.

MANDATORY INFORMATION (You must provide)

You must attach your winning ticket (#1) complete winning ticket information; (#2) indicate the number of members; (#6) total amount wagered; (#7) designated representative; (#9) name; (#10) address; (#11) city; (#12) state; (#13) zip code; (#17) birth date; (#18) social security number; (#20) your contribution to the total amount wagered; (#21) signature. Failure to provide the information requested may prevent the processing of your claim. If you do not provide your social security number (#18), the Lottery is obligated, under Federal Tax Regulations, to withhold additional taxes.

VOLUNTARY INFORMATION

Providing all other information requested on this form is voluntary. However, not providing the information in #15 (citizenship or residence status) or #16 (phone numbers) could cause a substantial delay in processing your claim. If you do not answer #16, or if you answer "No", the Lottery is obligated, under Federal Tax Regulations, to withhold 30% of any prize of \$600 or more.

OTHER IMPORTANT INFORMATION

To determine each member's annual payment, the Lottery will divide the total annual payment by the proportion of each member's contribution (Winner Information #21) to the total amount wagered for this claim (Part A, #7) and round down to the nearest cent. For Example:

$$\frac{\text{Your Contribution } \$1}{\text{Total Wagered } \$3} \times \$50,000 \text{ (Annual Payment)} = \$16,666.66 \text{ per year (less appropriate Federal tax withholding)}$$

The designated group representative will receive any uneven distribution of the payments due to rounding.

The election to claim the prize as a group and have individual checks issued to each member of the group shall be made at the time the claim is submitted and accepted by the Lottery.

Each claimant listed in "Winner Information" shall be the one natural person. The Lottery will issue individual prize payment checks to no more than 100 claimants on an original Multiple Ownership Claim. In the event that more than 100 claimants are listed on a Multiple Ownership Claim, the Lottery reserves the right to make the total annual prize payments to the Designated Group Representative, and such payment shall discharge the Lottery from all liability for the payment of said prize to all multiple claimants.

Annual prize payments may be made to a trust. Contact the Lottery's Investments Section, 700 North 10th Street, Sacramento, CA 95811. 916-822-8306.

All Federal and State Law and Regulations of the Lottery Commission apply.

If you have any questions regarding the completion of this claim, call or visit one of the Lottery District Offices listed below.

LOTTERY DISTRICT OFFICES

Fresno District Office
7620 N. Del Mar Avenue
Fresno, CA 93711
559-449-2430

Milpitas District Office
900 Hanson Court
Milpitas, CA 95035
408-214-4204

Rancho Cucamonga District Office
11138 Elm Avenue
Rancho Cucamonga, CA 91730
909-803-6232

Sacramento District Office
4106 East Commerce Way
Sacramento, CA 95834
916-830-0292

San Diego District Office
5656 Ruffin Road
San Diego, CA 92123
858-492-1700

Richmond District Office
618 S. 8th Street, Suite 300A
Richmond, CA 94804
510-806-8960

Costa Mesa District Office
235 Baker Street East
Costa Mesa, CA 92626
714-716-4076

Santa Fe Springs District Office
9807 Bell Ranch Drive
Santa Fe Springs, CA 90670
562-777-3434

Chatsworth District Office
9710 Topanga Canyon Blvd.
Chatsworth, CA 91311
818-722-1602