calottery	GROUP WINNER INFORMATION		
9. NAME (Enter one name only)			
LAST	FIRST		MI
10. MAILING ADDRESS			
(if needed)			Apt #
11. CITY		12. STATE	
13. ZIP CODE 14. COUN	TRY		_
(Only if <u>not</u>	USA		
15. U.S. CITIZEN OR RESIDENT A See Instructions for Additional Inform			
16. PHONE NUMBERS (DAY)	(EVENING)Area Co	  de	
17. BIRTH DATE (MM-DD-YY)	Month Day Year		
18. SOCIAL SECURITY NO.	19. GENDE	ER M 🗌	F 🗌
20. YOUR CONTRIBUTION TO TH	HE TOTAL AMOUNT WAGERED \$ , .		
(This will determine your share of the of the Multiple Ownership Claim)	he prize. See Part A, #6		
Ownership Claim is true and correct. I under	ws of the State of California that I am 18 years of age or older, and that a stand that any person who with the intent to defraud, falsely makes, alte ave read and understand the contents of the Multiple Ownership claim ares.	rs, forges, or coun	terfeits a California
21. GROUP WINNER'S SIGNATUI	RE	DATE	
	HEADQUARTERS USE ONLY		
	Code(s)		
	Reason		
	Released		
	Final		

Claim ID Number

# 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:

<u>Your Contribution \$1</u> X \$50,000 (Annual Payment) = \$16,666.66 per year (less appropriate Federal tax withholding) Total Wagered \$3

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

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

Costa Mesa District Office 235 Baker Street East Costa Mesa, CA 92626 714-716-4076 Milpitas District Office 900 Hanson Court Milpitas, CA 95035 408-214-4204

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

Santa Fe Springs District Office 9807 Bell Ranch Drive Santa Fe Springs, CA 90670 562-777-3434 Rancho Cucamonga District Office 11138 Elm Avenue Rancho Cucamonga, CA 91730 909-803-6232

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

Chatsworth District Office 9710 Topanga Canyon Blvd. Chatsworth, CA 91311 818-901-5006

CSL 0897 (R07/20) PAGE 2