9. NAME (Enter one name only)
$\overline{\text { LAST }} \overline{\text { FIRST }} \overline{\text { MI }}$
10. MAILING ADDRESS

| (if needed) |  |  |
| :--- | :--- | :--- |
| 11. CITY 12. STATE $\#$ <br> 13. ZIP COUNTRY  |  |  |

(Only if not USA
15. U.S. CITIZEN OR RESIDENT ALIEN? YES $\square \quad$ NO $\square$

## See Instructions for Additional Information

16. PHONE NUMBERS (DAY) $\qquad$ $-$ $\qquad$ (EVENING) $\qquad$
$\qquad$ $\cdot$ $\qquad$
17. BIRTH DATE (MM-DD-YY)

18. SOCIAL SECURITY NO. $\qquad$ -
19. GENDER
MF $\square$
20. YOUR CONTRIBUTION TO THE TOTAL AMOUNT WAGERED
\$ $\qquad$ - $\qquad$ (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. GROUP WINNER'S SIGNATURE $\qquad$ DATE $\qquad$

| 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 $\S \S 6011,6041,6109,3402$ 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 10 th 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:

```
Your Contribution $1 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.

## 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

## 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

San Diego District Office Richmond District Office
5656 Ruffin Road 618 S. 8th Street, Suite 300A
San Diego, CA 92123
858-492-1700

## Santa Fe Springs District Office

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

Richmond, CA 94804
510-806-8960

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

