

DRAW DATE INITIALS
CSL 1358 (R01/19)

			PLAYER IN	IFORMATIOI	<u>N</u>				
LAST NAME:SUFFIX:			FIRST NA	AME:	M.I.:				
ADDRESS 1:									
ADDRESS 1:									
CITY:			STATE:		ZIP CODE:				
EMAIL:									
BIRTH DATE:	1BER:			I do not have a Social Security Number					
I am Not a U.S. citizen, and I am Not a resident alien □ DAYT				ΓΙΜΕ PHONE NUMBER: () Area Code					
Are you a Lottery retailer?	yed Yes ailer? \square		·						
				ORMATION	-				
PRIZE NAME:				DRAWIN	G NAME:				
TICKET ID/ ENTRY CODE: _				DRAWIN (IF APPLI					
	PROVI	DING THE F	OLLOWING	INFORMAT	ION IS VO	DLUNT	ARY		
Which of the fol	Annual household income (Check one)								
African American Hispanic				Under \$20,	,000	550,000 to \$75,000			
Asian	Whi	te 🗌		\$20,000 to	\$35,000		Over \$75,00	0	
Other (specify)				\$35,000 to	\$50,000	Number of people in household			
Education (Chec	Gender (Check one) Occupatio			upation (Chec	on (Check all that apply)				
Did not finish high school ☐ Some college ☐				Male 🔲		Stuc	lent 🖂	Unemploye	ed 🔲
High School Graduate or GED Graduated College				Female		Employed Retir		Retired	
Code sections 1: California State understand that is in violation of Winner's Signati (Only one signat	penalty of perjury 18 and 72, that I a Lottery, that I am any person who, State law and cou ure: ure is permitted) DISTRICT OFFICE	am the rightf 18 years of a with intent t uld be liable t E USE ONLY	ful owner of age or older to defraud, for criminal	the 2nd Cha , and that all falsely makes penalties.	ince entry informations, alters, fo	refere on pro orges, Date	nced in this f vided is true or counterfei	orm from the and correct. ts a Lottery t	e I
CODE CODE	CODE	RECEIVED	DATE	0002(0)					
				REASON					

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CONTROL NUMBER

RELEASED

CRN

INITIAL FINAL Page 2 of 2



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.

Lottery prizes are not subject to California state income tax. The Lottery is required by federal tax law to withhold federal taxes of 24% for U.S. citizens and resident aliens. Non-US citizens will have 30% withheld from all prizes.

BE SURE TO KEEP A COPY OF THIS FORM

MAIL THIS CLAIM FORM TO: California Lottery Attn: 2nd Chance Promotion 700 North 10th Street MS: 2-2 Sacramento, CA 95811-0336

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: Privacy Coordinator, Information Security Office - Security and Law Enforcement Division. The Privacy Coordinator can also be reached at 916-822-8800 or privacy@calottery.com. 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.

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