

South Carolina Education Lottery

CLAIM FORM



Lottery Claims Center

1309 Assembly Street
Columbia, SC 29201

Phone: (803) 253-4004

Hours: 8:30 a.m. - 5 p.m. (M-F)

(EXCEPT CERTAIN STATE HOLIDAYS*)

*For full list of closures, visit sceducationlottery.com/claims

Players should arrive by 4 p.m. to allow
time to verify winning ticket(s).

Claims in excess of \$500 must include:

This form and a copy of an identification card that includes a photo and date of birth (driver's license, passport, military, state, or permanent resident I.D.).

INSTRUCTIONS:

1. Complete the form on the reverse side entirely. Use one character per box;
2. Sign and date the reverse side of this form; and
3. Sign and attach the Winning Ticket(s) to this form.

Mailing Address:
S.C. Education Lottery
P.O. Box 11039
Columbia, SC 29211-1039

The risk of mailing ticket(s) remains with the claimant. Winnings of **greater than \$100,000** must be redeemed **in person** at the Lottery Claims Center.

PRIVACY NOTICE

The Federal Privacy Act (Public Law 93-579), 5 U.S.C. §552a requires that this notice be provided when personal information is collected from individuals. SCEL collects personal identifying information from players including, but not limited to, social security numbers, driver's license numbers, banking account numbers (only when wire transfers are used), personal identification numbers, electronic identification numbers, and/or any other data. SCEL uses this data to validate and process claims and when withholding the applicable South Carolina and Federal taxes pursuant to S.C. Code Ann. §59-150-230(A). SCEL also uses and/or shares personal identifying information to locate debtors owing other state agencies pursuant to S.C. Code Ann. §59-150-330(A). By submitting this claim, you consent and agree to such use, and waive claims whether known now or in the future related thereto. Information collected is not resold or used for any commercial purpose.



South Carolina Education Lottery Winner Claim Form

CLAIMANT-COMplete THIS SECTION

1. CLAIMANT TYPE (CHECK ONE) INDIVIDUAL GROUP WINNERS – Complete IRS Form 5754 (One check per group and individual tax documents will be printed.)

2. NAME: _____

3. MAILING ADDRESS: _____

4. CITY: _____ 5. STATE: _____ 6. ZIP: _____

7. PHONE NUMBER: (___ ___ ___) - ___ - ___ - ___ - ___ - ___ 8. DATE OF BIRTH: ___ - ___ - ___
MONTH DAY YEAR

9. SOCIAL SECURITY NUMBER: ___ - ___ - ___ - ___ - ___ - ___

10. TAX STATUS (CHECK ONLY ONE BOX)

U.S. Citizen

Resident Alien

Non-Resident Alien

(must have TIN or SSN)

COUNTRY OF ORIGIN: _____

- Multiple tickets presented at the same time will be combined.
- If the total winnings exceed \$500, applicable taxes will be withheld.
- Debts owed to South Carolina or its political subdivisions may be deducted from winnings.
- Knowingly presenting a counterfeit, altered, or stolen lottery ticket or knowingly filing a claim based on facts that are untrue is in violation of South Carolina Law.

You must check "Yes" or "No" for the following:

Yes No

I authorize the South Carolina Education Lottery (SCEL) to use any photographic or video-graphic replication of my likeness or any audio replication of my voice, in any medium for purposes of advertising or trade of SCEL. I agree not to hold SCEL or its employees responsible for any unauthorized use or misuse of my likeness by third parties.

SOME INFORMATION FROM THIS FORM MAY BE SUBJECT TO DISCLOSURE UNDER THE S.C. FREEDOM OF INFORMATION ACT (FOIA). I release SCEL from all liability or claims relating to information provided to or used by a party obtaining information pursuant to FOIA.

By signing this form, I attest that I am at least eighteen (18) years of age and that I am eligible to claim a lottery prize pursuant to the laws and regulations governing the operation of the Lottery. By signing below, I affirm that all information provided on this form, such as my name, address, and Social Security number is true and accurate.

CLAIMANT'S SIGNATURE:

DATE: ___ - ___ - ___ - ___ - ___ - ___

OFFICIAL USE ONLY

PRIZE AMOUNT: \$ _____ , _____ , _____ . _____

AUTHORIZED SIGNATURE: _____

OFFICIAL'S NAME: _____
(Please Print)

CLAIM NUMBER PROVIDED BY S.C. EDUCATION LOTTERY:

DATE: ___ - ___ - ___ - ___ - ___ - ___
MONTH DAY YEAR