South Carolina Education Lottery®

Claims in excess of $500 must include: (1) this form and (2) a copy of an identification card (driver's license, military or state I.D., or passport) that includes a photo and date of birth.

INSTRUCTIONS:

1. Complete the form entirely. Use one character per box.
2. Sign and date this form.
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 over $100,000 must be redeemed in person at the Columbia Claims Center.

FOR WALK-IN CLAIMANTS, BUSINESS HOURS ARE:

8:30 a.m. – 5 p.m. (M-F)
(Except State Holidays)

Columbia Claims Center
1309 Assembly Street
Columbia, SC 29201
Phone: (803) 253-4004

Players should arrive by 4 p.m. to allow time to verify Winning Ticket(s).

Please Play Responsibly!

South Carolina Education Lottery Winner Claim Form

CLAIMANT – COMPLETE THIS SECTION

1. NAME ☐ MR. ☐ MS.
2. MAILING ADDRESS
3. CITY 4. STATE 5. ZIP –
6. PHONE NUMBER – – 7. DATE OF BIRTH – –
8. TAX STATUS ☐ U.S. CITIZEN OR RESIDENT ALIEN 9. U.S. SOCIAL SECURITY NO. – –

(Check one box.) ☐ NOT U.S. CITIZEN; NOT RESIDENT ALIEN. COUNTRY OF CITIZENSHIP MUST BE PROVIDED BELOW. YOU DO NOT HAVE TO BE A U.S. CITIZEN TO CLAIM A PRIZE; HOWEVER, YOU MUST INDICATE STATUS FOR TAX PURPOSES.

COUNTRY:

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. **Debts owed to South Carolina or its political subdivisions may be deducted from winnings.** Multiple tickets presented at the same time will be combined. If the total winnings exceed $500, applicable taxes will be withheld. Under penalty of perjury, I declare to the best of my knowledge and belief all information provided on this form, such as my name, address, and Social Security number is correct.
You must check 'Yes' or 'No' for each of the following:

YES	NO	
☐	☐	I am the only person entitled to any part of this payment. Claimants receiving more than $500 will receive a W-2G.
☐	☐	Are you claiming the prize as a member of a winning group? Only one check will be issued. IRS Form 5754 must be submitted for a group. For more information or to obtain IRS Form 5754, call (803) 253-4004 or visit the IRS website at www.IRS.GOV.
☐	☐	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 (newspaper, television, radio or Internet) 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.

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. I further attest that I am eligible to claim a lottery prize pursuant to the laws and regulations governing the operation of the Lottery and that all information provided (including the boxes checked above) is true and accurate.

CLAIMANT'S SIGNATURE: _____ **DATE:** _____

OFFICIAL USE ONLY

☐ ONLINE ☐ INSTANT
☐ ONLINE ☐ INSTANT
☐ ONLINE ☐ INSTANT
☐ ONLINE ☐ INSTANT

CLAIM NUMBER PROVIDED BY S.C. EDUCATION LOTTERY

DATE – –

PRIZE AMOUNT: $, , .

TYPE OF I.D.: _____ NUMBER: _____

AUTHORIZED SIGNATURE: _____ OFFICIAL'S NAME: (Please Print) _____