



ARKANSAS SCHOLARSHIP LOTTERY WINNER CLAIM FORM

CLAIMS IN EXCESS OF \$500 MUST INCLUDE A COMPLETED CLAIM FORM AND A COPY OF AN ACCEPTABLE FORM OF IDENTIFICATION TO

INCLUDE: driver's license, U.S. passport, passport issued by a foreign government, U.S. Armed Forces I.D., U.S. Bureau of Citizenship and Immigration Services I.D., or other proof of identity authorized for use by a notary public in Arkansas.

PRIZES OF \$500 OR LESS may be claimed at any ASL Retailer.

PRIZES UNDER \$1,000,000 may be paid at the Little Rock Claim Center or by mail.

When submitting a claim by mail:

1. Complete this form entirely.
2. Sign and date this form.
3. Sign and attach the winning ticket(s) to this form.
4. Include a copy of an acceptable form of identification.

Mail to:

Arkansas Scholarship Lottery
P.O. Box 3838
Little Rock, AR 72203

The risk of mailing tickets rests with the claimant.

PRIZES OF \$1,000,000 or more must be claimed at the Little Rock Claim Center:

Arkansas Scholarship Lottery
Claim Center
1st Floor-Union Plaza Building
124 W. Capitol Avenue
Little Rock, AR 72201

The Claim Center is open from 8:00 a.m. to 4:30 p.m. Monday through Friday, except state holidays. Please arrive by 4:15 p.m.

Online game prizes must be claimed on or before 180 days after the winning drawing. Instant game prizes must be claimed within 90 days after the last day to buy tickets for that game.

FOR MORE INFORMATION CALL 501-683-2060.

CONGRATULATIONS, YOU'VE WON! PLEASE FILL OUT AND RETURN THE FOLLOWING FORM TO RECEIVE YOUR PRIZE.

Prizes are subject to all applicable State and Federal taxes, including debt set-off provisions provided for in the Arkansas Scholarship Lottery Act. Knowingly presenting a counterfeit, altered, or stolen lottery ticket or knowingly filing a claim based on information that is untrue is in violation of Arkansas law.

Winner information is subject to disclosure under the Arkansas Freedom of Information Act (FOIA). A winner who receives a prize or prize payment from the ASL grants the ASL, its agents, officers, employees, and representatives the right to use, publish (in print or by means of the Internet) and reproduce the winner's name, physical likeness, photograph, portraits, and statements made by the winner, and use audio sound clips and video or film footage of the winner for the purpose of press releases, advertising, and promoting the ASL.

1. NAME MR. MS. _____

2. MAILING ADDRESS _____

3. CITY _____ 4. STATE _____ 5. COUNTY _____ 6. ZIP _____

7. PHONE NUMBER HOME _____ WORK _____ 8. DATE OF BIRTH / /

9. TAX STATUS U.S. CITIZEN OR RESIDENT ALIEN NOT U.S. CITIZEN, NOT RESIDENT *Provide country of citizenship below. You do not have to be a U.S. citizen to claim a prize. However, you must indicate your status for tax purposes.*

10. SOCIAL SECURITY NO. - - 11. COUNTRY _____

12. CLAIMANT TYPE: INDIVIDUAL GROUP *(Check One Box)*

By signing this form, I attest that I am at least 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 Arkansas Scholarship Lottery, and that under penalty of perjury, I declare to the best of my knowledge that all information provided on this form is true and accurate. I further attest that I am not an ASL employee, nor am I a member of the immediate family of an ASL employee who lives in the same household as that ASL employee.

YOU MUST CHECK EITHER "YES" OR "NO" TO THE FOLLOWING:

I am an employee or owner/partial owner of a business that sells Arkansas Scholarship Lottery tickets.

YES NO If "Yes," please state business name and address:

BUSINESS NAME _____

CITY _____

STREET _____

CLAIMANT'S SIGNATURE _____ DATE _____

ASL USE ONLY

ONLINE INSTANT _____ CLAIM NUMBER PROVIDED BY ARKANSAS SCHOLARSHIP LOTTERY

ONLINE INSTANT _____

ONLINE INSTANT _____

TYPE OF ID _____ ID NUMBER _____ DATE _____

PRIZE AMOUNT _____ OFFICIAL'S NAME (Please Print) _____

AUTHORIZED SIGNATURE _____