

South Carolina Education Lottery

# CLAIM FORM



**Columbia 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)**

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

## **Claims in excess of \$500 must include:**

**(1)** this form and **(2)** a copy of an identification card (driver's license, passport, military, or state I.D.) that includes a photo and date of birth.

## **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;
- 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 greater than **\$100,000** must be redeemed **in person** at the Columbia Claims Center.

## **PRIVACY NOTICE**

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.

**CLAIMANT-COMplete THIS SECTION**

1. NAME: Mr.  Ms.  \_\_\_\_\_

2. MAILING ADDRESS: \_\_\_\_\_

3. CITY: \_\_\_\_\_ 4. STATE: \_\_\_\_\_ 5. ZIP: \_\_\_\_\_

6. PHONE NUMBER: ( \_\_\_ \_\_\_ \_\_\_ ) - \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ 7. DATE OF BIRTH: \_\_\_ - \_\_\_ - \_\_\_  
MONTH DAY YEAR

8. SOCIAL SECURITY NUMBER: \_\_\_ - \_\_\_ - \_\_\_

9. TAX STATUS:  **US Citizen** - Two primary Sources of citizenship: Birthright citizenship in which a person is presumed to be a citizen provided that he or she is born within the territorial limits of the United States, and naturalization, a process in which an immigrant applies for citizenship and is accepted.  
(Check one box)

**Resident Alien** - Must have Alien Registration card, also known as "green card". Your card must state **PERMANENT RESIDENT**. SEE EXAMPLE TO RIGHT.

**Non-Resident** - Not US Citizen (may have an identification card stating: **EMPLOYMENT AUTHORIZATION CARD**). Country of citizenship must be provided.



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.

I am claiming the prize as a member of a winning group designated on the attached IRS Form 5754. Only one check will be issued. For more information or to obtain IRS Form 5754, call (803) 253-4004 or visit the IRS website at [www.IRS.GOV](http://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 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 and 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 to the left and above) is true and accurate.

**CLAIMANT'S SIGNATURE:**

\_\_\_\_\_

DATE: \_\_\_\_\_

**OFFICIAL USE ONLY**

PRIZE AMOUNT: \$ \_\_\_\_\_

TYPE OF I.D.: \_\_\_\_\_

NUMBER: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

OFFICIAL'S NAME: \_\_\_\_\_  
(Please Print)

**CLAIM NUMBER PROVIDED BY S.C. EDUCATION LOTTERY:**

DATE: \_\_\_ - \_\_\_ - \_\_\_  
MONTH DAY YEAR