



Arkansas Scholarship Lottery (ASL) Winner Claim Form

CLAIMANT — COMPLETE THIS SECTION

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 up to \$500 may be paid at any ASL Retailer.

Prizes under \$1,000,000 may be paid at any ASL 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 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 in excess of \$1,000,000 must be claimed at the Little Rock Area Claim Center.

Claim Centers:

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

Jonesboro Area Claim Center
 Christian Creek Commons
 2512 Alexander Drive, Suite A
 Jonesboro, AR 72401

Springdale Area Claim Center
 Elmwood Plaza
 3896 Elm Springs Road, Suite B
 Springdale, AR 72762

Camden Area Claim Center
 115 Garden Oaks Drive
 Camden, AR 71701

Claim Centers **are open** 8:30 a.m. to 4:30 p.m. Monday through Friday, except State Holidays.

Online game prizes must be claimed on or before 180 days after the winning drawing. Instant game prizes must be claimed on or before 90 days after winning.

For more information call 501-683-2060.

1. NAME MR. MS. _____

2. MAILING ADDRESS _____

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

6. PHONE NUMBER _____ home _____ work _____ 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. 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.

COUNTRY _____

CLAIMANT TYPE: _____ Individual _____ Group

Prizes are subject to all applicable State and Federal taxes, including debt setoff provisions provided for in the Arkansas Scholarship Lottery Act. If you are claiming a prize as a member of a winning group with federal tax liability, an IRS Form 5754 must be submitted with this form.

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.

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.

CLAIMANT'S SIGNATURE: _____ DATE: _____

ONLINE INSTANT _____
 ONLINE INSTANT _____
 ONLINE INSTANT _____
 ONLINE INSTANT _____

CLAIM NUMBER PROVIDED BY
 ARKANSAS SCHOLARSHIP LOTTERY

PRIZE AMOUNT _____

DATE _____

TYPE OF I.D. _____ NUMBER _____

AUTHORIZED SIGNATURE _____ OFFICIAL'S NAME (please print) _____

ASL USE ONLY