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.) 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 greater than $100,000 must be redeemed in person at one of our regional claims centers. Winnings in excess of $1.5 million can only be claimed 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)**

**Charleston Area Claims Center**
320 W. Coleman Blvd., Unit F
Mount Pleasant, SC 29464
Phone: (843) 971-1143

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

**Greenville Area Claims Center**
18 Augusta Street
Greenville, SC 29601
Phone: (864) 241-5050

*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) _____