



# South Carolina Education Lottery Winner Claim Form

Please Play Responsibly

### INSTRUCTIONS

(This form is for Lottery Tickets with winnings of more than \$500 or as required by the Executive Director.)

**NOTE: Picture identification is required for all winning tickets over \$500.**

1. Complete the form entirely. Use one character per box.

2. Sign and date this form.

3. Sign and attach the Winning Ticket to this form. You may mail or hand deliver this claim form and winning ticket(s) to one of our regional claim centers. **The risk of mailing the ticket remains with the player.**

**Mail in Claim Form to:**  
S C Education Lottery

PO Box 11039  
Columbia, SC 29211-1039  
Ph. 803-737-2002

**Walk in Claims Locations:**  
**Business Hrs. 8:30 - 5:00**  
537 Longpoint Road, Suite 105  
Mount Pleasant, SC 29464  
Ph. 843-971-1143

717 - C Lady Street  
Columbia, SC 29201  
Ph. 803-253-4004

18 Augusta Street  
Greenville, SC 29601  
Ph. 864-241-5050

377 Carowinds Blvd., Ste. 117  
Fort Mill, SC 29708  
Ph. 803-548-3232

**CLAIMANT - COMPLETE THIS SECTION**

1. U.S. SOCIAL SECURITY NUMBER OR U.S. TAX IDENTIFICATION NUMBER

2. NAME  MR.  MS.

3. MAILING ADDRESS

4. CITY

5. STATE

6. ZIP

7. COUNTY

8. DATE OF BIRTH

9. CITIZENSHIP  a) U.S. Citizen or Resident Alien  
(check one)  b) Not a U.S. Citizen; not a Resident Alien; Country of Citizenship must be provided below:

10. PHONE

I understand that any person who knowingly presents a counterfeit or altered lottery ticket; or who, with the intent to defraud, falsely makes, alters, forges, passes or counterfeits a lottery ticket; or who knowingly files a claim based on facts that are untrue, is in violation of South Carolina Law. I understand that under South Carolina law any debts owed to state or local government may be deducted from winnings. I understand when a claimant/owner presents multiple prize winnings for payment at the same time in excess of \$500, the prizes will be combined into one check and any applicable taxes will be withheld. Under penalties of perjury, I declare that, to the best of my knowledge and belief all information provided on this form, including but not limited to the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment. **You must check 'Yes' or 'No' for each of the following:**

**YES NO**

- I am the only person who is entitled to any part of these payments. Winners of over \$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
- I authorize SCEL and its legal representatives to use my town and state of residency, my name, my physical likeness and recording of my voice in videotape, film, slides, photographs, audio tapes, websites or other media, now known or later developed to publicize or promote SCEL without compensation to me. I hereby release, discharge and hold harmless SCEL, its legal representatives, assigns, and all persons functioning under SCEL's permission or authority, from any claim or liability arising from the use of my physical likeness or my voice.

**ALL INFORMATION FROM THIS FORM MAY BE SUBJECT TO DISCLOSURE UNDER THE FREEDOM OF INFORMATION ACT. SCEL is not responsible for claimant information used by this party.**

I attest, by signing this form, 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.

CLAIMANT'S SIGNATURE: \_\_\_\_\_

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

- ONLINE
- ONLINE
- ONLINE
- ONLINE

- INSTANT
- INSTANT
- INSTANT
- INSTANT

CLAIM NUMBER PROVIDED BY SC LOTTERY

DATE

PRIZE AMOUNT CLAIMED

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

NUMBER \_\_\_\_\_

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

OFFICIAL'S NAME (PLEASE PRINT) \_\_\_\_\_

**OFFICIAL USE ONLY**

