



Congratulations on your lottery prize!

Please note: Due to increased demand, WCLC Prize Offices are prioritizing the payment of prizes \$1,001 and above. Claims under \$1,001 will only be accepted at prize offices with a Player Care reference number.

If you are unsure, scan your ticket in-store or on the Lotto Spot app. If you are still in need of assistance, please call Player Care at 1-800-665-3313.

You can claim prizes up to and including \$1,000 at lottery retailers offering the service. Check with the retailer to ensure they have sufficient cash to pay the prize.

If you've won a prize worth over \$1,000, you can claim it at a Prize Payout office or mail in your tickets for claim. You can use the forms in this package to expedite your claim process:

- If you're mailing in your claim, you can print and complete both forms in this package and mail them in with your ticket. Please contact Player Care (1-800-665-3313) for instructions on where to send your ticket.
- If you're claiming your prize in person at a Prize Payout office, you have the option to complete both forms in this package and bring them with you, or you can fill out the forms with our Prize Office staff during your appointment.

Remember to clearly print your legal name, address and daytime telephone number on the back of your ticket.

Included in this package is:

1. Claimant Information Sheet
 - a. Print and fill in the form, then date and sign
 - b. For prizes less than \$10,000, provide copies of the front and back of 1 piece of Government-issued identification
 - c. For prizes of \$10,000 or more, provide copies of the front and back of 2 pieces of Government-issued identification
 - d. Please contact WCLC Player Care at 1-800-665-3313 if you have any questions regarding appropriate identification
2. MB Claimant MEP Statement Guidelines
 - a. Print and fill in the form, then date and sign
 - b. This statement must be completed with a witness (witness must be of legal age and not related to you), as noted on the 4th page of the form –
if you are making a prize claim in person, our staff can act as a witness for you

Fill in these forms appropriately and either bring them with you to your prize claim appointment, send them to wclcprizeoffice@wclc.com, or mail the documents with your ticket to WCLC.

If you're mailing in your claim:

- Make sure to include the original ticket with the completed forms. Prizes can only be paid on presentation of the original winning ticket. We recommend you keep a scan or photocopy of the tickets for your records.
- To process larger prizes, we may need to connect with you remotely to complete necessary interviews and paperwork. We will explain the process for claiming a prize remotely to you thoroughly during the prize payout process.
- There are risks to sending tickets through the mail, and WCLC is not responsible for the loss of tickets in transit to our office. However, thousands of winners send tickets for claim every year without issues. You may want to consult with your local post office to understand the mailing options available to you, depending on the value of the winning ticket you're submitting.

Claimant Information Sheet Guidelines

Please refer to these guidelines to ensure you fill out your information sheet correctly. Improperly completed forms can delay the processing of your prize claim.

Note: If more than one person is part of a prize claim (for example if you're sharing your prize with one or more people, or if you bought tickets as part of a group), call WCLC Player Care at 1-800-665-3313 for instructions on how to make your claim.

If you are the sole prize holder, you can fill out the Claimant Information Sheet if you're submitting your claim by mail, or you have the option to fill it in in advance and bring it to your prize claim appointment:

Section 1:

Clearly print your:

- Legal Name
- Address
- Email address
- Date of birth
- Total prize amount

Section 2:

- Read the definition of "immediate relative" carefully
- Circle the correct answer (yes or no) for each organization
- If you circle 'yes,' provide the employee's full name, their position with the organization, and your relationship to the employee

Section 3:

- Checkmark the correct answer (yes or no) for each question
- If you answer 'yes' to one of the questions, provide the name of the location and the date of your lottery employment there
- Sign and date the form on the lines provided
- Please include your daytime phone number for possible follow up on your claim

Important:

The remaining section of the form is for internal use only.

CLAIMANT INFORMATION SHEET

Legal Name: _____
Address: _____
City/Town/Prov.: _____ Postal Code: _____
Date of Birth: _____ Email Address: _____
Total Prize Amount: \$ _____ Number of Claimants: _____

Do you or an immediate relative* work for any of the following organizations?

Western Canada Lottery Corporation	Yes	No	Northwest Territories Lottery Commission (NWT/NU Lotteries)	Yes	No
Alberta Gaming, Liquor & Cannabis	Yes	No	Interprovincial Lottery Corporation	Yes	No
Saskatchewan Lotteries	Yes	No	Pollard Banknote	Yes	No
Manitoba Liquor & Lotteries	Yes	No	International Game Technology (IGT)	Yes	No
Lotteries Yukon	Yes	No	Scientific Games International (SGI)	Yes	No

If yes to any of the above, please provide the employee's full name and position with the organization:

Name: _____ Position: _____

Does your employer sell/cash Lottery tickets? Yes ☐ No ☐

Are you or have you ever sold/cash lottery tickets as part of your work duties?

Yes ☐ No ☐ If yes, where/when: _____

I certify the information provided by me to be true.

Signature: _____ Date: _____

Daytime Phone Number: _____

[For Internal use only] IDENTIFICATION PRESENTED:

Type:		Type:	
Name on ID:		Name on ID:	
Identification #:		Identification #:	

***Immediate Relative** means in relation to a person:

- i) a spouse of that person within the meaning of the matrimonial property law applicable to that person;
- ii) a parent of that person, whether natural or adoptive or step-parent;
- iii) a child of that person, whether an adult, minor, natural, adopted or a step child;
- iv) a sibling of that person whether natural, adopted, full or half, or a step-sibling

Lotteries Representative: _____

Phone Number: _____

Date: _____

MANITOBA CLAIM AND MEP STATEMENT

I, _____ of _____
(print name in full) (print address in full)

do hereby certify that:

1. I am the holder of a lottery ticket entitled to make a claim for a lottery prize of \$1,001.00 or more.
2. My address is correctly stated above.
3. My date of birth is _____
(day/month/year)

(select one of the two paragraphs below and stroke out the one not selected)

4. I am the sole person entitled to the lottery prize of \$1,001.00 or more.

OR

4. The following individuals are entitled to share in the lottery prize of \$1,001.00 or more:
(print the names of all individuals entitled to share in the prize below and on the reverse, if necessary)

and these individuals **have / have not** entered into a written agreement concerning the purchase of the lottery ticket
(delete as appropriate)
to which this lottery prize relates.

And that the above information provided by me is true and correct.

IN WITNESS WHEREOF the undersigned has hereunto set out their hand at the _____ of _____
in the Province of Manitoba.

This _____ day of _____ 20____)
_____))
(signature of witness) _____) (signature of claimant)
_____))
(printed name of witness) _____)

[For Internal use:] Identification presented:

Type:		Type:	
Name on ID:		Name ID:	
Identification #:		Identification #:	

Recorded by: _____ MEP Match: _____ No MEP Match: _____

MEP AUTHORIZATION MEP OFFICER: _____ Date: _____ Time: _____
Authorization to Pay: YES NO