



CLAIMANT INFORMATION SHEET GUIDELINES

Please refer to these guidelines to ensure your Agreement is completed properly. Improperly completed forms can delay the processing of your prize claim.

SECTION 1:

Clearly print:

- Name
- Address
- Date of birth
- Total prize amount.

If the ticket is held by more than one person, provide the total number of individuals sharing the prize.

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 and his or her position with the organization, as well as 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.

IMPORTANT:

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

Name: _____

Address: _____

City/Town/Prov: _____ Postal Code: _____

Date of Birth: (M/D/Y) _____ Email Address: _____

TOTAL Prize Amount: \$ _____ Number of Claimants: _____

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

*("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;)

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:

Are you the registered owner of a business that sells Lottery Tickets? YES NO

Does your employer sell/cash lottery tickets? YES NO

Are you or have you ever sold /cashed 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:

IDENTIFICATION PRESENTED:

1) Type of ID Presented: _____

Name on ID: (Last name 1st) _____

Identification Number: _____

2) Type of ID Presented: _____

Name on ID: (Last name 1st) _____

Identification Number: _____

Recorded by: _____ Phone Number: _____