AGREEMENT TO SHARE OWNERSHIP AND PROCEEDS OF LOTTERY TICKET - CLAIM FORM #2

OKLAHOMA LOTTERY COMMISSION

THE OKLAHOMA LOTTERY COMMISSION HAS AGREED, AT MY REQUEST, TO DIVIDE THE PROCEEDS OF WINNING LOTTERY TICKET NUMBER # _____ BETWEEN THE (# of individuals) _____ PARTIES LISTED BELOW (AND ON THE (# of pages) _____ ATTACHED PAGES) AND ME. THIS REQUEST IS MADE BECAUSE OF A PRE-EXISTING AGREEMENT BETWEEN THE PARTIES LISTED AND ME. I UNDERSTAND IN MAKING THIS REQUEST, I AM VOLUNTARILY RELINQUISHING ALL CLAIMS OF OWNERSHIP TO _____% OR $_____ OF THE PRIZE PAYABLE ON THIS TICKET. THIS AGREEMENT IS IRREVOCABLE. I ALSO AGREE TO RECEIVE AND DELIVER CHECKS TO THE PARTIES THAT HAVE AUTHORIZED ME TO DO SO (see Item #13).

NAME (PRINTED) _____

SIGNATURE _____ DATE _____

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CLAIM # _____

The information below will need to be filled out by each claimant. If you should need assistance with "Share Amount" and/or "%", our Claim Center personnel will be glad to assist you. Claims Office hours are 8:30 a.m.-4:30 p.m. M-F, 3817 N. Santa Fe, Oklahoma City, OK 73118, (405) 522-7717 or (405) 522-7700.

1. SOCIAL SECURITY # ___ - ___ - ____ 2. SHARE AMT ($) _____ OR 3. SHARE PERCENT (%) ___

4. NAME _____

5. MAILING ADDRESS _____

6. CITY _____ 7. STATE ___ 8. ZIP CODE _____ - ____

9. STATE/PHOTO ID #: STATE ___ #: _____ 10. DATE OF BIRTH ___ - ___ - ____

11. CITIZENSHIP ☐ a) U.S. Citizen or Resident Alien, or, 12.PHONE ___ - ___ - ____

☐ b) Country of Citizenship must be provided: _____

13. ☐ Send my check to the address above, or, ☐ I authorize _____ to pick up and deliver my check.

14. _____
SIGNATURE

TAX WH _____ OTHER _____ NET AMT _____ CHECK #_____
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