



Hoosier Lottery
\$20 Golden Jackpot Fast Play Lost Ticket Affidavit

PLEASE SUBMIT ONE FORM FOR EACH TICKET CLAIMED
Deadline for Claim is September 16, 2022

The Hoosier Lottery (Lottery) is committed to our players and values your purchase of our games as we raise revenue for good causes throughout the State.

Due to an error by the Hoosier Lottery's vendor, every \$20 Golden Jackpot Fast Play ticket that was purchased following the game's launch on Sunday, March 20, 2022, printed in a manner that showed the ticket being a \$5,000 winning ticket, even though the ticket would indicate "Not a Winner" when scanned by the vendor's terminal system.

Due to the error, these winning tickets will be honored for prize payment. If you purchased a \$20 Golden Jackpot Fast Play ticket but no longer have that ticket, you may submit this Claim Form and Affidavit. Claims must be received by the Hoosier Lottery by close of business September 16, 2022.

1. I purchased a Hoosier Lottery \$20 Golden Jackpot Fast Play ticket on March 20, 2022.

2. The Ticket was purchased at _____ located at
(Retailer Name)
_____, on March 20, 2022
(Street address, City, Zip)
at approximately _____ : _____ a.m./p.m. (Circle one).
(Please be exact)

4. I am unable to present the ticket for validation and payment due to the following facts and circumstances (attach additional pages if necessary):

5. I understand and agree that because the ticket was not presented for validation, or was presented for validation but not paid, payment of the prize will be made only if the Lottery determines, after a complete investigation of the facts, that substantial evidence supports my claim. I further understand and agree that any payment by the Lottery shall be for the amount of the prize shown on the ticket only and shall not include interest.

6. I agree to and shall return or repay to the Lottery any prize which the Lottery subsequently determines was improperly paid to me. Lottery shall provide written notice to me of any such determination and I shall return or repay the prize within thirty (30) days of receipt of such notice or as otherwise agreed by the parties in writing. In the event I fail to return or repay said prize within the thirty (30) day period, I agree to indemnify, repay or reimburse the Lottery for any and all of its

costs and expenses, including attorneys' fees and court costs, incurred in recovering the prize and shall pay the Lottery interest on the value of the prize at the rate of twelve percent (12%) per annum from the date of the improper payment.

7. I agree to and shall protect, defend and hold harmless the Lottery from and against any and every suit, action, judgment, award or claim of any kind to recover the prize based upon allegations of improper or wrongful payment. In addition, I agree to and shall indemnify, repay or reimburse the Lottery for any and all costs and expenses, including attorneys' fees, incurred as a result of such suit, action, judgment, award or claim.
8. I agree to accept any payment that the Lottery may decide to make to me associated with this Affidavit in complete satisfaction of any claim(s) that I may have against the Lottery, IGT Indiana, LLC, IGT Global Solutions Corporation, or any person or entity associated with the \$20 Golden Jackpot Fast Play game.
9. I affirm under the penalties of perjury that the information provided in this \$20 Golden Jackpot Fast Play Lost Ticket Affidavit is true and correct to the best of my knowledge, information and belief and is intended as an inducement to the Lottery to deliver or pay the prize to me. Further, I acknowledge and understand that the Lottery is relying on said information.

Dated: _____ Signature: _____

Printed Name: _____

Address: _____

(Street address)

(City, State, Zip)

(Phone Number)

(Email Address)

**Mail Completed Form to:
Hoosier Lottery
ATTN: \$20 Golden Jackpot Fast Play Ticket
1302 N. Meridian Street, Suite 100
Indianapolis, IN 46202**



WINNER CLAIM FORM

MAIL TO:
HOOSIER LOTTERY
1302 N. MERIDIAN ST.
SUITE 100
INDIANAPOLIS, IN 46202
1-800-955-6886

FOR LOTTERY USE ONLY

DATE	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	CASHIER'S INITIALS
CHECK NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CLAIM NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RETAILER NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

INSTRUCTIONS TO CLAIMANT:

- YOU MUST SIGN YOUR NAME ON THE BACK OF TICKET.
 - ON BACK OF TICKET, PRINT YOUR NAME & ADDRESS.
 - COMPLETE ITEMS 7 THROUGH 19 BELOW (PLEASE PRINT).
 - YOU MUST SIGN YOUR NAME ON THE CLAIM FORM.
 - STAPLE TICKET TO THE FRONT OF THE CLAIM FORM.
 - MAIL THE CLAIM FORM TO THE ABOVE ADDRESS.
 - KEEP A COPY OF CLAIM FORM AND TICKET FOR YOUR RECORDS.
 - PROVIDE A COPY OF A GOVERNMENT ISSUED PICTURE I.D.
- For your protection, we suggest you mail your claim by certified mail.

**STAPLE TICKET
TO TOP COPY
HERE**

**PLEASE DO NOT STAPLE THROUGH
ANY NUMBERS OR PLAY SPOTS ON TICKET!**

CIRCLE ONE: DRAW GAME OR INSTANT GAME

1. TICKET NO.	<input type="text"/>	2. DRAW DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. VALIDATION NO.	<input type="text"/>	4. GAME TYPE	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. PRIZE AMOUNT	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00	6. WAGER AMOUNT
	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00	

7. NAME	<input type="text"/>	LAST NAME - PLEASE PRINT	<input type="text"/>	FIRST NAME	<input type="text"/>	MI	<input type="text"/>
8. ADDRESS	<input type="text"/>						
9. CITY	<input type="text"/>	10. STATE	<input type="text"/>				
11. ZIP CODE	<input type="text"/>						
12. COUNTY NAME	<input type="text"/>					13. NATION	<input type="text"/>
14. SOCIAL SECURITY NO.	<input type="text"/>	15. DATE OF BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	16. US CITIZEN	<input type="text"/> YES <input type="text"/> NO
The Hoosier Lottery is required by federal law to obtain the prize winner's social security number for all prizes \$600 or greater in order to report taxes and to comply with IC 4-30-11-11. Winner claim forms cannot be processed without this information.							
17. PHONE NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

18. This prize is claimed as follows:

A for myself as the sole winner

B as a member of the winning group designated on the attached IRS Form 5754

C on behalf of the person(s) designated on the attached IRS Form 5754

19. The Hoosier Lottery will withhold Federal and State taxes at the minimum amount required by IRS regulations and Indiana State Law. It is important to understand that the taxes withheld may not cover all of your Federal or State tax obligations. The final tax amount owed will depend on your personal tax situation. As the Hoosier Lottery or its employees cannot provide you with financial advice, we suggest you talk with a professional tax advisor. Initial here

The Hoosier Lottery may require that you participate in press conferences and other public relations activities.

Under penalty of perjury, I hereby declare that, to the best of my knowledge and belief, the name, address, and social security number provided correctly identify the recipient(s) of the payment of the validated winning ticket and that the purchaser of the ticket is not prohibited by law from purchasing a lottery ticket.

I understand that any person who, with intent to defraud, falsely presents for payment a forged, counterfeit or *altered* ticket is in violation of state law and *may be prosecuted*. I further acknowledge that I have read and understand the information listed above concerning tax withholdings on my lottery winnings received today.

CLAIMANT'S SIGNATURE _____ DATE _____

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FOR CLAIMANT USE