



____ - _____

MICHIGAN LOTTERY SUBSTITUTE 5754

LOTTERY USE ONLY - CLAIM ID NUMBER

CLUB & TICKET INFORMATION:

CLUB NAME

CLUB FEIN*

____ - _____

NUMBER OF CLUB MEMBERS

**CLUB MEMBERS RECEIVING EQUAL SHARES? YES NO
IF NO, MUST INDICATE WINNING AMOUNTS BY MEMBER.

DRAWING DATE

____ / ____ / _____

GROSS PRIZE AMOUNT

\$ _____ , _____ , _____

COPY BOTTOM OF TICKET EXACTLY

ON-LINE TICKET

____ - _____ - _____

**ALTERING TICKETS
SUBJECT TO 5
YEARS IN PRISON**

INSTANT TICKET

GAME # _____ BOOK # _____ TICKET # _____ VALIDATION # _____

CLUB REPRESENTATIVE:

LEGAL NAME - FIRST

MI

LAST

SUFFIX

SOCIAL SECURITY NUMBER*

____ - ____ - _____

DATE OF BIRTH

____ / ____ / _____

IS CLAIMANT A U.S. RESIDENT? YES NO
IF NO - COUNTRY OF RESIDENCE: _____

MAILING ADDRESS (leave a space between number and street name)

2ND LINE OF ADDRESS (if needed)

CITY

STATE

ZIP CODE

____ - _____

HOME PHONE NUMBER

____ - ____ - _____

SECONDARY PHONE NUMBER WORK CELL

____ - ____ - _____

**WINNING AMOUNT: _____

Under penalties of perjury I certify the above information is complete, accurate and the number shown on this form is my correct taxpayer identification number. I understand that by signing this form I will receive my portion of the prize and my W-2G at the address I have listed above and the Michigan Lottery will deduct federal and state withholding taxes from my portion of the prize and any outstanding debts collectable by the State of Michigan in accordance with federal and state laws. I also understand I am only responsible for the taxes on my portion of the winnings.

LOTTERY USE ONLY
PA11 Authorization Number: _____

CLUB REPRESENTATIVE SIGNATURE

CLAIM RECEIVED BY: _____ CLAIM AUTHORIZED BY: _____

* PROTECTED BY FEDERAL PRIVACY AND STATE CONFIDENTIALITY LAWS

** PLEASE INDICATE EACH MEMBERS WINNING AMOUNT IN WHOLE DOLLARS. ANY EXCESS AMOUNTS WILL BE ASSIGNED TO THE CLUB REPRESENTATIVE.

SUBSTITUTE 5754

____ - _____

LOTTERY USE ONLY - CLAIM ID NUMBER

CLUB NAME

CLUB MEMBER:

LEGAL NAME - FIRST

MI

LAST

SUFFIX

SOCIAL SECURITY NUMBER*

____ - ____ - _____

DATE OF BIRTH

____ / ____ / _____

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IF NO - COUNTRY OF RESIDENCE: _____

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PA11 Authorization Number: _____

CLUB MEMBER SIGNATURE

CLUB MEMBER:

LEGAL NAME - FIRST

MI

LAST

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____ - ____ - _____

DATE OF BIRTH

____ / ____ / _____

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