

LOTTERY PRIZE CLAIM FORM

PRIZES WORTH \$2,000 OR MORE (IN MONEY OR GOODS), ANNUITY, PARTICIPATION IN A DRAW OR GAME SHOW

You can use our online prize claim process at any time for prizes from \$600.01 \$ to \$50,000.



A. CLAIMANT IDENTIFICATION

Last name		First name	
Address N°		Street	PO box n°
City		Province	Postal code
Main phone number	Secondary phone number		
Email address (optional)			
How many people are claiming the prize? <input type="checkbox"/> One person <input type="checkbox"/> Two or more persons			
Are you or is any person close to you*	Yes (myself)	Yes (someone close to me)	No
An employee or the owner of a retail location authorized to sell lottery products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A Loto-Québec merchandising expert or an employee of such merchandising expert?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An employee of Loto-Québec or one of its subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Parent, child, spouse or someone residing at the same address as you.

B. TICKET IDENTIFICATION

Name of the lottery	Ticket control number (see "N° de contrôle" or "N° ctrl." on the ticket)
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C. TICKET PURCHASE INFORMATION

I purchased the ticket myself. Yes No

If you've answered no, write the name of the person who purchased the ticket and contact them to find out where they purchased it.

Name or type of retailer where the ticket was purchased	
City of the retailer where the ticket was purchased	
Address or location (street or corner) of the retailer where the ticket was purchased	

D. REQUIRED DOCUMENTS

Make sure to attach the following documents to your form to avoid delays when processing your claim. See lotoquebec.com/prize-claims for more information.

Individual claim	Group claim
<input type="checkbox"/> Original ticket,* signed and filled out (front and back)	<input type="checkbox"/> Original ticket, signed and filled out (front and back) and keep a copy for your records.
<input type="checkbox"/> Claim form, filled out and signed	<input type="checkbox"/> Original group play form,* filled out and duly signed by all group members
<input type="checkbox"/> Copy of a valid ID document (driver's licence, health insurance card or passport)	<input type="checkbox"/> For each group member whose share of the prize is \$2,000 or more : - Prize claim form, filled out and signed - Copy of a valid ID document (driver's licence, health insurance card or passport)

E. CONSENT

By completing and signing this claim form, you consent to Loto-Québec collecting, using, disclosing and keeping the information contained herein, in accordance with the *Act respecting Access to documents held by public bodies and the Protection of personal information*, for the purposes of:

- Managing and processing payment of prizes and carrying out any verification required in relation to a claim.
- Ensuring follow-up with respect to a prize won, in such situations determined by Loto-Québec.
- Creating a client file containing said information and using it for identification purposes as well as to keep a record of your communications and interactions with the various services and products offered by Loto-Québec and its subsidiaries, if applicable, as a means to personalize customer support.

F. DECLARATION

I, the undersigned, declare that the information contained herein is, to the best of my knowledge, true. I declare that the attached ticket has been neither altered nor modified. I understand that the payment of the prize is subject to regulations that apply to lottery products.

Claimant signature	City	Date
		YEAR MONTH DAY

 **Mail everything to: Loto-Québec, PO BOX 7777, Succ. Centre-ville, Montréal, Québec, H3C 4L4** 