**Washington's Lottery Logo
Winner Claim Form / Substitute W-9
Headquarters
PO Box 43000 
Olympia, WA 98504-3000
Phone: 360-810-2888
Fax: 360-515-0416
**

**Washington’s Lottery Self-Exclusion Application**

**Instructions – Please Read Carefully**

* **Read this entire application before filling out any information and completing.**
* **All fields must be completed. Incomplete forms will be rejected.**
* **Only the person who is enrolling in the Voluntary Self-Exclusion Program may sign and submit this form.**
* **Clearly print all information.**
* **Per** [**WAC 315-06-220**](https://apps.leg.wa.gov/wac/default.aspx?cite=315-06-220)**, this form may be submitted either:**

1. **In-person with a completed application and proof of identity at a Washington’s Lottery office. Acceptable forms of identification are a valid driver’s license from any state, government-issued identification card, or a valid United States or Canadian passport; or**

**(b) Via U.S. mail with a completed application and proof of identity as defined in section (a).**

**IMPORTANT – APPLICATIONS SUBMITTED THROUGH THE MAIL MUST BE NOTARIZED PRIOR TO SUBMISSION.**

***Important Notices – Please Read Carefully***

By completing and signing this form, you are placing yourself in the Voluntary Self-Exclusion Program of Washington’s Lottery. During enrollment in the program, participants are not entitled to claim, redeem, or collect any excluded prize. “Excluded prize” means: (a) any monetary, promotional, or merchandise prize valued at more than $600; and (b) any monetary, promotional, or merchandise second chance drawing prize regardless of value.

If a participant does attempt to claim, redeem, or collect an excluded prize while enrolled, monetary prizes will be forfeited to the state’s problem gambling account after payments of any debt to the government pursuant to [RCW 67.70.255](https://app.leg.wa.gov/rcw/default.aspx?cite=67.70.255) and taxes withheld to the IRS, if any. Merchandise prizes will be retained by the Lottery.

Periods of enrollment are available in one (1), three (3), or five (5) year increments. After expiration of the selected period of enrollment, the participant will be automatically removed from the program. A participant may extend their current enrollment by submitting a new application at least thirty (30) days prior to expiration of the current enrollment period. A participant may re-enroll in the program at any time following the expiration of the current enrollment period by submitting a new application.

**SECTION 1: PERSONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Last Name | First Name | Middle Initial |

|  |  |  |
| --- | --- | --- |
|  |  | M  F  X |
| SSN | Date of Birth | Gender |
|  |  |  |
|  |  |  |

Phone number(s) associated with the Participant (3 maximum)

|  |
| --- |
|  |
| Address |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| City | State | Zip |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address(es) associated with the Participant (3 maximum)

**SECTION 2: SELF-EXCLUSION ENROLLMENT PERIOD**

1. Select the period of enrollment. The period of enrollment can be one (1), three (3), or five (5) years. The period of enrollment runs from calendar date to calendar date (example: 12/01/2021 – 11/30/2022).

**Please note:** if no enrollment period is selected, you will be enrolled for a one (1) year period.

one (1)  three (3)  five (5)  year(s)

1. Select the preferred effective date of participation for the enrollment period chosen above.

**Please note:** if no date is selected, the effective date will be the next business day after the Lottery receives and approves your completed application.

|  |
| --- |
|  |
| Preferred Effective Start Date |

**SECTION 3: PARTICIPANT ACCEPTANCE**

*Read carefully and initial each statement.*

1. I am completing this application voluntarily of my own free will, free from any outside influences, with a thorough understanding of the effects of my decision.

Initials: \_\_\_\_\_\_\_\_

1. I acknowledge that once enrolled, I cannot remove myself from the program prior to termination of the selected period of enrollment.

Initials: \_\_\_\_\_\_\_\_

1. I understand that I am responsible for continuing my enrollment by submitting a new application within thirty (30) days prior to my enrollment period’s expiration date.

Initials: \_\_\_\_\_\_\_\_

1. I understand that it is my responsibility to refrain from purchasing any Washington’s Lottery tickets or otherwise participating in the play of Washington’s Lottery games or promotions.

Initials: \_\_\_\_\_\_\_\_

1. I understand that I am ineligible to claim, redeem, or collect any excluded prize.

An excluded prize is defined as: (i) any monetary, promotional, or merchandise prize valued at more than $600; and (ii) any monetary, promotional, or merchandise second chance drawing prize regardless of value.

Initials: \_\_\_\_\_\_\_\_

1. I understand that if I attempt to claim, redeem, or collect any excluded prize, monetary prizes will be forfeited to the state’s problem gambling account after payments of any debt to the government pursuant to [RCW 67.70.255](https://app.leg.wa.gov/rcw/default.aspx?cite=67.70.255) and taxes withheld to the IRS, if any. Washington’s Lottery will retain merchandise prizes.

Initials: \_\_\_\_\_\_\_\_\_

1. I will not create or maintain a Washington’s Lottery loyalty/rewards program account.

Initials: \_\_\_\_\_\_\_\_\_

1. I understand that any points or benefits accrued in my existing Washington’s Lottery loyalty/rewards program account will expire based on established expiration dates and no refund or replacement will be provided to me.

Initials: \_\_\_\_\_\_\_\_\_

1. I understand that this Voluntary Self-Exclusion Program applies only to products and activities provided by Washington’s Lottery. Other forms of gambling, such as tribal and state-regulated casinos, are not included.

Initials: \_\_\_\_\_\_\_\_\_

**SECTION 4: ACKNOWLEDGMENTS**

By submitting this form, I am requesting to be placed in the Voluntary Self-Exclusion Program. The signature on this form, and the identification attached hereto, belong to me.

I knowingly and voluntarily enroll in this program of my own free will and am not under the undue influence of any person or substance.

I have had the opportunity to read the law ([RCW 67.70.040](https://app.leg.wa.gov/rcw/default.aspx?cite=67.70.040#:~:text=(5)(a)%20By%20June%2030,)) and rules ([WAC 315-06-220](https://apps.leg.wa.gov/wac/default.aspx?cite=315-06-220)) related to the Voluntary Self-Exclusion Program.

I understand that it is my responsibility to comply with the Voluntary Self-Exclusion Program after I am enrolled.

I understand that personal information maintained by the Voluntary Self-Exclusion Program is exempt from public disclosure pursuant to [RCW 42.56.230](https://apps.leg.wa.gov/rCW/default.aspx?cite=42.56.230).

I certify that the information I have provided is true and accurate. By signing this form, I am stating that I understand my responsibilities and accept the conditions of the Voluntary Self-Exclusion Program.

|  |  |  |
| --- | --- | --- |
| Signature of Participant |  | Date |

**SECTION 5: WAIVER AND RELEASE**

I hereby release and forever discharge Washington State, Washington’s Lottery, the Lottery Commission, Lottery retailers, and their employees and agents, from any liability to me and/or my heirs, administrators, executors, representatives, and assigns for any harm, monetary or otherwise, which may arise out of, or by reason of any act or omission relating to, this request for self-exclusion, including its processing, acceptance, and enforcement.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Participant |  | Date |

**SECTION 6: NOTARY AFFIDAVIT (required only if sent by mail)**

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in this instrument.

(Seal or Stamp) Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DO NOT WRITE BELOW – FOR LOTTERY USE ONLY**

**Received:**

|  |  |  |
| --- | --- | --- |
| Signature of Lottery Employee |  | Date |

|  |
| --- |
| Printed Name of Lottery Employee |

**Approved:**

|  |  |  |
| --- | --- | --- |
| Signature of Legal Director or Designee |  | Date |

|  |
| --- |
| Printed Name of Legal Director or Designee |