



____ - _____

LOTTERY USE ONLY - CLAIM ID NUMBER

MICHIGAN LOTTERY SUBSTITUTE 5754

CLUB & TICKET INFORMATION:

CLUB NAME

NUMBER OF CLUB MEMBERS

**CLUB MEMBERS RECEIVING EQUAL SHARES?

YES

NO

IF NO, MUST COMPLETE "INDIVIDUAL'S GROSS PRIZE AMOUNT" FOR EACH MEMBER

DRAWING DATE

____ / ____ / _____

GROSS PRIZE AMOUNT

\$ _____ , _____ , _____

**DRAW
GAME
WAGER #**

COPY BOTTOM OF TICKET EXACTLY

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

**INSTANT
TICKET**

GAME #

____ - _____

BOOK #

_____ - _____

TICKET #

____ - _____

VALIDATION #

____ - _____

Proper Identification for Claim Processing

Club Representative – A Club Representative is responsible for submitting a completed Substitute 5754 form (BSL-A-2164) prior to prize payment. The club rep and each club member must include a valid unexpired picture identification along with proof of social security number, and sign the Substitute 5754 form. Incomplete forms will delay all club members' checks. Club checks will be issued by Lottery Central to each club member.

Acceptable types of picture identifications:

- Driver's License with Expiration Date
- State Issued Picture Identification Card with Expiration Date
- Carry-Concealed Weapons (CCW) License with Photo and Expiration Date
- Military ID with Photo and Expiration Date
- Passport with Photo and Expiration Date
- Permanent Resident Card with Photo and Expiration Date
- Department of Veterans Affairs – Medical Benefits Card with Photo

Acceptable types of proof of social security number:

- Social Security Card
- Medicare Card – Medicare Claim Number must end with an "A". All others will be refused.
- Military ID with Photo, Social Security Number and Expiration Date
- Selective Service – Registration Acknowledgment Card

CLAIM RECEIVED BY: _____ CLAIM AUTHORIZED BY: _____

* PROTECTED BY FEDERAL PRIVACY AND STATE CONFIDENTIALITY LAWS

** PLEASE INDICATE EACH INDIVIDUAL'S GROSS PRIZE AMOUNT IN WHOLE DOLLARS. ANY EXCESS AMOUNTS WILL BE ASSIGNED TO THE CLUB REPRESENTATIVE.

AUTHORITY: Act 239, 1972 as amended. COMPLETION: Required. PENALTY: Failure to complete may result in nonpayment of claim.

BSL-A-2164(R12/15)

____ - _____

LOTTERY USE ONLY CLAIM ID NUMBER

CLUB NAME

CLUB REPRESENTATIVE:

LOTTERY USE ONLY

PA11 Authorization Number:

LEGAL NAME - FIRST

MI

LEGAL NAME - 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)

CITY

STATE

ZIP CODE

____ - _____

PRIMARY PHONE NUMBER

____ - ____ - _____

SECONDARY PHONE NUMBER

____ - ____ - _____

**INDIVIDUAL'S GROSS PRIZE AMOUNT

\$ _____, _____, _____ .00

EMAIL ADDRESS

• Are you the original purchaser of the ticket being claimed? YES NO If No, please explain:

PAYMENT METHOD

PAY TO WONACCOUNT

PAY BY CHECK

Prizes of \$10,000 or less may be applied to a player's WonAccount.

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 acknowledge the Club Representative will be presenting this claim on behalf of the club and myself, 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.

CLUB REPRESENTATIVE SIGNATURE

* PROTECTED BY FEDERAL PRIVACY AND STATE CONFIDENTIALITY LAWS

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

____ - _____

LOTTERY USE ONLY CLAIM ID NUMBER

CLUB NAME

CLUB MEMBER:

LOTTERY USE ONLY

PA11 Authorization Number:

LEGAL NAME - FIRST

MI

LEGAL NAME - 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)

CITY

STATE

ZIP CODE

____ - _____

PRIMARY PHONE NUMBER

____ - ____ - _____

SECONDARY PHONE NUMBER

____ - ____ - _____

**INDIVIDUAL'S GROSS PRIZE AMOUNT

\$ _____, _____, _____ .00

EMAIL ADDRESS

• Are you the original purchaser of the ticket being claimed? YES NO If No, please explain:

PAYMENT METHOD

PAY TO WONACCOUNT

PAY BY CHECK

Prizes of \$10,000 or less may be applied to a player's WonAccount.

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 acknowledge the Club Representative will be presenting this claim on behalf of the club and myself, 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.

CLUB MEMBER SIGNATURE

* PROTECTED BY FEDERAL PRIVACY AND STATE CONFIDENTIALITY LAWS

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