



\_\_\_\_ - \_\_\_\_\_

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  
\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**INSTANT TICKET** GAME # PACK # TICKET # VALIDATION #  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

**PULL TAB** GAME # PACK # 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
- Passport Card with Photo and Expiration Date
- Permanent Resident Card with Photo and Expiration Date
- Department of Veterans Affairs – Medical Benefits Card with Photo and Expiration Date

#### Acceptable types of proof of social security number:

- Social Security 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(R12/18)

\_\_\_\_ - \_\_\_\_\_

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:

\_\_\_\_\_

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 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 MEMBERS 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:

\_\_\_\_\_

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