VIRGINIA LOTTERY SPLIT OWNERSHIP/PROCEEDS VERIFICATION FORM

We agree to split the proceeds of ticket number		, so that each owner's share is as listed below.		
numbers are listed below. I understand that in	, am acting as the representative of the making this request, I am voluntarily relinquishin my signature. This request is made because of	g all claims to ownership of the priz	e(s) on the ticket number	ocial security (s) above,
(Signature of Representative)		(Date)		
As a winner of a Virginia Lottery jackpot prize, I prize(s) on the ticket number(s) shown above, e agreement between the ticket owners.	understand that as of	, I am voluntarily reline	uishing all claims to own nade because of a pre-ex	nership of the kisting
NAME of Persons Represented or SIGNATURE of Jackpot Winners	ADDRESS	BIRTHDATE	Social Security #	Dollar Amount or Percentage
1.)				
2.)				
3.)				
4.)				
5.)				
6.)				
7.)				
8.)				
9.)				
10.)				

Checks for person(s) represented and not present when ticket is claimed will be mailed to that individual's address above or held for winners who prefer to pick-up their payment.