



# PRIZE SHARING AGREEMENT ADDENDUM

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL

LOTTERY DIVISION

SFN 60096 (01-2021)

Total Group Prize Claimed	20 Digit Serial Number	Drawing Date
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The Undersigned person:

- Agrees to share all the provisions of the Prize Sharing Agreement.
- Certifies that all information provided is true and correct to the best of your knowledge.

Full Name	Share Percentage	Share Amount
Address		
City	State	ZIP Code
Signature	Date	

Copy of Photo ID

If claimant is authorizing another person to obtain his or her check in their absence, please complete the sentence below.  
 If left blank, the check will be mailed to the address provided.

I authorize the person named below to receive a North Dakota Lottery prize check issued in my name.

Name of Authorized Person	Signature
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**This form must be notarized.**

Signature	Date
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State of	County of
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Signed and sworn to (or affirmed) before me this

Date
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Name(s) of Individual(s) Making Statement	Affix Notary Stamp
Signature of Notary Public or Other Authorized Officer	
Commission Expiration Date	