

Jackpot Number _____

Annual Payment Date _____

1st Payment Date ____/____/____

Last Payment Date ____/____/____



PRIZE WINNER DESIGNATION OF BENEFICIARY(IES)

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

Should I die before receiving all the prize payments due me, the following shall be the beneficiary(ies) of all such prize payments remaining due to me at the time of my death. If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. When the death of a beneficiary occurs after my death, remaining payments are vested in that beneficiary's heirs. In the event all primary beneficiaries die before me, the contingent beneficiary(ies) shall become the primary beneficiary(ies). In the event all primary and contingent beneficiary(ies) shall die before me, the payments remaining after my death shall be paid to my estate. These payments are not to be considered as testamentary or subject to the provisions on wills contained in Chapter 3 (Section 64.1-45 et seq.) of Title 64.1 of the Code of Virginia.

Please note: 1) Upon death, if an estate is named as beneficiary, an administrator or and executor must be appointed by the court before payments can be made; 2) Upon death, if a minor (child less than 18 years of age) is named as beneficiary, in the absence of a guardian or trustee for the minor, one must be appointed by the court before payments can be made; or 3) If you name a trust as beneficiary, be sure to list the name of the trustee and the date that the trust agreement was completed. A copy of the trust agreement must be submitted with the death claim to the Virginia Lottery.

(a) PRIMARY BENEFICIARIES: **NOTE: Social Security numbers are not required at this time, but shall be required if and when payments are made to the beneficiary. The total of all percentages must equal 100%.**

Name	Social Security Number	Percentage
Address	Date of Birth	Relationship
City/State/Zip	Telephone Number	

Name	Social Security Number	Percentage
Address	Date of Birth	Relationship
City/State/Zip	Telephone Number	

Name	Social Security Number	Percentage
Address	Date of Birth	Relationship
City/State/Zip	Telephone Number	

Name	Social Security Number	Percentage
Address	Date of Birth	Relationship
City/State/Zip	Telephone Number	

_____ Initial here if a continuation sheet is necessary to list more than four (4) primary beneficiaries.

(b) CONTINGENT BENEFICIARIES: (Effective ONLY in the event that ALL primary beneficiaries predecease you.)

NOTE: Social Security numbers are not required at this time, but will be required if and when payments are made to the beneficiary. Percentages for all beneficiaries must equal 100%.

Name	Social Security Number	Percentage
Address	Date of Birth	Relationship
City/State/Zip	Telephone Number	

Name	Social Security Number	Percentage
Address	Date of Birth	Relationship
City/State/Zip	Telephone Number	

Name	Social Security Number	Percentage
Address	Date of Birth	Relationship
City/State/Zip	Telephone Number	

Name	Social Security Number	Percentage
Address	Date of Birth	Relationship
City/State/Zip	Telephone Number	

_____ Initial here if a continuation sheet is necessary to list more than four (4) contingent beneficiaries.

I reserve the right to revoke or change this beneficiary designation at any time without prior notice to any beneficiary. All prior designations (if any) of primary and contingent beneficiaries are hereby revoked.

(Signature)

(Date)

STATE OF VIRGINIA COUNTY/CITY OF _____ on ____/____/____

The individual whose name is signed to the foregoing instrument appeared before me and acknowledged that this instrument was executed by him/her and that the foregoing signature is his/hers.

Notary Signature: _____ My Commission Expires: _____

CONTINUATION SHEET -PRIZE WINNER DESIGNATION OF BENEFICIARY(IES)

CIRCLE ONE ONLY - PRIMARY OR CONTINGENT IN THE INDICATED BOX

CONTINGENT BENEFICIARIES are effective ONLY in the event that ALL primary beneficiaries predecease you.

Name	Social Security Number	Percentage
Address	Date of Birth	Relationship
City/State/Zip	Telephone Number	PRIMARY OR CONTINGENT

Name	Social Security Number	Percentage
Address	Date of Birth	Relationship
City/State/Zip	Telephone Number	PRIMARY OR CONTINGENT

Name	Social Security Number	Percentage
Address	Date of Birth	Relationship
City/State/Zip	Telephone Number	PRIMARY OR CONTINGENT

Name	Social Security Number	Percentage
Address	Date of Birth	Relationship
City/State/Zip	Telephone Number	PRIMARY OR CONTINGENT

Name	Social Security Number	Percentage
Address	Date of Birth	Relationship
City/State/Zip	Telephone Number	PRIMARY OR CONTINGENT

Name	Social Security Number	Percentage
Address	Date of Birth	Relationship
City/State/Zip	Telephone Number	PRIMARY OR CONTINGENT

Name	Social Security Number	Percentage
Address	Date of Birth	Relationship
City/State/Zip	Telephone Number	PRIMARY OR CONTINGENT

I acknowledge that this document is a continuation of and an attachment to my Prize Winner Designation of Beneficiary(ies) of this date.

(Signature)

(Date)