PRIZE SHARING AGREEMENT ADDENDUM

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
LOTTERY DIVISION
SFN 60096 (05-2026)

Total Group Prize Claimed	20 Digit Serial Number	Drawing Date

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

This form must be notarized.

State of	County of

Signed and sworn to (or affirmed) before me this	Date	Affix Notary Stamp
Name(s) of Individual(s) Making Statement		
Signature of Notary Public or Other Authorized Officer		
Commission Expiration Date		