



CASH 4 LIFE (\$1,000 a DAY) PRIZE PAYMENT ELECTION FORM

I, _____, hereby IRREVOCABLY ELECT to
(Print Name)
receive my Virginia Lottery jackpot prize from the _____ drawing for
(Date)
ticket number _____ by the following payment method.

CHECK AND INITIAL ONE BOX ONLY:

I elect the **ANNUITY OPTION** method of payment to receive my **CASH 4 LIFE** prize of **\$1,000 a DAY FOR LIFE**.

The first installment, paid at the time of claim, will be prorated from the date of claim until February 15th of the following year.

Subsequent annual installments of \$365,000 will be paid on February 15th of each year for the duration of my natural life. If that day falls on a weekend or a holiday the payment shall be issued on the next business day. As required by law, federal and state income taxes and any applicable debt set-off will be withheld from each annual installment. Payments are guaranteed for 20 years.

I elect the **CASH OPTION** method of payment to receive my **CASH 4 LIFE** jackpot prize. I will receive **one (1) lump sum payment of \$7,000,000**.

The payment will be issued in full within 15 business days after (i) the date of the claim or (ii) the date this election form is completed, whichever is later. If that day falls on a weekend or a holiday the payment shall be issued on the next business day. As required by law, federal and state income taxes and any applicable debt set-off will be withheld from the payment.

I hereby acknowledge that the payment options have been explained to me and that I am under no obligation to accept the cash option. I understand that I may receive the winnings to which I am entitled under the annuity payment method. I understand that I have 60 days from the date of claiming this prize to make an election. I further acknowledge that once I make an election it is irrevocable and can not be changed.

(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. He/she/they is/are personally known to me or has/have produced _____ as identification.

Notary Signature: _____ My Commission Expires: _____



CASH 4 LIFE (\$1,000 a Week) PRIZE PAYMENT ELECTION FORM

I, _____, hereby IRREVOCABLY ELECT to
(Print Name)
receive my Virginia Lottery jackpot prize from the _____ drawing for
(Date)
ticket number _____ by the following payment method.

CHECK AND INITIAL ONE BOX ONLY:

I elect the **ANNUITY OPTION** method of payment to receive my **CASH 4 LIFE** prize of **\$1,000 a WEEK FOR LIFE.**

The first installment, paid at the time of claim, will be prorated from the date of claim until February 15th of the following year.

Subsequent **annual** installments of **\$52,000** will be paid on February 15th of each year for the duration of my natural life. If that day falls on a weekend or a holiday the payment shall be issued on the next business day. As required by law, federal and state income taxes and any applicable debt set-off will be withheld from each annual installment. Payments are guaranteed for 20 years.

I elect the **CASH OPTION** method of payment to receive my **CASH 4 LIFE** prize. I will receive **one (1) lump sum payment of \$1,000,000.**

The payment will be issued in full within 15 business days after (i) the date of the claim or (ii) the date this election form is completed, whichever is later. If that day falls on a weekend or a holiday the payment shall be issued on the next business day. As required by law, federal and state income taxes and any applicable debt set-off will be withheld from the payment.

I hereby acknowledge that the payment options have been explained to me and that I am under no obligation to accept the cash option. I understand that I may receive the winnings to which I am entitled under the annuity payment method. I understand that I have 60 days from the date of claiming this prize to make an election. I further acknowledge that once I make an election it is irrevocable and can not be changed.

(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. He/she/they is/are personally known to me or has/have produced _____ as identification.

Notary Signature: _____ My Commission Expires: _____