



*Proceeds Benefit Our Natural  
and Economic Environments.*

# PRIZE SHARING AGREEMENT (Request for Multiple Checks) and Substitute Form 5754

If you cross off or change anything on this agreement,  
all individuals sharing the prize must initial by the change.

**INSTRUCTIONS:**

- \* Complete boxes at top of form.
- \* Complete one section on bottom half of form for each person sharing a prize.
- \* If more than six people are sharing the prize, use additional sheets. Only the ticket number needs to be entered in the boxes at top of form on the additional sheets.

PRIZE CLAIMED	DRAWING DATE (if applicable)
NUMBER OF PERSONS SHARING PRIZE	TICKET NUMBER

The individuals listed below agree to share the Minnesota State Lottery prize described above.

The undersigned understands that if there is a debt under the Revenue Recapture Act, the prize money of the individual(s) owing the debt will be reduced accordingly.

I declare, under penalty of perjury, that all information provided is true and correct to the best of my knowledge. I understand that any person who, with intent to defraud, falsely makes, alters, forges or counterfeits a state lottery ticket, presents an altered or counterfeited lottery ticket for payment, or otherwise claims a lottery prize by means of fraud, deceit or misrepresentation, is guilty of a felony punishable by a fine of \$50,000 or imprisonment for 10 years, or both.

**PLEASE PRINT**

S.S. #	Share %	Share Amount	S.S. #	Share %	Share Amount
Street Address			Street Address		
City, State, Zip			City, State, Zip		
Print Full Name			Print Full Name		
Signature			Signature		
S.S. #	Share %	Share Amount	S.S. #	Share %	Share Amount
Street Address			Street Address		
City, State, Zip			City, State, Zip		
Print Full Name			Print Full Name		
Signature			Signature		
S.S. #	Share %	Share Amount	S.S. #	Share %	Share Amount
Street Address			Street Address		
City, State, Zip			City, State, Zip		
Print Full Name			Print Full Name		
Signature			Signature		