



GRUPO SANTANDER SEGURIDAD S.A.

LEASING, COMMISSION AGENT, REPRESENTATIVES AND SECURITY SERVICES.

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FROM: GRUPO SANTANDER SEGURIDAD S.A
DEPARTMENT OF CLAIMS AND FUND RELEASE.

LOTTERY PAYMENT PROCESSING FORM

(COMPLETE THIS FORM AND FAX BACK TO G.B.S.C.S.L.)

REFERENCE:..... BATCH:..... AMOUNT WON.....

NAME:(MR/MRS)..... LAST NAME:.....

NATIONALITY:..... OCCUPATION:..... DATE OF BIRTH:.....

ADDRESS:..... STATE:.....

CITY:..... ZIP CODE:..... MARITAL STATUS:(M)...(D)...(S)....

TEL:..... MOBILE..... FAX.....

PAYMENT OPTION

CERTIFIED BANK CHEQUE BANK TRANSFER

PAYMENT OPTION OF YOUR CHOICE SHOULD BE SPECIFIED TO THE CLAIMS DEPARTMENT FOR PROCESSING.

BANK TRANSFER

IF FUND ARE TO BE REMITED THROUGH BANK WIRE TRANSFER, PLEASE COMPLETE THE FOLLOWING.

BANK NAME:..... BANK ACCOUNT NUMBER:.....

BANK ADDRESS:..... ZIP CODE:.....

ROUTING NUMBER:..... CITY:..... STATE:.....

BANK TEL:..... FAX.....

NEXT OF KIN

(IN THE ABSENT OR LOST OF CONTACT WITH YOU PLEASE INCLUDE YOUR NEXT OF KIN)

NAME(MR/MRS):..... LAST NAME:.....

ADDRESS:..... STATE:..... ZIP CODE:..... CITY:.....

TELEPHONE:..... FAX:.....

I MR/MRS:..... HEREBY DECLARE THAT I HAVE NEVER RECEIVED NOR HAVE I FILED AN APPLICATION REGARDING FUND INSURED ON MY BEHALF. I HEREBY GIVE AUTHORITY TO THE GRUPO SANTANDER SEGURIDAD S.A. FOR THE PROCESSING AND TRANSFER OF FUNDS TO MY DESIGNATED ACCOUNT INFORMATION AS STATED ABOVE.

SIGNATURE:.....

DATE:.....