

-POKAGON*BAND*OF*POTAWATOMI*INDIANS-POKAGON BAND GAMING COMMISSION

iGAMING VOLUNTARY EXCLUSION REQUEST

The Pokagon Band Gaming Commission ("PBGC") is an independent government gaming regulatory authority tasked with oversight of all **Four Winds Casino** online real money gaming and online sports betting (collectively hereinafter "iGaming") and additionally administers the <u>iGaming Self-Exclusion</u> program.

By the submission of this *iGaming Voluntary Exclusion Request*, one's name would be added to the *iGaming Exclusion* List, prohibiting that person from participating in any Four Winds' *iGaming for a minimum of two (2) years*; any 2nd *iGaming Exclusion* request shall result an irrevocable lifetime exclusion. The reinstatement request process for first-time self-exclusion can be found at: http://www.pokagon.com/pokagonbandgamingcommission.

Please Note: This form is intended for **online iGaming** Self-Exclusions and will <u>NOT</u> result in exclusion from live gaming at any Four Winds Casino property in Michigan or Indiana. If Self-Exclusion from casino properties is desired, please appear at any property and request to speak with the Gaming Commission.

This form is intended for Self-Exclusion only, any requests submitted on behalf of another person shall not be honored.

	mplete the below with the information provi tigators@PokagonBand-nsn.gov. Inaccurate or i		
First Name:		Last Name:	
Phone Number:		Email Address:	
Street Address:		City, State, Zip:	
Birth Date:	Driver's License	e / State ID #:	
Last 4 of SSN:		"Join	ned" Date:
(Select MENU icon [\longrightarrow] \rightarrow Account Details \rightarrow Information & Security \rightarrow Account Information			
above, vo all Four V shall prol	dersigned individual, declaring to be the same fluntarily submit to the PBGC this iGaming E Winds-branded online real money gaming and spaibit me from further internet-provided gamin I receive written permission from the PBGC s	exclusion Requestring was any curre	uest seeking exclusion from participation in I understand acceptance of this submission ent or future Four Winds platform(s) up to
I further agree to release the State of Michigan, the Michigan Gaming Control Board and its employees and agents, the internet gaming operator, the Four Winds Casino, and each of their respective officers, directors, employees, and agents from any harm, monetary or otherwise, that may arise as a consequence of placing my name on the iGaming Exclusion List.			
Signat	ure (required):		Date:
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