



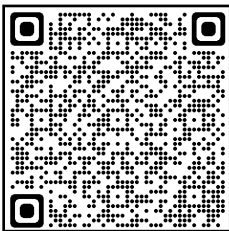
Pokégnek Bodéwadmik
 POKAGON BAND OF POTAWATOMI
 GAMING COMMISSION

iGAMING VOLUNTARY EXCLUSION REQUEST

By the submission of this *iGaming Voluntary Exclusion Request*, one shall be prohibited from participating in any Four Winds Casino online real money gaming and online sports betting (collectively hereinafter “iGaming”) by the Pokagon Band Gaming Commission (“PBGC”). PBGC offers these options for iGaming exclusion duration:

2-Year Exclusion: Requests for a 2-Year Exclusions shall result in iGaming exclusion for a *minimum* of two (2) years. Reinstatement from a 2-Year Exclusion is NOT automatic; one must request reinstatement in writing and receive approval from the PBGC. Requests for a second or subsequent 2-Year Exclusion shall result an irrevocable LIFETIME Exclusion.

LIFETIME Exclusion: Requests for a LIFETIME Exclusion shall result in a permanent and irrevocable exclusion from all iGaming activities offered by Four Winds Casino, including any and all online offerings which may become available in the future.



This form is intended for online **iGaming** exclusions only and will **NOT** result in exclusion from live gaming at Four Winds Casino properties in Michigan or Indiana. For voluntary exclusion from Four Winds properties, use “Casino Voluntary Exclusion Request” form. All requests are for *self-exclusion* only; any requests submitted on behalf of another person shall not be honored.

For more information on voluntary exclusion and exclusion reinstatement, scan the QR Code or visit: pokagonband-nsn.gov

Provide information **as listed on the iGaming website** and submit to: GC.Investigators@PokagonBand-nsn.gov. Inaccurate or incomplete submissions will not be processed.

Requested Voluntary Exclusion Duration:	
<input type="checkbox"/> 2-Year Exclusion	<input type="checkbox"/> LIFETIME Exclusion

First Name _____	Last Name _____
Phone Number _____	Email Address _____
Street Address _____	City, State, Zip _____
Date of Birth _____	Driver’ License or State ID # _____

Last 4 of SSN _____ “Joined” Date _____

I, the undersigned individual, declaring to be the same individual identified by the account information provided above, voluntarily submit to the PBGC this **iGaming Voluntary Exclusion Request** seeking exclusion from participation in all Four Winds-branded online real money gaming and sports wagering for the duration selected above. I understand acceptance of this submission shall prohibit me from further internet-provided gaming via any current or future Four Winds offerings up to and until I receive written permission from the PBGC stating otherwise.

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.

Signature(required): _____ **Date:** _____