

ACCOUNT WAGERING DEPOSIT LIMIT FORM

CG Technology (“CG” or the “Company”) supports responsible gaming and is committed to providing patrons with options associated with their wagering account. In compliance with Nevada Gaming Regulation 5.225(18), CG maintains a deposit program that allows our patrons to establish the amount of total deposits a patron can make to their wagering account within a specified period of time. If you would like to set a deposit limit, please complete all of the information requested below and submit your completed form to any CG race and sports book (notarization not required) where you must provide a valid, government-issued form of photo identification for purposes of identity verification. You may also mail this form (notarization required) to: CG Technology, ATTN: Compliance Department, 2575 South Highland Drive, Las Vegas NV 89109. If you choose to mail this form, it must be notarized for purposes of identity verification.

1. I hereby request to set a deposit limit on my CG wager account(s) listed below. I understand that the deposit limit will become effective within twenty-four (24) hours of CG receiving this form.
2. I understand that CG will honor my request for a deposit limit as described above unless and until I submit a request to rescind this voluntary deposit limitation. Any rescission request must be in writing and notarized (if submitted by mail). I understand that any rescission request will become effective seventy-two (72) hours after CG receives the Rescission Request Form. I understand that I may request a Rescission Request Form by contacting CG at the address above in-person at the race and sports book.

This request cannot be processed without the completion of the information below.

Name: _____ Date of Birth: _____ Social Security Number: _____

Mailing Address: _____

Email Address: _____ Telephone Number: _____

Deposit limit: \$ _____ per Day for my **Sports Wagering Account**.

Deposit limit: \$ _____ per Day for my **Race and Pari-Mutuel Wagering Account**.

Deposit limit: \$ _____ per Day for my **Mobile Casino Wagering Account**.

Patron's Signature: _____ Date: _____

State of Nevada

County of _____

This instrument was acknowledge before me on _____ [date] by _____ [name of person] who personally appeared before me and whose identity I verified.

Notary Public

Printed Name: _____

(Seal)

My Commission Expires: _____

FOR OFFICE USE ONLY

Date Received: _____ Received By: _____ R&S Signature: _____

Date scanned to Compliance Dept.: _____ Compliance Dept. Signature: _____

A copy should be scanned to the Compliance Department and the original should be mailed to the Accounting Department. It is the responsibility of the race and sports book and the home office to properly update their computerized and/or manual records so that the patron does not exceed the set deposit.