

LOYALTY PLAN CUSTODY ACCOUNT FORM

Eligible Shareholders. A Loyalty Plan Custody Account is only available to individuals resident or corporate entities organized in the United States, United Kingdom, Italy, Ireland, Germany, Switzerland and Luxembourg. This eligibility criteria may change at any time without notice in Computershare's sole discretion.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT.

United States ("U.S.") Federal law requires financial institutions to obtain, verify, and record information that identifies each person, business, or trust opening an account.

What this means to you: When you open a U.S. individual or joint tenant account, we will ask for your name, street address, social security number, birth date and other information that will allow us to identify you. For a U.S. business entity or trust, we will ask for your entity or trust name, street address, and Tax Identification Number. For a foreign individual, we will ask for a copy of government-issued documentation demonstrating identification number, street address, birth date, country of issuance, and bearing a photograph. For a foreign business or enterprise, we will ask for a copy of foreign government-issued documentation certifying the existence of the business.

A. Account Owner Information

Please print all items except signature

Full Individual (first, middle, last), Business or Trust name

Social Security Number or Tax Identification Number

Mailing Address

City/State/Zip/Country

Street Address *(if different from mailing address above. No P.O. Box addresses are permitted)*

Birth Date (if individual or joint tenant)

Telephone – Day

Telephone – Evening

B. Acknowledgements and Signatures

I, the undersigned, appoint Computershare Trust Company, N.A. as custodian of my Loyalty Plan shares in Brightstar Lottery PLC and certify that I have received, read and agree to abide by the Custody Account Agreement terms and conditions provided herewith.

Account Owner(s) or Authorized Person(s) Signature (including capacity for authorized person(s)).

I hereby warrant under penalty of perjury that the *Social Security Number or Tax Identification Number* provided above is correct.

Date: ____ / ____ / ____ (mm/dd/yyyy)

Please affirm that you have signed on each line and affixed the date where specified.

Return your completed form to:

Computershare Trust Company, N.A.

PO Box 43078

Providence, RI USA 02940-3078