

For help completing this form email enquiry@actleave.act.gov.au

Privacy – Information on this form is collected under the *Information Privacy Act 2014*. Before completing this form, you must read the ACT Leave privacy statement available at <https://actleave.act.gov.au/privacy-policy/>

Scheme / Industry

This is the industry the deceased person worked in. If you are unsure it may be helpful to refer to documents such as payslips or other information about the deceased person's employment history.

Building and construction Community sector Services Security

Date of last day of work in the relevant industry (if known)

Deceased person's personal details

Registration number

Surname

Given names

Date of birth

Date of death

Last known address
State Postcode



You must provide a scanned copy of the following documents with your completed form.

- Evidence of death, for example, death certificate or coroner's certificate.
- A certified true copy of the original will (if applicable).

Interstate service

Did the deceased person work in the building and construction industry or the contact cleaning industry?

No Go to **next section**

Yes - building and construction

Workers in the **building and construction** industry may add portable long service leave credits between the ACT, New South Wales, Victoria, South Australia, Western Australia, Queensland, Tasmania and the Northern Territory portable long service leave schemes.

If the deceased worker was registered with the portable long service leave schemes in any of those states or territories, that service may be settled with this claim.

Yes - contract cleaning

Workers in the **contract cleaning** industry may add portable long service leave credits between the ACT, New South Wales and Queensland portable long service leave schemes.

If the deceased worker was registered with the portable long service leave schemes in any of those states or territories, that service may be settled with this claim.

Did the deceased person have service recorded in an interstate portable long service leave scheme?

No Go to **next section**

Yes In what state or territory did the deceased person have service recorded?

State or territory	Registration number (if known)	Date of last service (if known)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Direct credit payment details

IMPORTANT

- Deceased claim funds will **only** be deposited into an account in the name of
 - ‘*The Estate of the Late Deceased Member*’, or
 - ‘*Solicitors Trust Account*’.Payments **will not** be deposited into personal, joint, business or credit card accounts.
- Check the BSB and account number with the bank, credit union or building society.
- ACT Leave **will not accept liability** for funds deposited into the wrong account due to an error in the BSB or bank account number provided.

Name of bank, credit union or building society

Branch (where account was opened)

Branch number (BSB)

Account number

Account name

Claimant's details

If this application is being completed by the executor or legal representative, ACT Leave may need proof of capacity to act before issuing a payment.

Claimant's surname

Given names

Current residential address

State

Postcode

Relationship to deceased

Contact phone number

Email

Claimant's declaration

I declare that:

- I am the next of kin / defacto spouse / beneficiary / legal representative / executor.
- I have searched for a Will:
 - amongst the deceased's personal papers
 - at the deceased's solicitors
 - at the deceased's bank, and
 - at the deceased's former place of employment.

I have found what I believe to be the last known Will of the deceased which identifies me as the beneficiary and I have provided a certified copy of the Will.

OR

I believe the deceased did not have a will.

I confirm that:

- the information provided on this form is true and correct in every detail.
- I will notify ACT Leave in writing and provide full details if there is a change.

I acknowledge that:

- ACT Leave may refuse this application if the information provided is incomplete, false or misleading. An authorised officer may request further information to be provided.
- giving false or misleading information is a serious offence under section 338 of the *Criminal Code 2002*.
- I have read and agree to the ACT Leave privacy statement available at <https://actleave.act.gov.au/privacy-policy/>

Claimant's signature

Date

Return this form and all supporting documents:

- **online** – save the form and upload to the website following the instructions at <https://actleave.act.gov.au/forms>, or
- by email to: enquiry@actleave.act.gov.au, or
- by post to: ACT Leave PO Box 264 Jamison Centre ACT 2614