

**LONG SERVICE LEAVE AUTHORITY
DECEASED MEMBER'S CLAIM FORM
(DECEASED HAD A WILL)**

Which Scheme? (Please (✓) tick one box)

Construction Cleaning Community Security

**Workers
Details**

Registration No. _____

Date of Birth _____ / _____ / _____

Worker's Surname _____

Worker's Given Names _____

Date of Death _____ / _____ / _____

Last Day of Work in the relevant industry _____ / _____ / _____

**Service in Other
States**

Worker's in the "Construction Industry only" may add long service leave credits between the ACT, New South Wales, Victoria, South Australia, Western Australia, Queensland, Tasmania and Northern Territory long service leave schemes and worker's in the "Cleaning Industry only" between the ACT, New South Wales and Queensland long service leave schemes. If the worker was registered with the Long Service Leave Schemes in any of those States, that service may be settled with this claim.

IN WHAT STATE DID THE WORKER HAVE SERVICE RECORDED?

STATE _____

REGISTRATION NO. (IF KNOWN) _____

**Evidence of Death &
Copy of Will**

Evidence of death must be attached to this application (eg. copy of death certificate or Coroner's Certificate), along with a certified true copy of the original will.

**Claimants
Details**

If this claim is being completed by the executor or legal representatives, the Authority may require proof of capacity to act prior to issuing a payment.

Claimant's Surname _____

Claimant's Given Names _____

Claimant's Street Address _____

Claimant's Suburb _____

State _____

Post Code _____

Relationship to Deceased _____

Mobile Phone No (Contact Phone No) _____

**Payment
Details**

Please note it is a requirement that "Deceased Claim" funds are to be deposited into either of the 2 below nominated bank accounts:

- Bank account in the name of "The Estate of the Late Deceased Member" or
- Bank account in the name of "Solicitors Trust Account"

(PLEASE COMPLETE PAYMENT DETAILS ON THE REVERSE SIDE OF CLAIM FORM)

**Certification
By Claimant**

- ✓ I acknowledge that I have read the privacy information on the back of this claim form.
- ✓ I declare the answers given above to be correct to the best of my knowledge and belief.

Signature to claim _____

Date _____ / _____ / _____

**Statutory
Declaration**

The statutory declaration on the attached page of this claim form must be completed in full and witnessed in front of a Justice of the Peace, Commissioner of Declarations or a person authorised to witness Statutory Declarations.

Street Address:

Trevor Pearcey House
Unit 1, 28 Thynne Street, BRUCE ACT 2617

Postal Address:

Reply Paid 234
CIVIC SQUARE ACT 2608
Email: enquiry@actleave.act.gov.au

Office Hours 8.30am to 4.30pm

Freecall 1800 655 060
Phone (02) 6247 3900
Fax (02) 6257 5058

Commonwealth of Australia
STATUTORY DECLARATION
Statutory Declarations Act 1959

I, _____
(full name of person making declaration) *(occupation at time of making declaration)*

(current residential address at time of making declaration)

do solemnly and sincerely declare that, I am the benefactor in the last known Will

of _____
(name of deceased person)

of _____
(deceased person's last known address)

1. I have made the following searches for a Will:

amongst the deceased's personal papers,)
at the deceased's solicitors,) *(cross out any which do not apply*
at the deceased's bank, and) *and initial the amendment)*
at the deceased's former place of employment)

and have found what I believe to be the last known Will of the deceased which identifies me as the benefactor.

2. I indemnify and hold the ACT Long Service Leave Authority harmless, from all and any suits, claims or actions made by any person in connection with the long service leave benefit due in respect of the late

_____ *(name of deceased).*

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

Signature of person making declaration _____

Declared at _____ on the _____ day of _____ 20____
(Place declaration made, eg Canberra)

Before me _____
(Signature of person before whom the declaration is made) *(Full name, qualification and address of person before whom the declaration is made)*

NOTE 1 – A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years – see section 11 of the *Statutory Declarations Act 1959*.

NOTE 2 – Chapter 2 of the Criminal Code applies to all, offences against the *Statutory Declarations Act 1959* – see section 5A of the *Statutory Declarations Act 1959*.

(Will left by deceased)