

**LONG SERVICE LEAVE AUTHORITY
DECEASED MEMBER'S CLAIM FORM
(NO WILL LEFT BY DECEASED)**

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

Evidence of death must be attached to this application (eg. copy of death certificate or Coroner's Certificate).

**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

LONG SERVICE LEAVE AUTHORITY

Direct Credit Payment Details: Please complete below nominated bank account details.

Account Details: Payments will only be directly deposited into a bank account in the name of "The Estate of the Late Deceased Member" or in the name of "Solicitors Trust Account", not into **personal, joint, business or credit card accounts.**

Bank	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch (Where Bank Account was opened)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BSB Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																			
Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>														
Your account name/s	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>														

Please check and confirm BSB and Bank account number with the relevant bank, credit union or building society.

Note – the ACT Long Service Leave Authority will not accept liability for funds deposited into the wrong account due to an error in the BSB or Bank Account number provided.

Claimant's privacy

The Long Service Leave Authority (the 'Authority', 'we', 'our' and 'us') is collecting personal and other information in this form to process the claimant's claim for payment of portable long service leave entitlements in accordance with either [Schedule 1 section 1.9](#), [Schedule 2 section 2.9](#), [Schedule 3 section 3.10](#) & [Schedule 4 section 4.10](#) of the *Long Service Leave (Portable Schemes) Act 2009* (ACT) (the 'Act'). We collect, use, disclose and manage personal information in accordance with the Territory Privacy Principles under the *Information Privacy Act 2014* (ACT).

The Authority may also collect your personal information: from reciprocal authorities (interstate agencies and bodies that are responsible for administering similar portable long service leave schemes), such as if you apply to the Authority for payment of a long service leave entitlement under a corresponding law in another State or Territory.

The Authority will use your personal and other information to: process the application for payment of long service leave entitlements; maintain and update details in the applicable workers register(s); otherwise administer the portable long service leave scheme(s); administer the Authority's general business requirements; meet our legal and regulatory obligations, including as a Territory Authority; undertake surveys, monitoring, analysis and evaluation of the portable long service leave schemes and the Authority's performance of its functions and activities; communicate with you; respond to enquiries and feedback; and provide you with information about our activities, events, news and publications.

Without your personal information, we will be unable to process your application for payment of long service leave entitlements.

The Authority may disclose your personal information to: our contracted service providers, (e.g. information communications and technology providers who help us to manage our databases and other information technology needs; auditors; actuaries; and for surveys, monitoring, analysis, compliance and evaluation purposes); reciprocal authorities (interstate agencies and bodies that are responsible for administering similar portable long service leave schemes); your authorised representative; our external advisers; and as otherwise authorised or required by law (e.g. data provided to ACT Revenue Office under section 82 of the *Taxation Administration Act 1999*, or when we remit tax on leave payments to the Australian Tax Office).

Our privacy policy (available at <http://www.actleave.act.gov.au/privacy-policy.html>) contains further information about how you can access and correct your personal information, how you can complain about a breach of your privacy, as well as further information about how we will manage your personal information.

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 **next of kin*/de facto spouse*** (*delete whichever is not applicable and initial the amendment)

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)

2. I believe the deceased did not leave a Will.

3. I am not aware of any outstanding debts against the deceased's Estate which should be satisfied by the ACT Long Service Leave Authority prior to distribution of the unclaimed benefit.

4. I have not applied for Probate or Letters of Administration and as far as I am aware no such application has been made.

5. 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*.

(No will left by deceased)