



Application for Payment of Long Service Leave to a Deceased Estate

Part 1: To be completed by the claimant

Employee Personal Details

Registration No _____ Surname _____ First Names _____

Date of Birth ____/____/____ Date of Death ____/____/____

Former Postal Address _____ Post Code _____

Interstate Registration—If the deceased was a member of an interstate portable long service leave scheme, please complete the registration number

ACT _____ NSW _____ NT _____ QLD _____ TAS _____ VIC _____ WA _____

Claim Type

Employees

The above named ceased employment on ____/____/____
For entitlement accrued less than 2,600 service days, a pro-rata payment will be made.

Self-Employed Contractors/Working Directors

The above named ceased to be a Self-Employed Contractor or Working Director on ____/____/____

Claimant Details

Surname _____ First Names _____ Date of Birth ____/____/____

Postal Address _____ Post Code _____

Email Address _____ Phone _____

- I am the executor of the deceased worker's estate claiming the entitlement. I am authorised to deal with the assets of the deceased's estate by a grant of probate.
Please provide a certified copy of the death certificate and a copy of the grant of probate, evidencing the claimant as executor of the estate.
- I am the legal personal representative of the deceased worker, appointed as administrator of the estate and claiming the entitlement. I am authorised to deal with the assets of the deceased's estate.
Please provide a certified copy of the death certificate and documentation evidencing claimant as administrator of the estate.
- I am administering the estate on behalf of the deceased. There will be no formal administration of the estate due to (reason) : _____
If you select this item, you cannot provide documentation of formal administration of the estate ie application to the Court for a grant of probate or letters of administration. Please provide a certified copy of the death certificate and sign the attached indemnity for release of payment.

Payment Instructions

Payment will be made by cheque to 'The Estate of' the deceased worker named above. If payment is to be made to an account other than 'The Estate of' the deceased worker, the attached indemnity must be signed for release of payment.
If the estate will be administered informally (refer above) the attached indemnity must be signed for release of payment.

Bank Account Details

BSB No: _____ - _____ Acc No: _____ Bank: _____

Account Name _____

Must be in the name of 'The Estate of' the deceased worker or the attached indemnity to be signed

Declaration

I confirm the information provided above is correct.

Name _____ Signature _____ Date ____/____/____

DEED OF INDEMNITY

To: CONSTRUCTION INDUSTRY LONG SERVICE LEAVE BOARD Trading As PORTABLE LONG SERVICE LEAVE (PLSL).
155 Fullarton Road
Rose Park SA 5067

BACKGROUND:

- A. [] is the executor/ duly appointed administrator of the Estate of [] (**Deceased**) who died on [] (**Executor/ Administrator** (delete as applicable))
- B. The Executor/ Administrator is authorised to deal with the assets of the Deceased's Estate.
- C. By virtue of his employment the Deceased had an entitlement to a payment for long service leave pursuant to the *Construction Industry Long Service Leave Act 1987* (SA) (**Act**).
- D. Pursuant to Section 16(5) of the Act, the Deceased's entitlement to long service leave payment vests in the Executor/ Administrator as the Deceased's personal representative.
- E. PLSL will pay to the Executor/ Administrator, in his/ her capacity as Executor/ Administrator, the Deceased's long service leave entitlements pursuant to the Act (**Long Service Leave Payment**).
- F. The Executor/ Administrator has agreed to provide an indemnity in respect of the Long Service Leave Payment.

INDEMNITY

The Executor/ Administrator indemnifies PLSL and agrees to keep the PLSL indemnified against any claims, costs and expenses incurred by the PLSL in respect of the Long Service Leave Payment.

The Executor/ Administrator undertakes to reimburse PLSL for the Long Service Leave Payment and any costs and expenses if it is subsequently proved that the Executor/ Administrator was not entitled to the Long Service Leave Payment.

DATED the _____ day of _____ 2017

SIGNED as a Deed

SIGNED by [] in)
the presence of:)

.....

SIGNED by
**CONSTRUCTION INDUSTRY
LONG SERVICE LEAVE BOARD**)
in the presence of:)

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