



APPLICATION FOR PAYMENT OF LONG SERVICE LEAVE TO A DECEASED ESTATE

Worker Personal Details

Worker Reference Number *	First Name *	Middle Name (if applicable)	Last Name *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth *	Date of Death *		
<input type="text"/>	<input type="text"/>		
Former Postal Address *	Suburb *	State *	Postcode *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interstate Registration - <i>if the deceased was a member of an interstate portable long service leave scheme, please provide the Reference Number</i>			
ACT	NSW	QLD	VIC
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Claim Type

Worker: The above named ceased employment on Date *

For entitlement between 84 and 120 service months, 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 Date *

For entitlement between 84 and 120 service months, a pro-rata payment will be made.

Claimant Details

First Name *	Middle Name (if applicable)	Last Name *	Date of Birth *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address *	Suburb *	State *	Postcode *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email *	Mobile Phone *	Home Phone (if available)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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 option, you cannot provide documentation of formal administration of the estate i.e. application to the Court for a grant of probate or letter of administration. Please provide a certified copy of the death certificate and sign the attached indemnity for release of payment.

Payment Instructions

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 Details

BSB *	Account Number *	Account Name *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Name *	<input type="text"/>	
<input type="text"/>		

Bank account must be in the name of 'The Estate' of the deceased worker or the attached indemnity to be signed.

Declaration

I confirm that I am applying for this Claim and that all information provided is true, correct, and accurate to the best of my knowledge.

Applicant Name *	Applicant Signature *	Claim Date *
<input type="text"/>	<input type="text"/>	<input type="text"/>

DEED OF INDEMNITY

To: COMMUNITY SERVICES SECTOR LONG SERVICE LEAVE BOARD trading as SA PORTABLE LONG SERVICE LEAVE – COMMUNITY SERVICES (SAPLSL-CS)

Unit 3, 245 Fullarton Road
EASTWOOD SA 5063

BACKGROUND:

- A. _____ is the Executor/Administrator (delete as applicable) of the Estate of _____ (Deceased) who died on _____.
- 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 Portable Long Service Leave Act 2024 (SA) (Act).
- D. Pursuant to Section 37(11) 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 SAPLSL - CS and agrees to keep the SAPLSL - CS indemnified against any claims, costs and expenses incurred by the SAPLSL - CS in respect of the Long Service Leave Payment.

The Executor/Administrator undertakes to reimburse SAPLSL - CS 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 _____ 20_____

SIGNED as a Deed

Signed by:

Signed by: **COMMUNITY SERVICES SECTOR LONG SERVICE LEAVE BOARD**

Name: _____

Name: _____

Signature: _____
(Executor / Administrator)

Signature: _____
(Authorised Signatory)

In the presence of:

In the presence of:

Name: _____

Name: _____

Signature: _____

Signature: _____