



# APPLICATION FOR PAYMENT OF LSL BENEFIT IN RESPECT OF A DECEASED ELIGIBLE EMPLOYEE

## STATUTORY DECLARATION

LSL Number

Name in Full I, \_\_\_\_\_

Postal Address of \_\_\_\_\_

Being \* \_\_\_\_\_

\*(Relationship to deceased: i.e. Spouse, legal personal representative, Estate

Executor, etc)

hereby apply for payment of the accrued benefit due in relation to the Long Service Leave entitlements of \_\_\_\_\_ who was employed as an eligible employee at \_\_\_\_\_ who died on the \_\_\_\_\_.

I hereby solemnly declare and affirm that to the best of my knowledge and belief the following information is true and correct in every particular.

1. The deceased member did / did not leave a will and Probate / Letters of Administration will / will not be applied for.
2. As far as I am aware there are no other persons known from whom a claim for payment of accrued entitlements would arise.
3. Certificate of Death is attached / will be forwarded.

AND I make this solemn declaration, as to the matter aforesaid, according to the law in this behalf made, and subject to the punishment by law provided for any willfully false statement in any such declaration.

Signature of Applicant: \_\_\_\_\_

Taken and declared at \_\_\_\_\_ in the State of \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_

Before me: \_\_\_\_\_

Justice of the Peace

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FORM TRANS 1.1