









































**Acknowledgement and release**

Estate: Estate [Insert name of deceased]  
Payment amount: [Insert amount payable to estate]  
Personal representative: [Insert name of executor(s) or administrator(s)]

**[Insert name of executor/s or administrator/s] (Trustee)**

Declare/s as follows:

The Trustee acknowledges that the Trustee will receive the payment amount from Queensland Health in its capacity as Trustee of the estate of [Insert name of deceased] deceased.

The Trustee releases and discharges Queensland Health from any further claim against Queensland Health in relation to the death of [Insert name of the deceased].

The Trustee indemnifies Queensland Health at all times against all actions, suits, claims or demands which may be brought against Queensland Health and also against any losses, costs, charges and expenses which Queensland Health may incur or be liable for as a result of the payment to the Trustee.

Without limiting that indemnity, Queensland Health is required by law or otherwise to pay the payment amount or any part of it to any other person the Trustee indemnifies Queensland Health at all times against all loss and liability of any kind arising in any way out of or relating to the payment to the Trustee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

MOCFA protected  
Public Sector Act 2022  
applies on 1 March 2023  
Managing the risk of psychosocial hazards at work  
Code of Practice 2022  
applies 1 April 2023