|  |  |
| --- | --- |
| Codicil |  |
|  |  |

Please keep this with (but not stapled to) your Will.

I Full name ……………………………………………………………………………………………………………………………………… of

Full address …………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………… Postcode …………………………

declare this to be a ………………… (first, second, third etc.) Codicil to my Will dated ………………………………

(insert date of will) and to my codicil(s) dated …………………………………………. (cross through if no

other codicils) (together **'my Will'**).

Day …………….. Month …………….. Year ……………..

I give:

the sum of £ ……………..

the following specific item(s), namely

……………..……………..……………..

……………..……………..……………..

……………..……………..……………..

the residue of my estate: ……………..……………..…………….. (fill in as appropriate: percentages must add up to 100%)

In all other respects I confirm my will and any other codicils thereto.

If, at my death, any of the charities named above (**Original Charity**) no longer exists or is being wound up, my Executors must:

1. if the **Original** Charity has merged, or is about to merge, with another charity (Recipient Charity) and the merger, when completed, is registered in the official register of mergers maintained by the Charity Commission, pay the Recipient Charity the amount specified above as being payable to the **Original** Charity; or
2. pay the amount specified above as being payable to the **Original** Charity to another charity that has objects similar to the **Original** Charity.

Signed ……………..……………..……………..……………..……………..……………..……………..……………..……………..

Date ……………..……………..……………..……………..……………..……………..……………..……………..………………..

Please ensure that you sign this form in the presence of two independent witnesses who are over the age of 18 and of sound mind. The following people cannot witness your codicil:

* a beneficiary of your will or any codicil to it
* a beneficiary’s spouse (or civil partner).

Signed by the person mentioned above, in our presence, and witnessed by us in the presence of him/her and of each other.

**Witness one**

Name ……………..……………..……………..

Address ……………..……………..……………..

Post code ……………..……………..……………..

Occupation ……………..……………..……………..

Date ……………..……………..……………..

Signature……………..……………..……………..

**Witness two**

Name ……………..……………..……………..

Address ……………..……………..……………..

Post code ……………..……………..……………..

Occupation ……………..……………..……………..

Date ……………..……………..……………..

Signature……………..……………..……………..