

CODICIL FORM

If you already have a Will but wish to amend it to include a gift to The Mary How Trust for Cancer Prevention, you can complete the Codicil form below. Please check your Codicil with your solicitor when you have completed it.

Important notes:

- 1) If you wish to leave all, or a percentage, of the residue of your estate, we strongly recommend you redo your Will rather than using a Codicil form.
- 2) If this is your third Codicil, please contact your solicitor as you will need a different form.
- 3) DO NOT attach your Codicil to your Will, as it may render your Will invalid. Your Codicil should be filed with your Will but not clipped or attached to it.

I (Full Name)

Of

..... (Address and Post Code)

DECLARE this to be the (first/second as appropriate) Codicil to my last Will ("my Will") dated:

Day: Month: Year: (This is the date of the Will)

MY WILL shall be construed and take effect as if it contained the following clause(s):

I give free of Inheritance Tax to The Mary How Trust for Cancer Prevention (Registered Charity Number 1122393) of Pulborough Primary Care Centre, Spiro Close, Pulborough RH20 1FG ("the Charity")

The sum of £..... (figures) pounds (amount in words) absolutely for the general purposes of the Charity.

I direct that the receipt of the Treasurer or other duly authorised officer shall be a sufficient discharge to my executors.

AND/OR

I leave free of Inheritance Tax to The Mary How Trust for Cancer Prevention (Registered Charity Number 1122393) of Pulborough Primary Care Centre, Spiro Close, Pulborough RH20 1FG ("the Charity")

..... (description of items)
absolutely for the general purposes of the Charity.

I direct that the receipt of the Treasurer or other duly authorised officer shall be a sufficient discharge to my executors.

SIGNED by the above named (Name)

as a first/second* Codicil to his/her* Will dated in our joint presence. And then signed by us jointly in his/her* presence. (*Delete as appropriate)

Signature:

Date:

FIRST WITNESS

Full Name:

Signature:

Address:
.....
.....

Post Code:

Occupation:

SECOND WITNESS

Full Name:

Signature:

Address:
.....
.....

Post Code:

Occupation:

NB both witnesses must be over 18 and of sound mind. They must be present and sign the Codicil together, and must not benefit from the Will or Codicil.