



## CODICIL FORM

I \_\_\_\_\_ (*full name*)

of \_\_\_\_\_ (*address*)

DECLARE this to be the \_\_\_\_\_ (*first, second &c.*) Codicil to my last Will:-

dated the \_\_\_\_\_ day of \_\_\_\_\_ (*Month*) \_\_\_\_\_ (*Year*).<sup>1</sup>

THE WILL shall be construed and take effect as if it contained the following clause:-

“I give the sum of £ \_\_\_\_\_ (*in figures*) \_\_\_\_\_ (*in words*)<sup>2</sup>

or \_\_\_\_\_ % of the residue of my estate<sup>2</sup>

to CANCERactive (Registered Charity Number 1102413) for the general purposes of the charity. I direct that the receipt from CANCERactive shall be a full and sufficient discharge for the said legacy.

IN ALL other respects I confirm the Will.”

AS WITNESS my hand this \_\_\_\_\_ day of \_\_\_\_\_ (*Month*) \_\_\_\_\_ (*Year*)

SIGNED by the testator as a \_\_\_\_\_ (*first, second &c.*) Codicil to the Will in our presence:-

\_\_\_\_\_ (*Signature of testator*)

and then by us in his/her presence:-

### FIRST WITNESS

### SECOND WITNESS

\_\_\_\_\_  
(*Signature of first witness*)

\_\_\_\_\_  
(*Signature of second witness*)

\_\_\_\_\_  
(*Name of first witness*)

\_\_\_\_\_  
(*Name of second witness*)

\_\_\_\_\_  
(*Address of first witness*)

\_\_\_\_\_  
(*Address of second witness*)

*NB: We highly recommend that anyone making a major change to their Will should seek legal advice.*

<sup>1</sup> Insert date of your existing Will

<sup>2</sup> Delete as appropriate