

# Amending your Will is simple with this codicil form

If you already have a Will, the easiest way you can include a gift to Lennox Children's Cancer Fund is by writing a codicil, which is a short legal document that alters your Will to reflect your new wishes. You can make any number of codicils to amend an existing Will.

Simply fill in this form in the presence of two witnesses (who must be adults and unrelated) to include a gift to Lennox Children's Cancer Fund. Make sure you keep the codicil with your Will so your executors can find it.

I, full name: \_\_\_\_\_ of,

full address: \_\_\_\_\_

\_\_\_\_\_ and postcode: \_\_\_\_\_

declare this to be a: \_\_\_\_\_ (*first, second 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**').

I give, free of inheritance tax, the sum of: **amount [in words]:** \_\_\_\_\_ pounds

**amount [in figures]:** £ \_\_\_\_\_ to

**to [name of charity]:** Lennox Children's Cancer Fund

**[registered charity number]:** 1011325 absolutely

My executors may pay or transfer any assets due to a charity to the person who purports to be the treasurer or other appropriate officer of such charity, and the receipt of such person shall be a full discharge to my executors.

If at the date of my death any charity named as a beneficiary in my Will is no longer in existence or is subject to a winding-up order, my executors shall pay the legacy to such other charitable body or bodies having the same or similar objects as my executors shall select.

In all other respects I confirm my Will.

In witness, I have signed this codicil on this: \_\_\_\_\_ (date) of \_\_\_\_\_ (month) \_\_\_\_\_ (year)

Signed: \_\_\_\_\_

*Please note that your witnesses should both be over 18 years old and can not be beneficiaries in your Will, or be married to anyone who is a beneficiary of your Will. You must sign the will in front of both witnesses who must both then sign the form in front of you and each other. Your witnesses should then fill in their name, address and occupation as above.*

Signed by the above named as his/her last will in our joint presence and by us both at the same time in his/her presence:

## Witness (1)

Sign \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

## Witness (2)

Sign \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_