



## Codicil Form

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

Of (full address) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

DECLARE this to be the \_\_\_\_\_ (first/second/third as appropriate)

Codicil to my last Will, dated and made (date) \_\_\_\_\_

### **MY WILL shall be construed and take effect as if it contained the following clause:**

I give free of Inheritance Tax to: **Viva! (registered charity number 1037486), 8 York Court, Wilder Street, Bristol BS2 8QH**

a) \_\_\_\_\_ per cent ( \_\_\_\_\_ %) (percentage in words and figures) of my residuary estate for the general purposes of the said Charity.

b) The sum of \_\_\_\_\_ pounds (£ \_\_\_\_\_ )

(sum in words and figures) for the general purposes of the Charity.

The receipt of the secretary or other proper officer for the time being of the said charity shall be sufficient discharge to my executors.

IN ALL other respects I confirm my said Will.

IN WITNESS whereof I have hereunto set my hand on this

\_\_\_\_\_ (day) of \_\_\_\_\_ (month) 20 \_\_\_\_\_ (year)

Note: please ensure that you sign this form in the presence of two independent witnesses. (They must be 18 or over. They must not be a spouse or related in any way.) Also, the following people cannot witness your codicil:

- Your executor
- Your executor's spouse
- A beneficiary of your will
- A beneficiary's spouse

## Please keep this document in a safe place with your Will

Testator's signature: \_\_\_\_\_

The testator is the person making this Codicil to their Will

Signed in the presence of: \_\_\_\_\_

### **FIRST WITNESS**

Signature of Witness: \_\_\_\_\_

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

### **SECOND WITNESS**

Signature of Witness: \_\_\_\_\_

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_