

CODICIL FORM

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Please return this form to:

Mr Martin Myers-Allen, Development Director, Framlingham College, Framlingham, Suffolk IP13 9EY

I _____ (Name)

Of _____

_____ (Address)

DECLARE this to be a _____ (first/second as appropriate) Codicil of my last Will,

Dated the _____ Day of _____ 19_____/20_____. ('My Will').

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

I give free of Inheritance tax to:

Albert Memorial College, Registered Charity Number 1114383.

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

b) A pecuniary gift of _____ pounds (£ _____) (amount in words and figures for the general purposes of the Charity.)

c) A specific gift of _____

(detailed description of the gift(s) for the general purpose of the Charity.)

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

In all other respects I confirm my Will _____
(and Codicil dated)

IN WITNESS whereof I have hereunto set my hand on

this _____ day of _____ 20_____

SIGNED by the said _____

(Name)

(Signature of testator)

As and for a _____ (first/second etc) Codicil to his/her Will in our presence

And by us jointly attested and subscribed in his/her presence.

FIRST WITNESS

Name _____

Signature of Witness _____

Address _____

Occupation _____

SECOND WITNESS

Name _____

Signature of Witness _____

Address _____

Occupation _____

THANK YOU!

Framlingham College · College Road · Framlingham · Suffolk · IP13 9EY
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Registered Charity Number: 1114383

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