

Codicil form

Please save this form to your computer before you fill it in. You can either print this form and send via post to your solicitor, or attach the form to an email and send to your solicitor.



I _____ (Name)
Of _____ (Address)
DECLARE this to be a _____ (first/second as appropriate) Codicil of my last Will,
Dated the _____ (Day) of _____ (Month) _____ (Year) ('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 residuary gift of _____ (percentage in words and figures) of my estate *

A pecuniary gift of _____ (GBP in words and figures) *

A specific gift of _____
(description of the gift(s) *)

* for the general purposes of the said 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 _____ (Month) _____ (Year)

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

Address

Occupation

SECOND WITNESS

Name

Signature

Address

Occupation

Data Protection: All personal data provided on this form will be securely held by Framlingham College in compliance with the General Data Protection Regulation (GDPR) and our Privacy Policy which can be found online at framlinghamcollege.co.uk/privacy. If you have any queries, please email mmyers-allen@framlinghamcollege.co.uk, call +44(0) 1728 727243 or visit our website at framlinghamcollege.co.uk.

Thank you

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