

How to Complete Your Codicil

If you would like to add a gift to Facial Palsy UK to your existing will, simply print and complete the codicil form on the next page, and keep it with your existing will.

If you have made more than one will, it is important to ensure that this codicil relates to your most recent will. It is also important, to avoid confusion, to identify clearly whether this is the first codicil to your will, second, third and so forth.

It is advisable to seek legal advice if you are making substantial changes to your will: creating a new will may be the best way to avoid any errors or disputes if you are looking to modify your existing will.

Follow these instructions carefully to help make sure that your codicil is not invalid in any way:

- You must have two adult witnesses. No beneficiary or executor of your will (or anyone who is married to, or in a civil partnership with, a beneficiary or executor) can be a witness.
- You do not have to show the witnesses the contents of your codicil unless you choose to do so.
- Date the bottom of the codicil form.
- Sign your name in the presence of the two witnesses. Ask them to sign and write their names, addresses and occupations on the codicil. All of you must be present while each of you signs.
- Keep the codicil in a safe place with your current will (but not attached to your will by staples, pins, etc.).
- Send or give a copy of the will and codicil to your executor or a trusted friend, with a note indicating where the originals are held. The original will and codicil must be kept together and those who have a copy of your will must also have a copy of the codicil.

Codicil

I *[full name]*.....
of *[address]*.....
..... *[postcode]*.....

declare this to be a First Second Third codicil to my will,
dated and made the *[date of original will in words]*

I give *[please tick]*:

the sum of *[amount in figures and words]* £

all the residue of my estate or a% share of the residue of my estate

the following specific item(s) (free of the expense of delivery), namely

.....
.....
.....
.....

I wish that donations, in lieu of flowers at my funeral, be given

to: **Facial Palsy UK (Registered Charity No. 1148115 & SC045086)**
PO Box 1269, Peterborough PE1 9QN

for its general charitable purposes, and I direct that the receipt(s) of the duly authorised officer of Facial Palsy UK shall be sufficient discharge of my executor/trustees.

In all other respects I confirm my will and any other codicils thereto.

Signature..... Date.....

Signed by the aforementioned in our presence and witnessed by us in the presence of him/her and of each other.

WITNESS ONE

Name.....

Address.....

.....

Postcode.....

Occupation.....

Signature.....

WITNESS TWO

Name.....

Address.....

.....

Postcode.....

Occupation.....

Signature.....