

HOW TO USE THIS CODICIL FORM

This Codicil form will allow you to add a gift to Child's i Foundation in your Will. Simply complete the form, print it out and keep it with your existing Will in a safe place.

A codicil is a document designed for minor amendments to your Will, such as adding a new gift. Please ensure that this Codicil form relates to your most recent Will. If you'd like to make changes to your current Will, please contact your solicitor who will advise you.

Do not try to change or add anything to your current Will by crossing out or writing in new instructions as any changes will not be valid.

You will need to sign and date the Codicil document and have it witnessed by two people (just like your Will). If you wish to make other changes at the same time, it may be best to have the Will rewritten to include all your changes in a new document.

You don't have to tell us that you've left us a gift in your Will. However, we'd love to hear from you and have the chance to send you updates on our work. Please email supportercare@childsifoundation.org if you wish to let us know you left a gift in your Will. If you would like any further information, or just want to get in touch, please contact us using the details below.

Child's i Foundation Abbots Rift Monastery Gardens Rotherfield East Sussex TN6 3NB

Email: supportercare@childsifoundation.org



CODICIL FORM

l [Name]:		Full	Nam	ne										
Of [Address]]:	Add	ress											
declare this Third cod					ond		d	d	m	m	У	У	У	У
In addition t Monastery G 1126212):					_		_						bbots	Rift,
	\square The sum of £													
	per cent of the residue of my estate													
Γ	☐ The following specific item(s), namely:													
L		10110	J V V II I S				, man	iciy						
for its gener authorised of Executor/Tru	office	r of Ch										_	/	
In all other v	ways	l do h	ereb	y conf	irm r	ny last	Will	and a	any ot	her co	odicils	ther	eto.	
Date:	d	d	m	m	У	У	У	У						
Signature:	Sigr	nature	9											



The Codicil has been signed by the aforementioned in our joint presence and witnessed by us in the presence of him/her and of each other.

WITNESS ONE

Signature:	Signature						
Name*:	Name						
Address:	Address						
Occupation:	Occupation						
Date:	d d m m y y y						

WITNESS TWO

Signature:	Signature							
Name*:	Name							
Address:	Address							
Occupation:	Occupation							
Date:	d d m m y y y							

^{*}Not the executors, beneficiaries from your will, or their spouses

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