

# Codicil form

A Codicil is a simple legal document which allows you to make changes to your existing will, such as to add a gift to Target Ovarian Cancer, without you needing to write a new will.

A template Codicil form is shown overleaf. As a Codicil is a legal document, if you wish to make a Codicil to change your will to add a gift to Target Ovarian Cancer we would recommend you seek legal advice from a solicitor before completing this form. A solicitor will be able to further advise you as to how this Codicil form will impact your existing will in relation to your own particular circumstances and how to execute the Codicil properly to ensure it is completed legally and correctly.

# Codicil form

*\*Delete as applicable. Please indicate what number this Codicil is if you have already made a Codicil(s) to your current Will.*

"This is the first \*/ second / \_\_\_\_\_ / Codicil to my last will dated \_\_\_\_/\_\_\_\_/\_\_\_\_ (date)  
of me, \_\_\_\_\_, (name) of  
\_\_\_\_\_ (address)

1. I give to Target Ovarian Cancer, a charity (Registered in England and Wales with charity registration number 1125038 and registered in Scotland with charity registration number SC042920) of the registered office address: 30 Angel Gate, London EC1V 2PT

either

(a) the sum of £ \_\_\_\_\_ (in figures) \_\_\_\_\_ (in words) free of tax and duty

*(for gifts of a specific sum of money), or*

(b) the specific item of \_\_\_\_\_

*(for gifts of specific items), or*

(c) the whole of\*/ a \_\_\_\_\_ % share of my residuary estate after deduction of my debts, funeral, testamentary and administration expenses and after effect has been given to any legacies contained in my Will or and Codicil to it.

*(for gifts of the whole or a share of residuary estate . \*Delete as applicable.)*

*(COMPLETE EITHER (a), (b) or (c) above and delete, by striking through, whichever does not apply)*

This is to be applied for its general charitable purposes and I declare that the receipt of the Treasurer or other duly authorised officer of the charity shall be a valid and complete form of discharge to my executors.

2. In all other respects I confirm my said Will."

Signed \_\_\_\_\_ (testator/testatrix) Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed by the testator/testatrix in our presence and then by us in his/hers:

## Witness 1

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Witness 2

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please store this Codicil in a safe place along with your will and any other Codicils.