

Codicil Form

I (full name)

If you have already made your Will but would like to update or amend it to include a bequest to Newlife the Charity for Disabled Children (Registered Charity Number: 1170125 in England & Wales) please complete this Codicil Form and take it to your solicitor.

	_	Overleaf: Witness signatories
(please tick if applicable	e)	
ii. I would like my le	egacy to be used for the general	purposes of Newlife the Charity for Disabled Children
OR		
my county (please	specify) / Equipment Grants UK v	wide / Medical Research) (please tick if applicable)
•		sert <u>one</u> area of work choosing from: Equipment Grants in
Newlife the Charity	r for Disabled Children and as suc	ch the trustees shall use my legacy as directed below:
a%	share of my residuary estate as a	a charitable legacy for the benefit of
AND/OR		
in words and figure	25)	
In addition to the le	egacies given by me in my said V	Will, I bequeath free of tax the sum of (insert the amount
made the (insert th	ne date of your Will, in words)	
declare this to be tl	he (first, second etc)	codicil to my Will dated and
of (full address and	postcode)	

In the event that future circumstances render the specific use for which my legacy is intended impossible or impractical then Newlife the Charity for Disabled Children may use the legacy for any other general charitable purposes.

I declare that the receipt of the Chief Executive Officer or other authorised officer of Newlife the Charity for Disabled Children shall be sufficient discharge to my Executor(s) for the payment of this legacy. In all other respects I confirm my said Will.

In witness whereof I have hereunto set my hand this		
(insert date in words)		
Signed		
In the presence of:		
i. First witness	ii. Second witness	
Name	Name	
Address	Address	
Postcodo	Postcode	
rosicode	rostcode	
Signature	Signature	

If you are considering making a legacy gift and would like to discuss this in confidence, please contact us and we would be pleased to arrange this.









