

## HOW TO USE THIS CODICIL FORM

This Codicil form will allow you to add a gift to ADD International in your Will.

**Simply complete the form and keep it with your existing will.**

- 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. Crossing out or writing new instructions may result in your wishes not being met.

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@add.org.uk](mailto:supportercare@add.org.uk)** 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 me using the details below.

ADD International  
The Foundry  
17-19 Oval Way  
London  
SE11 5RR

Phone: 0300 303 8835

Email: [supportercare@add.org.uk](mailto:supportercare@add.org.uk)

## CODICIL FORM

If you already have a will, you can amend it to include a gift to the ADD International with this codicil form. Once the form is completed, please keep it, please keep it with your will and inform your solicitor. ADD International suggests that you should seek independent legal advice when making or changing your will to ensure your wishes are properly met.

I, [full name] \_\_\_\_\_

of [full address] \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

declare this to be a  First  Second  Third Codicil to my Will

dated and made the \_\_\_\_/\_\_\_\_/\_\_\_\_ [day/month/year] of original Will.

In addition to the provisions of my said will, I give to Action on Disability and Development, The Old Church School, Butts Hill, Frome BA11 1HR (registered charity no 294860): [please tick]

The sum of £ \_\_\_\_\_

\_\_\_\_\_ per cent of the residue of my estate

the following specific item(s), namely:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

for its general charitable purposes, and I direct that the receipt(s) of the duly authorised officer of Action on Disability and Development shall be sufficient discharge of my Executor/Trustees.

In all other ways I do hereby confirm my last Will and any other codicils thereto.

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

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 \_\_\_\_\_

Name\* \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

Date \_\_\_\_\_

**WITNESS TWO**

Signature \_\_\_\_\_

Name\* \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

Date \_\_\_\_\_

*\*Not the executors, beneficiaries from your will, or their spouses*