## **CODICIL: United Kingdom**

PLEASE ATTACH THE COMPLETED CODICIL TO YOUR EXISTING WILL. WE STRONGLY SUGGEST THAT YOU CONSULT YOUR SOLICITOR WHEN MAKING CHANGES TO YOUR WILL.

Le	egacy of a Specific Amount	
Ι, ε	FULL NAME	of
FU	LL ADDRESS	
		Postcode
de	eclare this to be a(FIRS	T, SECOND, THIRD etc) codicil to my Will dated
	(DATE OF WILL) and to n	ny Codicil(s) dated
(CF	ROSS THROUGH IF NO OTHER CODICILS) (togeth	ner, <b>my Will</b> ).
1.	I give free of inheritance tax the sum of	of:
	AMOUNT IN WORDS:	
	AMOUNT IN FIGURES:	to
	UMN Support Trust - Registered Ch	narity Commission number 1151842, absolutely
2.	My executors may pay or transfer this	amount to the person who purports to be the
	Treasurer or other appropriate officer	of this charity, and the receipt of such person shall
	be a full discharge to my executors.	
3.	If at the date of my death this charity r	named as a beneficiary in my Will is no longer in
	existence or is subject to a winding-up	order, my executors shall pay the legacy to such
	other charitable body or bodies having	the same or similar objects as my executors shall
	select.	
4.	In all other respects I confirm my Will.	
SI	<b>GNED</b> by the said testator, in our prese	ence, and then by us in his/hers.
SIG	GNATURE OF TESTATOR:	
WITNESS 1		WITNESS 2
SIGNATURE		SIGNATURE
PRINT NAME		PRINT NAME
ADDRESS		ADDRESS

YOU MUST SIGN THE CODICIL IN FRONT OF BOTH WITNESSES, WHO MUST BOTH THEN SIGN IN FRONT OF YOU AND EACH OTHER.

OCCUPATION\_\_\_\_

OCCUPATION \_\_\_\_\_