YOUR CODICIL FORM

Signed by the above named in our presence and witnessed

by us in the presence of him/her and each other.

**WITNESS ONE WITNESS TWO**

NAME NAME

OCCUPATION OCCUPATION

SIGNATURE DATE SIGNATURE DATE

X D D / M M / Y Y Y Y

X D D / M M / Y Y Y Y

ADDRESS

ADDRESS

**GIFT**

# I give a per cent share of the residue of my estate (my residuary estate as defined in my Will)

* I give the sum of (pounds sterling) AMOUNT IN WORDS

# I leave a specific gift of

to **Prison Fellowship England and Wales**, PO Box 68226, London, SW1P 9WR (registered charity number 1102254) for its general charitable purposes. I declare that the receipt of the treasurer or duly authorised officer shall be a full and sufficient discharge.

In all other respects I confirm my said Will and all other codicils thereto.

SIGNATURE DATE

X D D / M M / Y Y Y Y

DESCRIPTION IN WORDS. SHARES ETC.

**DECLARATION**

I (full name)

of (address, including postcode)

declare this to be a 1st  2nd  3rd codicil to my Will, dated and made on D D / M M / Y Y Y Y

DATE

**PLEASE NOTE**

* We would advise consulting your solicitor/legal advisor before completing this codicil form.
* You only need to complete this form if you already have a Will and intend to add or amend a gift in your Will to Prison Fellowship England and Wales.
* Once this form is completed, keep it safe alongside your current Will.
* **Please ensure you sign this form in the presence of two independent witnesses.**

The witnesses must be over the age of 18, not a beneficiary of your Will and not your spouse/civil partner.