

# Codicil Form

## Updating your will

A codicil is a short legal document that alters your will to reflect your new wishes. If you have already made a will and now wish to include the Academy of Medical Sciences as a beneficiary, you can complete this codicil form. We recommend consulting with your solicitor or legal adviser before completing. Please do not write on or amend your current will, or it could become invalid.

If you would like to leave the Academy a percentage share of your residuary estate in your will, please seek guidance from your solicitor or legal advisor.

## Your details

I (full name) .....  
of (full address) .....

..... Postcode .....

declare this to be the (1st/2nd/3rd/other) .....

codicil to my will, dated and made on  
..... (day) of ..... (month) ..... (year)

## Your share or item

I give free of tax (please tick accordingly):

the sum of (state amount) £ .....

a specific item of .....

to the Academy of Medical Sciences of 41 Portland Place, London W1B 1QH (registered charity number 1185329, incorporated by Royal Charter, registration number RC000905) absolutely for its general charitable purposes and I declare that the receipt of the treasurer or other proper officer for the time being shall be a full and sufficient discharge to my executors. In all other respects I confirm my will.

## Your signature

In witness whereof I have hereunto set my hand this  
..... (day) of ..... (month) ..... (year)

## Signed by me (full name)

.....

## as testator (signature)

.....

## Your witnesses

Please ensure that you sign this codicil form in the presence of two independent adult witnesses.

*Note: A witness cannot be anyone who is your executor, or a beneficiary of your will or any codicil. A witness cannot be anyone married to, or in a civil partnership with, an executor or a beneficiary.*

Signed by the person mentioned above, in our presence, and witnessed by us in the presence of them and of each other.

## First witness

Signature .....

Full name .....

Address .....

.....

Occupation .....

## Second witness

Signature .....

Full name .....

Address .....

.....

Occupation .....

**Please keep this document in a safe place together with (but not stapled to) your will so your executors can find it.**