

CODICIL FORM



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What is a codicil?

A codicil is an addition or change to your will. If you would like to add a simple bequest for a specified amount you can fill out the details here.

A codicil can be completed at any time and, like a will, it becomes a legal document when it signed in the presence of two adults who, at your request and in the presence of each other, add their names as witnesses.

The codicil should remain with your will at all times and be kept in a safe place.

Please complete the form overleaf.

Useful information

The following notes might be helpful to you:

- 1** Fill in your name and address together with the amount of the legacy in the relevant space. Do not sign or date the codicil at this point.
- 2** Find two adults to act as witnesses. They may be related to one another but not related to the writer of the will nor to any of the will's beneficiaries.
- 3** In the presence of your witnesses, insert the date of the codicil and sign your name.
- 4** In the presence of each other and you, the witnesses must sign the codicil and state their name, address and occupation.
- 5** Keep the codicil form in a safe place with your will, but do not staple or pin it to the will.

CODICIL FORM

I, (name): _____

Of (address): _____

DECLARE THIS TO be a codicil to my last will dated: _____

In addition to the provisions of my said will, **I GIVE** to:

Royal Opera House Endowment Fund, Registered Charity No. 1089928

The sum of £ _____ for its general purposes

Or a specific gift of _____ for its general purposes

IN ALL OTHER RESPECTS I confirm my said will.

IN WITNESS WHEREOF I HAVE HERE UNTO SET MY HAND THIS (day) _____

Day of (month): _____

Two thousand and (year): _____

Signature: _____

Signed by the above named as a codicil in the presence of us both present at the same time, who at his/her request and in his/her presence and in the presence of each other, have hereunto subscribed our names as witnesses.

Witness One:

Name: _____

Of (address): _____

Occupation: _____

Signature: _____

Witness Two:

Name: _____

Of (address): _____

Occupation: _____

Signature: _____