Suggested Codicil wording / retainable Codicil form

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| **I**,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Your name) | |
| **of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Your address) | |
| declare this to be a first/second/third (delete as appropriate) Codicil to my Will dated: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ (date of original Will) | |
| In addition to any bequests given in my said Will and any existing Codicils thereto, I give the sum of £ ……………. (or …..% share of the remainder of my estate) to: Sustain: the Alliance for Better Food and Farming, The Green House, 244-254 Cambridge Heath Road, London E2 9DA, charity number 1018643  to be used for their general purposes and I declare that the receipt of the Head of Finance or other proper officer shall be a full and sufficient discharge. In all other respects I confirm my said Will and any other Codicils thereto. | |
| **Dated:** \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |
| Witness by: | Witness by: |
| **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Occupation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Occupation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date:** \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | **Date:** \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |

(Two witnesses are needed in England, Wales and Northern Ireland; 1 witness in Scotland).