



## Codicil Form

A Codicil is a simple legal document which allows you to make changes to your existing Will without you needing to write a new one.

To add a bequest to Pancreatic Cancer Action to your existing Will, simply fill out the form below. We recommend you seek legal advice from a solicitor as they may be able to further advise you as to how the Codicil form will impact your Will in relation to your own circumstances and how to implement the Codicil to ensure it is legal and correct.

To add a bequest to Pancreatic Cancer Action in your existing Will, simply fill out the form below. Make sure that you sign it before two witnesses, neither of whom stand to benefit from your Will or this codicil.

Once completed, you may wish to forward this document to your solicitor for checking. It should then be kept in a safe place together with your Will.

**Thank you for your kindness.  
Your gift will help save lives.**

# Your codicil for a bequest to Pancreatic Cancer Action

## For you to complete

By this first (or appropriate number) \_\_\_\_\_

Codicil to my Will dated \_\_\_\_\_

I (full name) \_\_\_\_\_

of (address) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In addition to the provisions of my said Will, give to Pancreatic Cancer Action, Chiltlee Manor, Haslemere Road, Liphook, Hampshire, GU30 7AZ. Registered charity Number 1137689 the sum of:

Residual Legacy<sup>†</sup> \_\_\_\_\_ %

Percuniary Legacy £ \_\_\_\_\_

Specific Legacy (item) \_\_\_\_\_

for its general charitable purposes and I direct that the receipt of the Treasurer for the time being or other duly authorised officer shall be a sufficient discharge to my executors/trustees. In all other respects I confirm my said Will.

**Signed\*** \_\_\_\_\_

**Date** \_\_\_\_\_

## For your witnesses to complete

Signed by the alongside in our joint presence and then by us in his/hers.

### 1<sup>st</sup> Witness

(Mr/Mrs/Miss/Ms/Dr) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Occupation \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### 2<sup>nd</sup> Witness

(Mr/Mrs/Miss/Ms/Dr) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Occupation \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*In front of witnesses

<sup>†</sup> A percentage of your estate left after all specific gifts, debts, fees, taxes and other expenses have been paid.