

The Scots College Sydney Australia



## **Codicil Form**

Codicil of [name]			
This codicil is dated	day of	20	
Having this occupation			
I amend my most recent will by addin	g the following provisior	n or provisions:	
I give to The Scots College Four of, a share of			
of the residue of my estate or the residue of the r			/0 Share
I declare that the receipt of the Chairr sufficient discharge for my bequest. * thereto.			-
* Please complete as required and cro	oss out those options no	ot required.	
Signature of will maker			
Date signed			

Signed by the above will maker in the presence, and in the presence of each other.

First witness' signature	Second witness' signature	
Printed name	Printed name	
Address	Address	
Occupation	Occupation	

Please do not write on or amend your current will because it could become invalid. When completed, keep this codicil in a safe place along with the original copy of your will and tell your executor where you have put it. Do not staple or pin this codicil to your current original will otherwise it will void that will. Your witnesses must be at least 18 years old. Neither witness should be a beneficiary or the spouse of a beneficiary. The witnesses should be present when the will maker signs this codicil. It is desirable that the will maker and both witnesses use the same pen.

