

## CODICIL FORM

To add Toybox to your Will:

Please sign this form in front of two witnesses. Your witnesses should not stand to benefit themselves or be married to anyone who stands to benefit from your Will or this Codicil and they must both sign the form when you do. Also, to be sure that it ties in properly with your Will, we would recommend that you see your solicitor. Once completed this Codicil must be kept with (but not stapled to) your Will.

### You fill in this section

I (*your full name*) \_\_\_\_\_

of (*your full address, including postcode*)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

declare this to be the (*first, second or appropriate number*)  
\_\_\_\_\_

Codicil to the Will I made on the date (*in words*)  
\_\_\_\_\_

1. [  ] I leave the sum of (*amount in figures and words*)

£ \_\_\_\_\_

Or [  ] all the residue of my estate

Or [  ] a \_\_\_\_ % share of the residue of my estate to Toybox, G4 Challenge House, Sherwood Drive, Bletchley, Milton Keynes, MK3 6DP registered charity number 1084243, for its general charitable purposes absolutely.

2. [  ] I leave the following objects or articles (*describe the objects*)

\_\_\_\_\_ (free of the expense of delivery), to  
Toybox, G4 Challenge House, Sherwood Drive, Bletchley, Milton Keynes, MK3 6DP registered  
charity number 1084243, for its general charitable purposes absolutely.

3. [  ] I wish that donations, in lieu of flowers at my funeral, be given to Toybox, G4 Challenge House, Sherwood Drive, Bletchley, Milton Keynes, MK3 6DP registered charity number 1084243, for its general charitable purposes absolutely.

I confirm that that the other aspects covered in my Will and any other Codicils are correct.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

**Your witnesses should fill in this section**

We confirm that this Codicil was signed by the above named in our joint presence and then by us in his/hers.

WITNESS 1

WITNESS 2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Postcode: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Signature:

Signature:

Date:

Date: