HOW TO USE THIS CODICIL FORM

This Codicil form will allow you to add a gift to ADD International in your Will. **Simply complete the form and keep it with your existing will.**

- Please ensure that this Codicil form relates to your most recent Will.
- If you’d like to make changes to your current Will, please contact your solicitor who will advise you. Crossing out or writing new instructions may result in your wishes not being met.

You don't have to tell us that you've left us a gift in your Will. However, we’d love to hear from you and have the chance to send you updates on our work. Please email supportercare@add.org.uk if you wish to let us know you left a gift in your Will.

If you would like any further information, or just want to get in touch, please contact me using the details below.

ADD International  
The Foundry  
17-19 Oval Way  
London  
SE11 5RR

Phone: 0300 303 8835  
Email: supportercare@add.org.uk
CODICIL FORM

If you already have a will, you can amend it to include a gift to the ADD International with this codicil form. Once the form is completed, please keep it, please keep it with your will and inform your solicitor. ADD International suggests that you should seek independent legal advice when making or changing your will to ensure your wishes are properly met.

I, [full name] __________________________________________________________
of [full address]____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________ Postcode __________
declare this to be a □ First □ Second □ Third Codicil to my Will
dated and made the _______/______/_______ [day/month/year] of original Will.

In addition to the provisions of my said will, I give to Action on Disability and Development, The Old Church School, Butts Hill, Frome BA11 1HR (registered charity no 294860): [please tick]

☐ The sum of £ _________________________

☐ ______ per cent of the residue of my estate

☐ the following specific item(s), namely:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

for its general charitable purposes, and I direct that the receipt(s) of the duly authorised officer of Action on Disability and Development shall be sufficient discharge of my Executor/Trustees.

In all other ways I do hereby confirm my last Will and any other codicils thereto.

Date ______________ Signature ______________________________
The Codicil has been signed by the aforementioned in our joint presence and witnessed by us in the presence of him/her and of each other.

**WITNESS ONE**

Signature _________________________________________________

Name* ___________________________________________________

Address __________________________________________________

__________________________________________________________

Occupation ________________________________

Date __________________________________________

**WITNESS TWO**

Signature _________________________________________________

Name* ___________________________________________________

Address __________________________________________________

__________________________________________________________

Occupation ________________________________

Date __________________________________________

*Not the executors, beneficiaries from your will, or their spouses