



# CODICIL FORM

I .....	Insert your full name																
Of ..... ..... Postcode .....	Insert your full address and postcode																
Declare this to be a first/second/third* codicil to my last will (*delete as appropriate), dated ..... ("my will")	Insert the date of your will																
I give to MS Research and Relief Fund, Benmar House, Choppington Road, Morpeth, Northumberland NE61 2HX (MSRRF) (Registered Charity No.: 228634) for its general charitable purposes ..... ..... to be applied to the general purposes of the said Charity.	Insert here the share of your estate or the amount of money using both words and figures – for example, one hundred pounds (£100) – or the description of the item you wish to leave to MSRRF																
In all other respects I confirm my said will and any existing codicils thereto. Signed ..... Date .....	Sign and date here in the presence of two independent adult witnesses																
Signed by the above named testator in our joint presence and then by us in his / hers.  <table border="0"> <tr> <td><b>Witness 1</b></td> <td><b>Witness 2</b></td> </tr> <tr> <td>Name .....</td> <td>Name .....</td> </tr> <tr> <td>Address .....</td> <td>Address .....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>Occupation .....</td> <td>Occupation .....</td> </tr> <tr> <td>Date .....</td> <td>Date .....</td> </tr> <tr> <td>Signed .....</td> <td>Signed .....</td> </tr> </table>	<b>Witness 1</b>	<b>Witness 2</b>	Name .....	Name .....	Address .....	Address .....	.....	.....	.....	.....	Occupation .....	Occupation .....	Date .....	Date .....	Signed .....	Signed .....	Your witnesses must insert their names, addresses and occupations and sign and date here in your presence.  <b>Note:</b> Your witnesses must be over 18 and must not be beneficiaries in your will or their spouse or civil partner.
<b>Witness 1</b>	<b>Witness 2</b>																
Name .....	Name .....																
Address .....	Address .....																
.....	.....																
.....	.....																
Occupation .....	Occupation .....																
Date .....	Date .....																
Signed .....	Signed .....																

Send, or give, a copy of the will and codicil (in a sealed envelope, if you prefer) to your executor or other trusted friend, with a note indicating where the original is held.

Please inform MS Research and Relief Fund of your Codicil intension by emailing: [legacies@msrrf.org.uk](mailto:legacies@msrrf.org.uk) or by calling 01670 505 829

*Thank you for your support*