CONFIDENTIAL



**CODICIL FORM**

If you have already made your will and would like to add a bequest to Truro School Foundation, you can use this codicil form. Please note that any codicil must be signed and witnessed in the same way as a will. Once completed, the form must be attached and stored with the original copy of your will. We suggest that you check any alterations to your will with your solicitor.

**For further information please contact:**

Truro School Development

01872 246010 / 246094

foundation@truroschool.com

**Please complete all section of this form and return to:**

Truro School Foundation, Development Office, Trennick Lane, Truro, Cornwall TR1 1HT

Truro School Foundation is a registered charity (No. 1070969)

…………………………………………………………………………………………………………………..

**YOUR DETAILS**

|  |  |
| --- | --- |
| I (full name): |  |
| Of (full address): |  |
|  |  |
|  | Postcode: |

declare this to be the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (first, second, etc) codicil to my last will dated and made on the \_\_\_\_\_\_

day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_.

I give free of tax to the Truro School Foundation the sum of: £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***or*** the Index Linked\* sum of: £ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***or*** \_\_\_\_\_\_\_% of the residue of my estate absolutely for the advancement of education at Truro School. I direct that the receipt of the person appearing to my trustees to be the Director or other proper office for the time being of the Truro School Foundation shall be a full discharge to my trustees who shall not thereafter be concerned as to the application of this gift.

\**The phrase Index Linked sum means:*

The amount specified (the Original Amount) as multiplied by the index figure in the Retail Price Index for the month immediately before my death and then divided by the index figure for the month in which this codicil is executed. If the Retail Price Index is no longer in existence at my death or the basis of its computation has been altered, my trustees shall compute the Index Linked sum in accordance with such formula s seems in their absolute discretion to be fair and reasonable so as to enable the Original Amount to be increased in accordance with inflation.

*Continued overleaf*



…………………………………………………………………………………………………………………..

**DECLARATION**

In all other respects I confirm my said will.

As witness my hand this \_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_

Signed by the testator as a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (first, second, etc) codicil to the will in our presence.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of testator**.

and then by us together in his presence and in the presence of each other:

**FIRST WITNESS**

|  |  |  |
| --- | --- | --- |
| Signature of Witness: |  | Date: |

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
|  |  |
|  | Postcode: |

**SECOND WITNESS**

|  |  |  |
| --- | --- | --- |
| Signature of Witness: |  | Date: |

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
|  |  |
|  | Postcode: |

**Thank you for your support.**