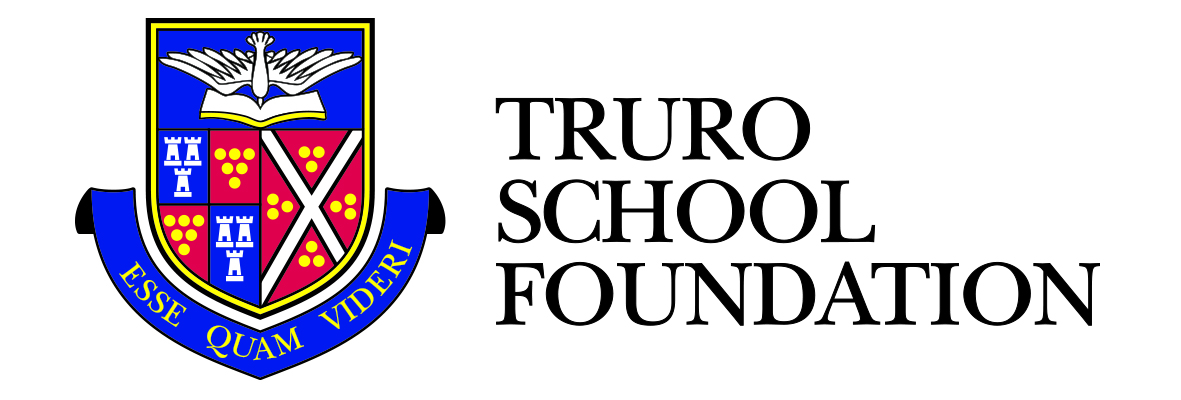
CONFIDENTIAL



**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 nay 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.

If you would prefer to discuss your legacy intentions with us in confidence please contact:

Jayne Grigg: 01872 246007 or email: [foundation@truroschool.com](mailto:foundation@truroschool.com)

***Alternatively***, please complete all sections of this form and return the form to:

**Truro School Foundation, Truro School, Trennick Lane, Truro, Cornwall TR1 1HT**

**SECTION 1: 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: | £ |

*\* 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 in the basis of its computation has been altered, my trustees shall compute the Index Linked sum in accordance with such formula seems in their absolute discretion to be fair and reasonable so as to enable the Original Amount to be increased in accordance with inflation.

**SECTION 2: ACKNOWLEDGING YOUR GIFT (**Please indicate by choosing one or more boxes)

Every person making a gift, or indicates their intention to leave a legacy, to the Foundation will automatically become a member of the ***Esse Quam Videri Society***, especially created to enable the Headmaster and Board of Trustees to thank TSF supporters. Members will receive invitations to selected School events and be thanked publicly in the TSF Annual Report unless their wish is to remain anonymous.

|  |  |
| --- | --- |
|  | I wish my gift to be anonymous |
|  |  |
|  | I **DO NOT** wish to become a member of the ***Esse Quam Videri Society***. |
|  |  |
|  | Please acknowledge my name as:  (eg. Mr/Mrs Smith, The Smith Family) ………………………………………………………………………………………… |
|  |  |
|  | Please tick this box if you would prefer to discuss your legacy in confidence with the Foundation Office. |

**SECTION 3: DECLARATIONS**

In all other respects I confirm my said will.

As witness my hand on this the \_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_\_ .

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

|  |  |
| --- | --- |
| **Signature of testator:** | Date: |
| Please Print: |

**FIRST WITNESS**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
|  |  |
|  |  |
|  | Postcode: |
|  |  |
| **Signature of First Witness:** | Date |

**SECOND WITNESS**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
|  |  |
|  |  |
|  | Postcode: |
|  |  |
| **Signature of Second Witness:** | Date |

**All gifts, no matter what size, are very gratefully received.**

**Thank you for helping to support a child’s future.**