Codicil

If you would like to add a gift to the Limbless Association to your existing will, you can easily do so by using a codicil. A codicil is a supplement to a will that can make changes or amends and allow additions to part of that will.

Simply complete the attached codicil form, sign it in the presence of two witnesses, and keep it with your existing will (see next page for solicitor approved ‘signing instructions’).

If you have made more than one will, it is important to ensure that this codicil relates to your most recent will. It is also important, to avoid confusion, to identify clearly whether this is the first codicil to your will, second, third and so forth.

We particularly recommend that you consult a solicitor if your will already has a codicil(s). We also advise you to seek legal advice if you are making substantial changes to your will, for example leaving a gift of residue (ie leaving what is left in your estate to someone after specific gifts have been given to beneficiaries).

Creating a new will is the best way to avoid any errors or disputes if you are looking to modify your existing will. Should you require any further information, please contact our Fundraising and Events Manager on 0800 644 01 85 or email ed@limbless-association.org. All enquiries will be treated in confidence.

The Limbless Association and its employees are not qualified to give legal advice. If you are worried about how best to draft a will or codicil, we do recommend you obtain professional advice from a solicitor with experience in wills and probate.

How to complete your codicil

Following these instructions carefully will help to make sure that your codicil is not invalid in any way.

Please ensure that you sign this form in the presence of two independent witnesses. No beneficiary or executor of your will (or anyone who is married to, or in a civil partnership with, a beneficiary or executor) can be a witness.

Witnesses do not have any right to see what is in the codicil unless you choose to show them.

1. Date the bottom of the codicil form.

2. Sign your name in the presence of the two witnesses. Ask them to sign and write their names, addresses and occupations on the codicil. All of you must be present while each of you signs.

3. Keep the codicil in a safe place with, but not attached to, your current will.

4. Send or give a copy of the will and codicil (in a sealed envelope, if you prefer) to your executor or a trusted friend. Indicate with a note where the originals are held. It is important that the original will and codicil are kept together and that those who have a copy of your will also have a copy of the codicil. This will minimise the potential for later confusion.
Codicil

I (full name)____________________________________________________  

Of (full address)________________________________________________________________  

______________________________________________________________________________________ Post code________________________  

declare this to be the 1st / 2nd / 3rd / 4th / other_______ codicil to my will dated and made  
(day / month / year)_________________ (date of original will)  

I give free of inheritance tax, the sum of £___________________ to the Limbless Association, Unit 10,  
Waterhouse Business Centre, 2 Cromar, Way, Chelmsford, Essex, CM1 2QE registered charity numbers  
803533 (England and Wales) SCO42256 (Scotland) for its general charitable purposes and I declare  
that the receipt of the treasurer or other proper officer for the time being shall be a sufficient discharge  
to my executors / trustees.  

In all other respects I confirm my will and any other codicils thereto.  

Signature________________________________________________________ Date__________________________  

Signed by the aforementioned in our presence and witnessed by us in the presence of him / her and of  
each other.  

Witness one  
Name_________________________________________________________ Address______________________________________________  

_________________________________________________________  

_________________________________________________________ Postcode________________________  

Occupation__________________________________________________ Signature____________________________ Date_________________________  

Witness two  
Name________________________________________________________ Address______________________________________________  

_________________________________________________________  

_________________________________________________________ Postcode________________________  

Occupation__________________________________________________ Signature____________________________ Date_________________________