18th February 2019

ROYAL SOCIETY OF TROPICAL MEDICINE AND HYGIENE

Codicil Form

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Version: 1.0
Introduction

The legacy marketing strategy has highlighted the need to put in place a suite of legacy publications to help support legacy marketing.

One of the barriers to legacy giving is that the Will making process is often perceived to be too complicated. The more RSTMH can do to simplify the process for supporters, the more likely they are to take the step of making or updating their Will, and to include a gift to the charity.

A codicil is a testamentary document that enables people who have a valid existing Will to make a simple or minor change or adjustment, without the need to completely re-write it. It must be signed and witnessed in the same way as the original Will.

This option is most suitable for people who want to add a cash (pecuniary) or specific (a item or a thing) gift to their Will. If they want to leave a residuary gift then it is probably best for them to re-write their Will as they will need to re-distribute the residue equally amongst the beneficiaries.

Adding a codicil to an existing Will is also cheaper than making a new one. However, RSTMH should always recommend to supporters that they should only use this form to add one of the listed gifts and if more complicated or numerous changes are required then it’s more suitable to write a new Will.
Codicil Notes

We strongly recommend you store this Codicil with your Will in a safe place, and keep any copies together with any copies of your Will that may be held elsewhere. Do not staple or clip anything to your Will as doing so could suggest the existence of additional documents and delay the grant of probate.

Please ensure that you sign this form in the presence of two independent witnesses (they do not necessarily need to be the same as the witnesses of the original Will). We would advise that your witnesses do not include any of the following: Your spouse or civil partner, a beneficiary of your Will or Codicil (or a spouse or civil partner of a beneficiary of your Will or Codicil), a family member (or spouse or civil partner of a family member), anyone under the age of 18, anyone blind or partially sighted or anyone who lacks the sufficient mental capacity.

As a Codicil is a legal document we recommend that you seek the guidance of a solicitor or professional Will writer to ensure that your intentions will be fully carried out.
Codicil Form

I (full name) ___________________________________________________________

of (address) __________________________________________________________

_________________________________ (postcode)__________________________

declare this to be a ☐ First ☐ Second ☐ Third Codicil to amend my
existing Will dated and made the (day/month/year) ___/___/___ (date of original Will)

I give, free of inheritance tax (please tick as appropriate):

☐ the sum of (amount in words and figures)___________________________ pounds
   (£_________________________)

☐ the following specific item(s), namely (please name and describe the items e.g. shares, property, painting):

   _________________________________________________________________

   _________________________________________________________________

   _________________________________________________________________

   (free of expense and delivery)

☐ I wish that donations in lieu of flowers are given at my funeral

to the Royal Society of Tropical Medicine and Hygiene (Registered Charity No.1146162,
Company limited by guarantee in England and Wales No. 07941827), of Northumberland
House, 303-306 High Holborne, London WC1V 7JZ for its general charitable purposes and I
direct that the receipt(s) of the Treasurer or other proper officer for the time being of the
Royal Society of Tropical Medicine and Hygiene shall be full and sufficient discharge to my
executors.
In all other respects I confirm my Will and any other Codicils thereto.

Signature: ________________________________  Date: __/__/____

Signed by the above-named in our presence and then witnessed by us in his/her presence and in the presence of each other

Witness One:

Full name ________________________________

Address ____________________________________________

____________________________________________(Postcode)_____________

Occupation ________________

Signature ________________

Witness Two:

Full name ________________________________

Address ____________________________________________

____________________________________________(Postcode)_____________

Occupation ________________

Signature ________________