



CODICIL FORM

PLEASE SEE THE CHANGING YOUR WILL GUIDANCE NOTES BEFORE COMPLETING THIS FORM.

I [full name].....

Of [address]

..... Post code

Declare this to be a (first / second / third) codicil to my Will dated

In addition to any legacies given in my said Will I give to the Soldiers, Sailors, Airmen and Families Association (SSAFA) – Forces Help of 19 Queen Elizabeth Street, London SE1 2LP (Registered Charity Number 210760 & SCO38056)

☐ the sum of £

☐ a specific item.....

☐ donations in lieu of flowers at my funeral

for its general charitable purposes.

I declare that the receipt(s) of the Treasurer or other duly authorised officer shall be a full and sufficient discharge to my executors. In all other respects, I confirm my said Will and any other codicils thereto.

Signed Date

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

Witness One

Witness Two

Signature:

Signature:

Name:

Name:

Address:

Address:

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Occupation

Occupation

Date.....

Date.....