

# Codicil

See instructions for signing your  
codicil on the next page

I .....  
(full name)

of .....

(address)

declare this to be the first/second/third (delete as appropriate) codicil to my Will dated ..... (“my Will”).

## 1. Legacy to Chronic Disease Research Foundation

I give the Chronic Disease Research Foundation of 4th Floor South Wing Block D, St Thomas’ Hospital Campus,  
Westminster Bridge Road, London SE1 7EH (registered charity number 1055375) the sum of:

..... POUNDS | £ .....  
(amount in words) (amount in figures)

for its general charitable purposes absolutely AND I DECLARE that the receipt of the Treasurer or other proper  
officer for the time being shall be a good discharge to my Executors.

## 2. Confirmation of Will

In all other respects I confirm my Will and my previous codicil(s) (delete as appropriate).

IN WITNESS this my hand (date) ..... 201.....

SIGNED by the above named testator/testatrix as a  
Codicil to his/her Will in our joint presence and  
then by us in his/hers:-

.....  
(sign above line)

### Witness 1

### Witness 2

Signature .....

Signature .....

Full name .....

Full name .....

Address .....

Address .....

Occupation .....

Occupation .....

## Instructions for signing your Codicil

Thank you for deciding to leave a legacy to Chronic Disease Research Foundation – your generosity will help CDRF continue to fund vital gene research into the causes of common diseases.

Please follow these instructions carefully otherwise the Codicil might be invalid.

1. There must be two independent witnesses over the age of 18. Sit everybody down because you must all remain present whilst the Codicil is signed.
2. Both witnesses must see you sign the Codicil and you must all be together when they add their signatures. They only need to know they are witnessing a Codicil. They do not need to see or know of the contents.
3. Please insert the date in words in the blank space provided for this purpose at the end of the Codicil.
4. Please sign, with your usual signature, in ink, opposite the brackets at the end of the Codicil.
5. The witnesses must then, in your presence and in the presence of each other, sign and then print their names and add their addresses and occupations in the spaces indicated at the end of the Codicil.
6. If there are any corrections or amendments to be made to the Codicil, both you and the witnesses must place your initials against that amendment in the margin.
7. Please do not pin, clip, staple or otherwise attach anything to the Codicil and do not attach the Codicil to your Will but do store it safely with the Will.

For further information contact: The chief administrator [info@cdrf.org.uk](mailto:info@cdrf.org.uk)

Chronic Disease Research Foundation, Feb 2016, v2.2



## Model Wording For Your Will

Cash Legacy to  
**Chronic Disease Research Foundation**

I give the Chronic Disease Research Foundation of 4th Floor South Wing Block D, St Thomas' Hospital Campus, Westminster Bridge Road, London SE1 7EH (registered charity number 1055375) the sum of:

.....  
..... POUNDS  
(amount in words)

£  
.....  
(amount in figures)

for its general charitable purposes absolutely AND I DECLARE that the receipt of the Treasurer or other proper officer for the time being shall be a good discharge to my Executors.

Alternatively, if you wish to leave all of, or a percentage of, your estate to CDRE, then please contact us on [info@cdrf.org.uk](mailto:info@cdrf.org.uk) to discuss the appropriate wording or speak with your solicitor. He or she will still find the above wording helpful.