

PLEASE FILL OUT THIS FORM AND SEND IT TO YOUR SOLICITOR

I (full name) _____

of (address) _____

DECLARE this to be a ____ (first/second as appropriate) Codicil to my Will dated and made the

(date) _____ day of (month) _____

(year in words) _____

1. I give the sum of £ _____ to the charity known as HEADWAY - THE BRAIN INJURY ASSOCIATION (charity number 1025852) absolutely for its general purposes and I direct that the receipt of the treasurer or other proper officer shall be a full and sufficient discharge to my executors.
Or

2. I give _____ % share of the residue of my estate to the charity known as HEADWAY - THE BRAIN INJURY ASSOCIATION (charity number 1025852) absolutely for its general purposes and I direct that the receipt of the treasurer or other proper officer shall be a full and sufficient discharge to my executors.

'If when this gift takes effect, any charity in these clauses (original charity) no longer exists, or is being wound up, my Trustees must:

(a) if the original charity has merged, or is about to merge, with another charity (recipient charity) and the merger, when completed, is registered in the official register of mergers maintained by the Charity Commission, hold the Trust Fund on trust for the recipient charity; or

(b) if this clause does not apply, hold the Trust Fund on trust for another charity registered with the Charity Commission that has objects similar to the original charity.'

IN ALL other respects I confirm my said **WILL**
IN WITNESS whereof I have hereunto set my hand this

(date) _____ day of (month) _____

(year in words) _____

SIGNED by the said (name) _____

(Testator/Testatrix's signature)

Testator/Testatrix in our joint presence and by us in his/hers:

First Witness's signature

Second Witness's signature

Name

Name

Occupation

Occupation

Address

Address