

The Fox Hospital

Codicil Form making a change to your will

(includes a guide, an example, and a blank form)

Copyright © 2024. All rights reserved. The Fox Hospital is a registered charity. Charity number 1206417 It's easy to add The Fox Hospital to your Will. You can do this by adding a codicil now – following the example given. A codicil is a written amendment to someone's Will, saving the need to re-write the whole document. It should be signed, dated and witnessed with the same legal formalities as a Will.

How to complete your codicil form so that your codicil is valid, please follow these steps:

STEP 1

Look at the example overleaf to help you complete your codicil form.

STEP 2

Sign each page in the presence of two witnesses*, who should both sign the form as shown too. Your witnesses cannot be direct family members (including your spouse/civil partner) or those who stand to benefit from your Will or your codicil.

STEP 3

Keep your codicil safe, storing it with your current original Will (but do not staple or attach it in any way).
 You may, if you wish, send or have the holder of your will send a photocopy of your completed codicil (not the original) to us at gifts@thefoxhospital.org

We recommend that you seek the guidance of a solicitor when you make your Will or codicil, so that your intentions can be fully carried out.

Suggested Wording:

Pecuniary Gift or Pecuniary Legacy

A pecuniary gift/legacy allows you to leave a **specific amount of money** to The Fox Hospital. You can leave a gift for general use or for specific items for example veterinary care, equipment, new enclosures. Example wording for this type of gift would be as follows:

I give to The Fox Hospital (Registered Charity Number 1206417) the sum of (written in figures and words) \pounds ______ free of all taxes, I express the wish as an absolute interest (without imposing any binding obligation) that such be applied to its general charitable purposes and I declare that the receipt of the Chief Executive or other proper officer shall be a full and sufficient discharge for the same.

Specific Gift

A specific gift allows you to leave **property** or **other items** to be donated to charity. The wording for this type of gift would be as follows:

I give to The Fox Hospital (Registered Charity Number 1206417) ______ (description of property/ specific items) free of all taxes, I express the wish as an absolute interest (without imposing any binding obligation) that such be applied to its general charitable purposes and I declare that the receipt of the Chief Executive or other proper officer shall be a full and sufficient discharge for the same.

Residuary Gift or Residuary Legacy

A residuary gift enables you to choose what **percentage of the remainder of your estate** is given to a specific charity. Residue is essentially what is left after any specific or pecuniary gifts have been made from the estate and all taxes paid. This can be anything, from cash to land to property. The wording for this type of gift would be as follows:

I give to The Fox Hospital (Registered Charity Number 1206417) all (or ______ percentage share) of my residuary estate free of all taxes (and/or specifically named or described items, land or property), I express the wish as an absolute interest (without imposing any binding obligation) that such be applied to its general charitable purposes and I declare that the receipt of the Chief Executive or other proper officer shall be a full and sufficient discharge for the same.

A note on residuary gifts:

This type of gift is a share of what remains in your estate after debts,

legacies and administration expenses have been paid. They are very valuable to The Fox Hospital but can be more complex when it comes to tax, so you may wish to take advice first.

Codicil Form (Example) - See blanks on next pages: making a change to your will

I: (insert your name)	BARBARA BAMB00ZLE		
of: (insert your address)	369 Example Street, Exau	mpleshire, NT36 9FH	
HEREBY DECLARE this to be the	e: (first / second) _	FIRST	
Codicil to my Will which bears th	ne date: (existing Will date)	08 JANUARY 2005	
New provision:			date shown on
I give to The Fox Hospital, charit	y number 1206417, the sum of: (v	vritten in words and figures)	your existing will
FIVE THOUSAND POU	NDS (£ 5000)		
free of all taxes, I express the wis general purposes of the Fox Hos	sh as an absolute interest (without spital.	imposing any binding obligation	on) that such be used for the
In all other respects I confirm	my said Will IN WITNESS whe	reof I have set my hand to t	his:
(date) <u>3RD</u> day of (month	h) <u>APRIL</u> in the year	2024	
SIGNED by the Testator / Tes	tatrix (the bearer of this Will):		
In the presence of us both prese	tatrix (the bearer of this Will): ent at the same time who at the Te er have hereunto subscribed our n		: / her) <u>HER</u> presence
In the presence of us both prese	ent at the same time who at the Te er have hereunto subscribed our n	ames as witnesses.	The person named
In the presence of us both prese and in the presence of each othe	ent at the same time who at the Te er have hereunto subscribed our n	ames as witnesses.	
In the presence of us both prese and in the presence of each othe (Signature of Testator / Testatrix)	ent at the same time who at the Te er have hereunto subscribed our n	ames as witnesses.	The person named bove whom this will belongs to
In the presence of us both prese and in the presence of each othe (Signature of Testator / Testatrix) Witnessed by:	ent at the same time who at the Te er have hereunto subscribed our n :	ames as witnesses.	The person named bove whom this will belongs to
In the presence of us both prese and in the presence of each other (Signature of Testator / Testatrix) Witnessed by: Signature: (witness 1)	ent at the same time who at the Te er have hereunto subscribed our n : <u><u>M</u> <u>Manhary</u> Name: (witness 1)</u>	ames as witnesses.	The person named bove whom this will belongs to
In the presence of us both prese and in the presence of each other (Signature of Testator / Testatrix) Witnessed by: Signature: (witness 1) 	ent at the same time who at the Te er have hereunto subscribed our n : <u><u>M</u> <u>Manhary</u> Name: (witness 1)</u>	Address as witnesses.	The person named bove whom this will belongs to 1)
In the presence of us both prese and in the presence of each other (Signature of Testator / Testatrix) Witnessed by: Signature: (witness 1) 	ent at the same time who at the Te er have hereunto subscribed our n : <u>Mumbury</u> Name: (witness 1) <u>A. WITNESS</u> Anytown, Countyshire, P051 0DS	Address as witnesses.	The person named bove whom this will belongs to 1)
In the presence of us both prese and in the presence of each other (Signature of Testator / Testatrix) Witnessed by: Signature: (witness 1) <u>A Witness Street, /</u> Signature: (witness 2)	ent at the same time who at the Te er have hereunto subscribed our n : <u>Mumbury</u> Name: (witness 1) <u>A. WITNESS</u> Anytown, Countyshire, P051 0DS	Coccupation: (witness Coccupation: (witness	The person named bove whom this will belongs to 1)
In the presence of us both prese and in the presence of each other (Signature of Testator / Testatrix) Witnessed by: Signature: (witness 1) <u>A Witness Street, /</u> Signature: (witness 2)	ent at the same time who at the Te er have hereunto subscribed our n : <u>Mamburg</u> Name: (witness 1) <u>A. WITNESS</u> Anytown, Countyshire, P051 0De Name: (witness 2)	Coccupation: (witness Coccupation: (witness	The person named bove whom this will belongs to 1)

I: (insert your name) of: (insert your address) HEREBY DECLARE this to be the: (first / second) Codicil to my Will which bears the date: (your existing Will date)	
HEREBY DECLARE this to be the: (first / second) Codicil to my Will which bears the date: (your existing Will date) New provision: I give to The Fox Hospital, charity number 1206417, the sum of: (written in words and figures)	
Codicil to my Will which bears the date: (your existing Will date) New provision: I give to The Fox Hospital, charity number 1206417, the sum of: (written in words and figures) free of all taxes, I express the wish as an absolute interest (without imposing any binding obligation) that such be used for general purposes of the Fox Hospital. In all other respects I confirm my said Will IN WITNESS whereof I have set my hand to this:	
Codicil to my Will which bears the date: (your existing Will date) New provision: I give to The Fox Hospital, charity number 1206417, the sum of: (written in words and figures) free of all taxes, I express the wish as an absolute interest (without imposing any binding obligation) that such be used for general purposes of the Fox Hospital. In all other respects I confirm my said Will IN WITNESS whereof I have set my hand to this:	
Codicil to my Will which bears the date: (your existing Will date) New provision: I give to The Fox Hospital, charity number 1206417, the sum of: (written in words and figures) free of all taxes, I express the wish as an absolute interest (without imposing any binding obligation) that such be used for general purposes of the Fox Hospital. In all other respects I confirm my said Will IN WITNESS whereof I have set my hand to this:	
New provision: I give to The Fox Hospital, charity number 1206417, the sum of: (written in words and figures) free of all taxes, I express the wish as an absolute interest (without imposing any binding obligation) that such be used for general purposes of the Fox Hospital. In all other respects I confirm my said Will IN WITNESS whereof I have set my hand to this:	
I give to The Fox Hospital, charity number 1206417, the sum of: (written in words and figures) free of all taxes, I express the wish as an absolute interest (without imposing any binding obligation) that such be used for general purposes of the Fox Hospital. In all other respects I confirm my said Will IN WITNESS whereof I have set my hand to this:	
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general purposes of the Fox Hospital. In all other respects I confirm my said Will IN WITNESS whereof I have set my hand to this:	
general purposes of the Fox Hospital. In all other respects I confirm my said Will IN WITNESS whereof I have set my hand to this:	
	ne
(date) day of (month) in the year	_
SIGNED by the Testator / Testatrix (i.e. the bearer of this Will):	_
In the presence of us both present at the same time who at the Testator / Testatrix request in (his / her) presence and in the presence of each other have hereunto subscribed our names as witnesses.	
(Signature of Testator / Testatrix):	
Witnessed by:	
Signature: (witness 1)Name: (witness 1)Occupation: (witness 1)	
Address: (witness 1)	
Signature: (witness 2) Name: (witness 2) Occupation: (witness 2)	
Address: (witness 2)	

Codicil Form (Sp making a change to p			the box hospital .sanctuary
I: (insert your name)			
of: (insert your address)			
HEREBY DECLARE this to be the:	(first / second)		
Codicil to my Will which bears the d	ate: (your existing Will date) _		
New provision:			
I give to The Fox Hospital, charity n	umber 1206417, the following p	property and/or specific item(s):	
free of all taxes, I express the wish a general purposes of the Fox Hospita		imposing any binding obligation) that a	such be used for the
In all other respects I confirm m	y said Will IN WITNESS whe	reof I have set my hand to this:	
(date) day of	(month)	in the year	
SIGNED by the Testator / Testatr	ix (i.e. the bearer of this Will):		
In the presence of us both present a and in the presence of each other h		stator / Testatrix request in (his / her) _ ames as witnesses.	presence
(Signature of Testator / Testatrix):			
Witnessed by:			
Signature: (witness 1)	Name: (witness 1)	Occupation: (witness 1)	
Address: (witness 1)			
Signature: (witness 2)	Name: (witness 2)	Occupation: (witness 2)	
Address: (witness 2)			

	dicil Form (Re king a change to g	esiduary Gift): your will	the	hospital sanctuary
l:	(insert your name)			
of:	(insert your address)			
HERE	BY DECLARE this to be the:	(first / second)		
Codici	I to my Will which bears the c	ate: (your existing Will date)		
New p	provision:			
	o The Fox Hospital, charity n cally named or described iter		percentage share) of my residuary	[,] estate (and/or
	all taxes, I express the wish a al purposes of the Fox Hospit		t imposing any binding obligation) that such	be used for the
In all o	other respects I confirm m	y said Will IN WITNESS whe	ereof I have set my hand to this:	
(date)	day of	(month)	in the year	
SIGNE	D by the Testator / Testat			
		ix (i.e. the bearer of this Will):		
	presence of us both present a		estator / Testatrix request in (his / her) names as witnesses.	presence
and in	presence of us both present a	at the same time who at the Te		presence
and in (Signa	presence of us both present a the presence of each other h	at the same time who at the Te		presence
and in (Signation) Witne	presence of us both present a the presence of each other h ture of Testator / Testatrix):	at the same time who at the Te		presence
and in (Signat) Witne Signat	presence of us both present a the presence of each other h ture of Testator / Testatrix): ssed by:	at the same time who at the Te ave hereunto subscribed our r	names as witnesses.	presence
and in (Signat) Witne Signat	presence of us both present a the presence of each other h ture of Testator / Testatrix): ssed by: ure: (witness 1)	at the same time who at the Te ave hereunto subscribed our r	names as witnesses.	presence
and in (Signat Witne Signat Addres	presence of us both present a the presence of each other h ture of Testator / Testatrix): ssed by: ure: (witness 1)	at the same time who at the Te ave hereunto subscribed our r	names as witnesses.	presence
and in (Signat Signat Addres Signat	presence of us both present a the presence of each other h ture of Testator / Testatrix): ssed by: ure: (witness 1) ss: (witness 1)	at the same time who at the Te ave hereunto subscribed our r	Decupation: (witness 1)	presence