



University of Sheffield

CODICIL TO MY EXISTING WILL

I (Full name)

Of (Address)

Declare this to be a (Insert number of Codicil e.g. "first" "second" etc as appropriate) Codicil to
my Will dated (Insert date of Will)

which is lodged with (Describe or identify where the Will is kept)

In addition to any legacies given in my said Will I give the University of Sheffield of Western Bank, Sheffield S10 2TN
(Exempt Charity Reference Number X 1089):

The sum of (in figures and in words) £

or a % share of my residuary estate (Please complete as appropriate and cross out the option not required).

It is my wish, without creating a binding obligation on the University, that my legacy gift be used in support of
(Insert your wishes as clearly as possible)

I declare that the receipt of the University Secretary or other authorised officer of the University of Sheffield shall be good and
sufficient discharge to my Executors.

In all other respects I confirm my said Will and all other Codicils thereto.

"Signed by the above named Testator/Testatrix (Insert full name)

as a (Insert number of Codicil e.g. "first" "second" etc) Codicil to the said Will in our presence
and by us in his/hers"

Signature of person making Codicil Date

Signature of Witness Signature of Witness

Full name Full name

Occupation Occupation

Address Address

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