

Codicil form

To add Poole Hospital Charity to your will

Please sign this form in front of two witnesses. Your witnesses should not stand to benefit themselves or be married to anyone who stands to benefit from your will or this codicil and they must both sign the form when you do. Also, to be sure that it ties in properly with your will, we would recommend that you see your solicitor. Once completed this codicil must be kept with your will.

You complete this section

I (your full name)

of (your full address, including postcode)

.....

.....

declare this to be the (first, second or appropriate number)

codicil to the will I made on the date (in words)

.....

1. I leave the sum of (amount in figures and words)

£.....

all the residue of my estate or a ____% share of the residue of my estate to **Poole Hospital Charity, Poole Hospital NHS Foundation Trust, Longfleet Road, Poole, Dorset BH15 2JB, registered charity number 1058808**, for its general charitable purposes absolutely.

2. I leave the following objects or articles (describe the objects)

.....

..... (free of the expense of delivery),
to **Poole Hospital Charity, Poole Hospital NHS Foundation Trust, Longfleet Road, Poole, Dorset BH15 2JB, registered charity number 1058808**, for its general charitable purposes absolutely.

3. I confirm that the other aspects covered in my will and any other codicils are correct.

Your signature Date

Poole Hospital * Fundraising Office * Longfleet Road * Poole * BH15 2JB
t: 01202 448449 e: fundraising@poole.nhs.uk www.poole.nhs.uk/fundraising

Registered Charity Number: 1058808

Your witnesses should fill in this section

We confirm that this codicil was signed by the above named in our joint presence and then by us in his/hers.

| Witness 1 | Witness 2 |
|----------------------------------|----------------------------------|
| Name: | Name: |
| Address: | Address: |
| Postcode: | Postcode: |
| Occupation: | Occupation: |
| Signature: | Signature: |