



Codicil Form

If you already have a Will, you can make a simple change to it to keep on helping Brain Tumour Support Trust New Zealand.

Simply complete this Codicil form, have it witnessed as shown, and send it to your Lawyer or Solicitor. As always with Wills, it is good to keep your family informed about your wishes.

I _____ full name) give and bequeath

Please choose one of the following:

_____ % of my estate

The sum of \$ _____

_____ % of the residue of my estate

Property or assets as follows:

Free of all charges and duties, to Brain Tumour Support Trust New Zealand , 15 McInnes Place, Queenwood, Hamilton, 3210 for its general purposes and declare that the receipt of an officer of Brain Tumour Support Trust New Zealand shall be full and sufficient discharge to my Executor for all moneys paid under this gift and my trustees shall not be bound to see the application of this gift. (Signed by me in the presence of two witnesses)

My Signature: _____ Occupation: _____

Full Name: _____

Address: _____

Witness signature: _____ Occupation: _____

Full name: _____

Address: _____

Witness signature: _____ Occupation: _____

Full name: _____

Address: _____

Date: ____/____/____

Thank you for continuing your commitment to care for brain tumour sufferers and their families supported by Brain Tumour Support Trust New Zealand, 15 McInnes Place, Queenwood, Hamilton, 3210

027 2923 337

www.braintumoursupport.org.nz

Charity registration number **CC56933**