



St Catharine's College
Cambridge

CODICIL FORM

You do not have to rewrite your Will completely in order to add a gift to St Catharine's College. This can be achieved simply by adding a Codicil to your existing Will, **using this form**.

WHAT IS A CODICIL?

A Codicil does not necessarily change the terms of your Will: it is a supplement, which changes or amends part of the Will. If you wish to change your Will substantially, we advise that you contact your solicitor and have the Will re-written to include all your changes in a new document.

SIGNING YOUR CODICIL

- ❖ Ask two people (not the executors, beneficiaries, or their spouses) to witness your signature.
- ❖ Sign the Codicil in ink, using your normal signature, in the presence of both your witnesses.
- ❖ Ask the witnesses to complete their sections in full in the presence of you and of each other.
- ❖ Send the completed Codicil to your solicitor or whoever is looking after your Will.

NEED MORE INFORMATION?

Rachel Lawson, Deputy Development Director, can be contacted on 01223 748165 and/or ddd@caths.cam.ac.uk if you would like further information or help.



www.philanthropy.cam.ac.uk



CODICIL FORM *Leaving a Lasting Memory*

(PLEASE COMPLETE IN CAPITAL LETTERS)

I [FULL NAME] _____

of [ADDRESS] _____

_____ [POSTCODE] _____

I declare this to be a _____ [FIRST/SECOND/THIRD*] Codicil to my Will, dated and made
the _____ [DAY] of _____ [MONTH] _____ [YEAR IN WORDS]

I bequeath, free of tax, the sum of [WORDS; THE SPECIFIC SUM TO BE GIVEN] £ _____ as a charitable legacy
absolutely to St Catharine's College, Cambridge (registered charity, number 1137463):

- a) for general purposes*; or
- b) it is my wish, without creating a binding obligation on St Catharine's College, that this gift is used for:
 - the purposes of student support; or
 - the purposes of academic support* or
 - the upkeep of its heritage site* or
 - the purposes of Sport/Chapel/Music*

The receipt of a proper officer of St Catharine's College shall be sufficient discharge to my trustees, who shall not be required to enquire as to the application of the said sum.

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

In witness whereof, I have hereunto set my hand this

[DAY] _____ day of _____ [MONTH] _____ 20 _____

SIGNED BY THE TESTATOR [FULL NAME] _____

as a [FIRST/SECOND/THIRD*] _____ codicil to the will of _____ in our presence:

[TESTATOR'S SIGNATURE] _____

AND THEN BY US in his/her presence:

[DAY] _____ day of _____ [MONTH] _____ 20 _____

FIRST WITNESS

[SIGNATURE] _____

full name _____

address _____

occupation _____

SECOND WITNESS

[SIGNATURE] _____

full name _____

address _____

occupation _____

*DELETE AS APPROPRIATE