

National Autistic Society

393 City Road London EC1V 1NG United Kingdom

Tel: 020 7833 2299 **Email:** nas@nas.org.uk

Codicil

I(full name) of	
	(address)
declare this to be the	(first, second or appropriate
number) codicil to the will I made on the	(date) and to my codicil(s)
dated(c	cross through if no other codicils) (together ' my will ').
1. I GIVE the sum of £	(amount in figures)
to the National Autistic Society, 393 City	Road, London, EC1V 1NG, registered charity number (27 (in Scotland) for its general charitable purposes
2. I DECLARE that the receipt of the treasur Society shall be a sufficient discharge fo	er or other proper officer of the National Autistic or the executors of my estate.
•	to have amalgamated with another charitable ne at the date of my death then this legacy shall be aritable organisation.
at the date of my death then the executor	ger in existence or is subject to a winding-up order ors of my estate shall pay this legacy to whatever s with similar aims to the that of the National Autistic scretion decide.
5. I DIRECT that the executors of my estate and in all other respects I confirm my wil	enact these requests as if they were part of my will l.
Signed	Date
In the presence of the following witnesses, we request, and in my presence.	who witnessed and subscribed this codicil at my
Witness 1:	Witness 2:
Signature	Signature
Full name	Full name
Address	Address
Occupation	Occupation

Please note that your witnesses cannot be beneficiaries in your will or be married to anyone who is a beneficiary of your will. You must sign the will in front of both witnesses who must both then sign the form in front of you and each other. Your witnesses should then fill in their name, address and occupation as above.