

# CODICIL FORM

## To Add To An Existing Will

It is simple to include a bequest (gift) to Fintona Girls' School with an existing Will. This Codicil form should be completed with your signature witnessed by two people at the same time, using the same pen. The two witnesses who sign the Codicil with you should **not** be a member of your family or related to you in any way and should not be any other person who is mentioned in your Will (for example, a beneficiary or executor).

Once completed, the original signed Codicil form should be handed to the person who currently holds your Will and ask them to retain it with your Will. If you are retaining the Will yourself, please put the signed Codicil form in the same envelope with it. Fintona Girls' School recommends you seek legal advice from your solicitor on making a Codicil to your Will. The information on this Codicil form is not legal advice to you.

I, (full name) \_\_\_\_\_

of (address) \_\_\_\_\_

Declare this to be a Codicil to my Will dated (date of your Will) \_\_\_\_\_

I give and bequeath, free of all duties, taxes or deductions to Fintona Girls' School (ABN 27 004 534 687) for the general purpose of that organisation, the following (whichever is applicable):

- i. \_\_\_\_\_ % of my estate
- ii. \_\_\_\_\_ % of the residue of my estate; Or
- iii. The sum of \$ \_\_\_\_\_ for  Scholarship Fund or  Building Fund
- iv. Other \_\_\_\_\_

and I direct that the receipt of the Proper Officer of Fintona Girls' School shall be sufficient discharge to my Executor for the bequest. In all other respects, I confirm my Will.

Signed by the testator in our presence and attested by us both in the presence of the testator and of each other.

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

Witnessed by the following persons who have signed their names in the presence of each other and of the person named above:

Name of Witness \_\_\_\_\_

Name of Witness \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

**Please note** the word "testator" includes both genders.

I wish to be listed anonymously **Or**  In recognition of my bequest in publications, please list my name in the following manner

I agree to notify the School in the event that I make changes to my Will that affect Fintona Girls' School.

Donor(s) Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

**Please return a copy of this codicil form to:**

Rachael Falloon, Principal  
Fintona Girls' School  
79 Balwyn Road, Balwyn VIC 3103, Australia  
amcintosh@fintona.vic.edu.au | +61 3 9830 1388

**Privacy:** All documentation is held in confidence by Fintona Girls' School in accordance with the School's privacy policy. We are most grateful to our community members who have made this commitment to the School, and we seek to recognise them (unless otherwise notified) by printing their names in publications for recognition purposes. No information other than the donor's name is shared.