



# CODICIL FORM

Please forward to your Legal Advisor or Public Trust

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

TELEPHONE \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile)

I wish to codicil to my existing Will. I give and bequeath, free of all duties, to Unity of Melbourne (Unity School of Christianity, Inc), the following:

\$ \_\_\_\_\_

OR

\$ \_\_\_\_\_ % of my Estate

For the general purposes thereof, and I declare that the receipt of the Secretary, Treasurer or other authorised officer of Unity of Melbourne, thereof shall be full and sufficient discharge to my Trustee(s).

<p>In other respects</p> <p>I confirm my Will dated _____</p> <p>Signed by the _____</p> <p>In the presence of:</p> <p>1. <b>Witness Signature</b> _____</p> <p>Full Name: _____</p> <p>Occupation: _____</p> <p>Street Address: _____</p> <p>2. <b>Witness Signature</b> _____</p> <p>Full Name: _____</p> <p>Occupation: _____</p> <p>Street Address: _____</p>
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