CODICIL FORM

HARROW SCHOOL

If you have already made your Will, but would like to make a bequest to Harrow School, please do so using the wording contained below and have your signature witnessed by two people who are not related to you or to any person mentioned in your Will. The completed Codicil Form should be attached and stored with the original copy of your Will. Legal advice should always be sought when adding a Codicil.

I _____ *(full name)*

of _____ *(full address)*

DECLARE THIS TO BE A CODICIL TO MY WILL DATED *(date in words)*

_____

Which is lodged with *(address of solicitor/bank)* _____

_____

I/We give free of tax to the Governors of Harrow School

*(Registered Charity No 31033) the Index-Linked** sum of £_____ /_____%

of the residue of my estate absolutely for the advancement of Harrow School and I/we direct that the receipt of the person appearing to my Trustees to be the Director or other proper officer for the time being of Harrow School shall be a full discharge to my Trustees who shall not thereafter be concerned as to the application of this gift.

**The phrase* Index-Linked *sum means*:

(i) The amount specified ('the Original Amount') as multiplied by the index figure in the Retail Prices Index for the month immediately before my death and then divided by the index figure for the month in which this Codicil is executed.

(ii) If the Retail Prices Index is no longer in existence at my death or the basis of its computation has been altered my Trustees shall compute the Index-Linked sum in accordance with such formula as seems in their absolute discretion to be fair and reasonable so as to enable the Original Amount to be increased in accordance with inflation.

Note: If you wish your legacy to be Index-Linked the words in italics should be included; otherwise they should be omitted.

PTO

In all other respects, I confirm my said Will.

As witness my hand this_____ day of_____20 _____

Signed by the testator as a Codicil to the Will in our presence.

_____ *(Signature of testator)*

And then by us together in his/her presence and in the presence of each other

First Witness

Name _____

_____

Address _____

_____

_____

Occupation _____

_____

Signature _____

Date _____

Second Witness

Name _____

_____

Address _____

_____

_____

Occupation _____

_____

Signature _____

Date _____

PLEASE RETURN THIS FORM TO:

Harrow School Development, 5A High Street, Harrow on the Hill, Middlesex HA1 3HP

Harrow School is a registered charity number 310033