

CODICIL

Please attach the completed Codicil to your existing Will and notify TEAR Australia of your decision.

Codicil of (full name) _____

This codicil is dated (day) _____ of (month) _____ 20 (year) _____, and is made by me of
(address) _____

I confirm my Will dated ____/____/____ in all respects except I add the following clause or clauses:

TEAR Australia shall receive: _____

Signature of Will maker: _____

SIGNED by the Will maker of this codicil in our presence and in the presence of each other:

Signature (first witness): _____

Name, address and occupation: _____

Signature (second witness): _____

Name, address and occupation: _____
