

Codicil Form

If you already have a Will, you can make a simple addition to benefit The Leprosy Mission New Zealand. Please complete this Codicil form and send to your lawyer or solicitor.

I _____ give and bequeath

_____ % of my estate (or) the residue of my estate (or)

_____ % of the residue of my estate (or) the sum of \$ _____ (or)

property or assets as follows:

free of all charges and duties, to the society known as The Leprosy Mission New Zealand Inc, 591 Dominion Road, Balmoral, Auckland; to be used where most needed.

I declare that the receipt of the Director or other Officer of The Leprosy Mission New Zealand shall be sufficient discharge for my trustees in respect of such payment.

(Signed by me in the presence of two witnesses)

MY SIGNATURE _____ OCCUPATION _____

FULL NAME _____

ADDRESS _____

WITNESS SIGNATURE _____ OCCUPATION _____

FULL NAME _____

ADDRESS _____

WITNESS SIGNATURE _____ OCCUPATION _____

FULL NAME _____

ADDRESS _____

DATE: _____

Thank you for making this special commitment to The Leprosy Mission New Zealand's work.