

CODICIL (Legacy of a specific amount)

I, (Full Name) : \_\_\_\_\_ of

(Full Address) \_\_\_\_\_

declare this to be a \_\_\_\_\_ (first, second, third etc) codicil to my will dated \_\_\_\_\_ (insert date of will) and to my codicil(s) dated \_\_\_\_\_ (cross through if no other codicils) (together 'my Will').

1. I give free of inheritance tax the sum of:

Amount in words: \_\_\_\_\_ Euros

Amount in figures: € \_\_\_\_\_ to Irish Mission Agencies Partnership absolutely. For the Partner of iMAP or specific project / ministry \_\_\_\_\_

2. My executors may pay or transfer any assets due to the Irish Missions Agencies Partnership to the person who purports to be the treasurer or other appropriate officer of the Irish Missions Agencies Partnership, and the receipt of such person shall be a full discharge to my executors.

3. If at the date of my death the Irish Missions Agencies Partnership is no longer in existence or is subject to a winding-up order, my executors shall pay the legacy to such other charitable body or bodies having the same or similar objects as my executors shall select.

4. In all other respects I confirm my Will.

SIGNED by the said testator Name: \_\_\_\_\_ ) Signature: \_\_\_\_\_

in our presence and then by us in his/hers )

Witness 1. \_\_\_\_\_

Witness 2. \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

1. Your witnesses cannot be beneficiaries in your Will or be married to anyone who is a beneficiary of your will.
2. You must sign the will in front of both witnesses who must both then sign the form in front of you and each other.
3. Your witnesses should then fill in their name, address and occupation as above.
4. Consult your Solicitor if you are leaving a specified share or all of your estate to Irish Mission Agencies Partnership.