If you would like to give the Education Renaissance Trust a gift you may find the wording below helpful.

**IF YOU ARE MAKING YOUR FIRST WILL:**

‘I give to the Education Renaissance Trust, 9 Bedford Gardens, London W8 7ED (registered charity no. 1062479/0)

(PLEASE INSERT ABOVE ONE OF THE CLAUSES BELOW, DEPENDING ON THE KIND OF GIFT YOU WISH TO LEAVE)

- All the residue of my estate
- One __________ share of the residue of my estate (without deduction of inheritance tax)
- The sum of £ __________
- An item / items of value (PLEASE DESCRIBE ACCURATELY)
  __________________________________________
  __________________________________________

for its general purposes and direct that the receipt of the Administrator or other duly authorised officer shall be a sufficient discharge to my Executor.’

**IF YOU ARE CHANGING YOUR WILL - CODICIL:**

‘I (NAME) …………………………………………………………………………………
of

(ADDRESS) …………………………………………………………………………………

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declare this to be a (first / second / third*) Codicil to my will dated the ________ day of __________

Year ___________

*DELETE AS APPROPRIATE

I give and bequeath……………………………………………………………………

(DESCRIBE LEGACY HERE)

to the Education Renaissance Trust, 9 Bedford Gardens, London W8 7ED (registered charity no. 1062479/0) for its general purposes and direct that the receipt of the Administrator or other duly authorised officer shall be a sufficient discharge to my Executor. In all other respects I confirm my said will (and Codicil(s)).’

In witness whereof I have hereunto set my hand this __________ day of __________ Year ______

Signature .......................................................................................

Signed by the above named testator/testatrix as a codocil to his / her will in the presence of us both at the same time who in his her presence and in the presence of each other have hereunto subscribed our names as witnesses

(TWO WITNESSES MUST SIGN BELOW AND INCLUDE THEIR NAME, ADDRESS, POSTCODE AND OCCUPATION)

Signature ....................................................................................... Signature .....................................................................................

Address .......................................................................................... Address ..........................................................................................

Occupation Occupation

KEEP ANY CODICIL IN A SAFE PLACE WITH YOUR WILL BUT NOT ATTACHED TO IT