

Codicil Form

I, _____, give and bequeath to The Multiple Sclerosis Society of Auckland and the North Shore Inc. (MS Auckland - CC 10863) for their work in supporting people with Multiple Sclerosis in the Auckland Region:

_____ % of my estate

free of all death and estate duties and I declare that the official receipt of MS Auckland shall be a full and sufficient discharge to my Executors.

(Signed by me in the presence of two witnesses)

MY SIGNATURE: _____ DATE: _____

FULL LEGAL NAME: _____

ADDRESS:

WITNESS SIGNATURE: _____ DATE: _____

FULL LEGAL NAME: _____

ADDRESS: _____

WITNESS SIGNATURE: _____ DATE: _____

FULL LEGAL NAME: _____

ADDRESS: _____

DATE: _____