

CODICIL

Please attach the completed codicil to your existing will and notify SU 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 that I revoke clause _____ of my will and substitute the following clause:

I give, free of all duties and taxes (choose either A or B or one, or a combination of C, D, E or F)

- A the whole of my estate (or _____% of my estate)
- B the residue of my estate (or _____% of the residue of my estate)
- C the sum of \$_____, or my units/shares in _____Trust/Ltd
- D my real property (or _____% of my property) situated at _____
having the title reference _____
- E the proceeds from the sale of _____
as liquidated by the executor of the estate (*sale of a specific item such as artwork, jewellery, etc).
- F Life insurance policy no. _____ held by _____

To SU Australia Ministries Limited A.B.N. 74 009 669 569 of 126 Barry Parade, Fortitude Valley QLD 4006.
I direct that the receipt of the chief executive officer, chief financial officer or any two directors of SU Australia shall be an absolute discharge to my executors.

Signature of Will maker _____

SIGNED by the will maker as a codicil to last will in our presence and in the presence of each other:

First witness
Name
Address
Occupation:
Signed by first witness:

Second witness
Name
Address
Occupation:
Signed by second witness: