Please attach the completed codicil to your exist	sting Will. MAF Australia is grate	ful for your legacy gift.
Codicil of: (full name(s)		
This codicil is dated: (day) of (montime/us of	h) (Year)	20 And is made by
(address)		I/we confirm my/our Will
dated in all respects, exand substitute the following clause:	ccept that I/we revoke clause	of my/our Will
"I/we give, free of all duties and taxes (your cho	pice of)	
☐ The residue of my/our estate (or	% of the residue of my/our	estate)
☐ The sum of \$,		
☐ My/our property (or% of my/ou	ur property) situated at	
having the title reference		
☐ The proceeds from the sale ofliquidated by the executor of the estate.		As
To MAF Australia, Unit 203, 14-16 Lexington Di 2153. ABN 26 134 583 887."	rive, Bella Vista, NSW 2153, PO E	3ox 7187, Baulkham Hills, NSW
A receipt signed by the CEO, or officer of MAF	Australia is an absolute discharge	e to my/our executor.
Signature of Testator(s):		
(Print name)as a codicil to my/our last Will in our presence	and in the presence of each other	Signed by the Will maker
First Witness:	Second Witness:	=1.
Name:	Name:	
Signature:	Signature:	
Address:	Address:	
Occupation:	Occupation:	