"I...... (print full name) bequeath to the Walter and Eliza Hall Institute of Medical Research (ABN 12 004 251 423) (a) The sum of \$..... OR (b) All my residuary estate (the balance remaining of your estate to the institute after family, loved ones and expenses are provided for). The receipt of the Walter and Eliza Hall Institute of Medical Research Company Secretary or other authorized officer shall be sufficient discharge to my executor for the bequest. OR (c) A% share of the residue of my estate OR (d) Asset or assets (such as life insurance or superannuation policy, a trust or named fund or assets such as shares, property, art collections and/or other capital assets). Please list each item (including property folio number and

If any of my nominated beneficiaries predecease me, the bequest shall not fail but I

...... (full name or

Recommended wording when leaving a gift to the Walter and Eliza Hall Institute

(WEHI) in your Will.

address)

give the share of my deceased beneficiary to

person or organisation and identifying details).