THIS DEED OF VARIATION AND FAMILY ARRANGEMENT IS MADE THE … DAY OF TWO THOUSAND AND SEVENTEEN *(MUST BE DATED WITHIN TWO YEARS OF THE DATE OF DEATH)*

BETWEEN … *(FULL NAMES OF ALL PARTIES ADVERSELY AFFECTED)* (hereafter called "the Beneficiaries") and … *(FULL NAMES OF ALL PARTIES TO BE ADDED/INCLUDED)*

WHEREAS:

1. … *(FULL NAME OF THE DECEASED)* (hereinafter called "the Testator") made no last will and testament and therefore died intestate.
2. The Rules of Intestacy (as per the Administration and Estates Act 1925) set out who shall inherit in cases of intestacy.
3. The Testator was pre-deceased by his spouse … *(FULL NAME OF SPOUSE)* who died on … *(DATE OF DEATH)*.
4. The Rules of Intestacy therefore state that the Testator’s children share the remainder of the Estate equally.
5. All the Testator’s children are listed above as the Beneficiaries.
6. The Beneficiaries have agreed that the remainder of the Estate shall now be equally divided between themselves and the Testator’s step-child(ren) … *(FULL NAME OF STEP-CHILD(REN))*.

The parties to this variation intend that the provisions of Section 142(1) of the Inheritance Taxes Act 1984 and Section 62(6) of the Taxation of Capital Gains Act 1992 shall apply.

NOW THIS DEED WITNESSES as follows:

In pursuance of the said agreement and in consideration of the Estate, the parties to this Deed authorise and request the Administrator(s) to appropriate ONE QUARTER of the remainder of the Estate to the parties named below:

*FULL NAME OF BENEFICIARY*

*FULL NAME OF BENEFICIARY*

*FULL NAME OF BENEFICIARY*

*FULL NAME OF ADDITIONAL PARTY(IES)*

In consideration of the Administrator(s) consenting to the terms of the Agreement the Beneficiaries hereby indemnify the Administrator(s) and their respective estates and the Estate and effects of the Testator from and against all actions costs claims demands and liabilities which may arise in respect of the Estate of the Testator to the intent that the Administrator(s) shall be wholly indemnified and absolved from any breach of trust which may occur in giving effect to the terms of this Deed.

We certify that this Instrument falls within category M of the Schedule to the Stamp Duty (Exempt Instruments) Regulations 1987. *(FOR STOCKS/SHARE/SECURITIES ONLY, OTHERWISE DELETE)*

IN WITNESS whereof the parties to this Deed have executed in the presence of the persons mentioned below the day and year first before written.

SIGNED as a Deed by the said ..................................................................

*(FULL NAME OF BENEFICIARY)*

In the presence of:

Witness signature............................................

Witness Name.................................................

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

.........................................................................

Occupation......................................................

SIGNED as a Deed by the said ..................................................................

*(FULL NAME OF BENEFICIARY)*

In the presence of:

Witness signature............................................

Witness Name.................................................

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

.........................................................................

Occupation......................................................

SIGNED as a Deed by the said ..................................................................

*(FULL NAME OF BENEFICIARY)*

In the presence of:

Witness signature............................................

Witness Name.................................................

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

.........................................................................

Occupation......................................................