



MARKSMAN CLAUSE

Note: This form is for use when the Beneficiary is unable to read or write by reason of illiteracy or illness

Name of Beneficiary: _____

Mark: _____

I _____ have witnessed _____
Name of Witness Name of Beneficiary

Signed in my presence after I have read the _____
Title or Description of Document

document to him/her and explained its full effect. I am satisfied he/she fully understands the same and the implications and he/she has expressed themselves as fully understanding the nature and effects of the contents.

SIGNED: _____

this _____ day of _____ 20 _____

at _____
Address

in the Parish/State of _____ and the country
Parish/State

of _____
Country

JP for the Parish of

Notary Public for the State of

Place Stamp Here