

Application form for Pension investment

This application form is for investment into the following **Walker Crips** plans:

- UK Conditional Income Kick-out Plan (MS074)
- UK & US Conditional Income Kick-out Plan (MS075)

The closing date for applications is 28 January 2022.

This application form can be used for new investments and to invest proceeds from a matured plan held with Walker Crips. Applications can only be accepted if the financial adviser declaration has been completed in section 9.

Funding the investment

Please indicate how you will fund this investment

- I have attached a cheque made payable to 'Walker Crips Investment Management Limited'.
- I am making a bank transfer to the following bank details:
- | | |
|----------------|--|
| Account Name | Walker Crips Investment Management Ltd |
| Bank | HSBC Bank plc |
| Sort code | 40-05-30 |
| Account Number | 40025232 |
| Reference | Please quote the member's designation reference and ensure this is specified in Section 1 – 'Name of Scheme' |
- I am using proceeds from a matured plan held with Walker Crips.

Application sections

Please ensure all of the following sections are fully completed

- 1 Scheme details
- 2 SIPP investment only
- 3 Scheme's bank details
- 4 Investment selection
- 5 Investment details
- 6 Financial advice and adviser charging
- 7 Trustee or Authority signatures
- 8 Declaration and authorisation
- 9 Financial adviser declaration

Contact

For any queries please contact:

Website www.wcgplc.co.uk/wcsi
Email wcsi@wcgplc.co.uk
Telephone 020 3100 8880
Fax 020 3100 8822

Address for all correspondence:

Walker Crips Structured Investments
Old Change House
128 Queen Victoria Street
London
EC4V 4BJ

1. Scheme details

If you are already a client of Walker Crips or have previously invested in a Walker Crips Structured Investments Plan please provide your account number:

Account Name (Full name of the Scheme)

Scheme Trustee/Provider

Full name

Address

Postcode

Telephone

Email address

HMRC ref.

Plan ref.

VAT number

FCA Firm Reference
Number (FRN)

Scheme Administrator (If different to above)

Full Name

Address

Postcode

HMRC ref.

Plan ref.

VAT number

FCA Firm Reference
Number (FRN)

Type of pension scheme (please tick one box only)

A self-invested personal pension scheme (SIPP)

A small self-administered
scheme (SSAS) Please
provide LEI:

Other (please specify)

LEI:

HMRC scheme
reference number

2. SIPP investment only - SIPP Member Details

Title (Mr/Mrs/Miss/Other)

Surname

Full forenames

Permanent residential address

Post code

Date of birth

Telephone

Nationality

Email address

Country of birth

Place of birth

Yes No

Are you resident in the UK for tax purposes?

If yes, please provide your National Insurance Number

If no, please note that this Plan is open to individuals who are resident in the UK for tax purposes only. Please speak to your financial adviser for advice on any alternative options available to you.

Additional country(ies) of tax residency and Tax Identification Number(s) (if applicable)

Country

TIN

Country

TIN

Yes No

Are you a US Person?

If yes, please note that this Plan is not offered to US Persons. Please speak to your financial adviser for advice on any alternative options available to you.

3. Scheme's bank details

Please provide the details of your bank/building society account that you would like any payments to be made into, either during the investment term or following maturity.

Please indicate how you would prefer your income to be distributed:

Retain the income in my/our Walker Crips Account Pay the income into the bank account as detailed below

Bank/Building Society name

Account name

Sort code

--

Account number

Reference

4. Investment selection

Please confirm the Plan you wish to invest into.

UK Conditional Income Kick-out Plan (MS074)

UK & US Conditional Income Kick-out Plan (MS075)

7. Trustee or Authority signatures

The exercise of any options under the Terms and Conditions of the Plan must be authorised by the requisite number of authorised signatories set out in the Scheme's governing document or, where a number is not stipulated, by at least one authorised signature. Please provide the names and sample signatures of all those who will be Authorised Signatories. **If you require more than four, please continue on a separate sheet of paper.** Where there is any change to the Authorised Signatories, please notify Walker Crips in writing giving the date of change at Walker Crips Structured Investments, Old Change House, 128 Queen Victoria Street, London EC4V 4BJ. Walker Crips Investment Management Limited will be entitled to rely on the previous list until they are informed to the contrary.

Signing authority Any one Any two Other (please specify)

First Trustee / SIPP Member

Company name

Title (Mr/Mrs/Miss/Other)

Surname

Full forenames

Permanent residential/business address

Postcode

Date of birth

Nationality

Country of permanent residence

Tax Identification Number eg National Insurance number

Signed

Date

Are you a US Person?

Yes

No

Second Trustee

Company name

Title (Mr/Mrs/Miss/Other)

Surname

Full forenames

Permanent residential/business address

Postcode

Date of birth

Nationality

Country of permanent residence

Tax Identification Number eg National Insurance number

Signed

Date

Are you a US Person?

Yes

No

Third Trustee

Company name	
Title (Mr/Mrs/Miss/Other)	Surname
Full forenames	
Permanent residential/business address	
Postcode	
Date of birth	Nationality
Country of permanent residence	Tax Identification Number eg National Insurance number
Signed	Are you a US Person? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date	

Fourth Trustee

Company name	
Title (Mr/Mrs/Miss/Other)	Surname
Full forenames	
Permanent residential/business address	
Postcode	
Date of birth	Nationality
Country of permanent residence	Tax Identification Number eg National Insurance number
Signed	Are you a US Person? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date	

8. Declaration and authorisation

For your own benefit and protection, before signing this application form please ensure that you have been provided with the Key Information Document (KID) and have read the Plan brochure, including the risks associated with investment in the Plan and the Terms and Conditions under which the Plan will be managed.

If you require further information or if there is anything you do not understand, please speak to your financial adviser before signing this application form.

I/We declare that:

- I/We have received the KID and carefully read the Plan brochure and accept the Terms and Conditions under which the Plan will be managed;
- I/We have full power to invest in the Plan and have taken all necessary action to authorise the making of this application. The person(s) signing this application has full power and authority to do so on our behalf;
- The pension scheme is registered under Part IV of the Finance Act 2004 (or an application for its registration has been made) and we undertake to advise Walker Crips Structured Investments immediately if it ceases to be a registered pension scheme or its application for registration is withdrawn or refused;
- I/We are not, and am/are not acting on behalf of a resident of the United States or a US Person(s) and we will not assist any such person to acquire investment within the Plan;
- I/We will inform Walker Crips immediately if I/we become a resident of the United States or a US Person;
- I/We agree to inform Walker Crips immediately should there be any change in the scheme's residence for tax purposes;
- the application form and this declaration have been completed to the best of my/our knowledge and belief and the information provided is true and complete.

I/We authorise Walker Crips Investment Management Limited (WCIM):

- to purchase, hold and administer the Plan on my/our behalf and in accordance with the Terms and Conditions of the Plan as set out in the Plan brochure;
- to accept instructions from and release any information in relation to my/our investment in the Plan to my/our financial adviser, as detailed in Section 6 and/or Section 9 of this application form.

Adviser charges

By signing this application, I/we confirm that:

- where I/we have requested Walker Crips to facilitate payment of my/our adviser charge to my/our financial adviser, I/we instruct you to deduct the adviser charge as indicated in section 5 and pay the deducted amount to my/our financial adviser.
- my/our adviser has fully explained their charges to me/us and I/we understand that, should I/we exercise my/our cancellation rights after the adviser charge has been paid, WCIM will not return any adviser charges to me/us. I/We will need to contact my/our financial adviser regarding any refund
- I/we understand that WCIM is simply facilitating adviser charges and any queries regarding these payments will need to be discussed with my financial adviser.

Signed Authorised Signatory	<input type="text"/>	Signed Authorised Signatory	<input type="text"/>
Print name	<input type="text"/>	Print name	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>
Signed Authorised Signatory	<input type="text"/>	Signed Authorised Signatory	<input type="text"/>
Print name	<input type="text"/>	Print name	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

