

Application form for Junior ISA (JISA) Transfer Authority This application form is for investment into the following Walker Crips plan: UK Conditional Income Kick-out Plan (MS086) The closing date for applications for Stocks & Shares and Cash JISA transfers is 6 May 2022. This application form can not be used to invest proceeds from a matured plan held with Walker Crips.

Application sections

Please ensure all of the following sections are fully completed

- Personal details
- 2 Investment details
- 3 Financial advice and adviser charging
- 4 Applicant declaration
- 5 Financial adviser declaration
- 6 Existing JISA transfer request

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. Personal 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: | | | | | | |
| Registered Contact (Parent/Guardian) | | | | | | |
| Title (Mr/Mrs/Miss/Other) | Surname | | | | | |
| Full forenames | | | | | | |
| Applicant's address | | | | | | |
| P.P. | 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 advice on any alternative options available to you. | n the UK for tax purposes only. Please speak to your financial adviser for | | | | | |
| Additional country(ies) of tax residency and Tax Identification Number(| s) (if applicable) | | | | | |
| Country Country | TIN TIN | | | | | |
| Country | | | | | | |
| Yes No Are you a US Person? | | | | | | |
| If yes, please note that this Plan is not offered to US Persons. Please spe to you. | ak to your financial adviser for advice on any alternative options available | | | | | |
| Junior Individual Savings Account for (Child) | | | | | | |
| Title (Master/Miss/Other) | Surname | | | | | |
| Full forenames | | | | | | |
| Child's Address (if different from above) | | | | | | |
| | | | | | | |
| Postcode | Date of birth | | | | | |
| Child's National Insurance Number (if available) | | | | | | |

| 2. Investment details | | | | |
|--|-------------------------------|---------------|--|--|
| Please indicate the type of JISA you are transferring | Cash JISA Stocks & Shares JIS | 5A | | |
| i. Total amount being transferred in | f | | | |
| ii. Adviser charge deducted (if any) | f | | | |
| iii. I apply to transfer the following net investment amount | f | (min. £5,000) | | |
| Source of funds for new investment | | | | |
| Please confirm the source of the funds to be invested in the Plan (e.g. employment, savings, pension inheritance, gift, divorce settlement, property sale, loan, share sale) | | | | |
| 3. Financial advice and adviser charging | | | | |
| All applications must be submitted via a financial intermediary (e.g. an FCA regulated financial intermediary, investment manager or execution only broker). If you do not have a financial intermediary please contact us before submitting an application. | | | | |
| I/we have not received financial advice and am making this investment on an execution only basis | | | | |
| ☐ I/we have received advice from a financial adviser Firm name Adviser r | name | | | |
| Have you paid the adviser charges? | | | | |
| Yes, I/we have paid the adviser charges separately. | | | | |
| No, I/we have not paid the adviser charges and would like you to pay the amount detailed in section 4 to my/our financial adviser. Please note that the maximum charge we are able to facilitate is 4% of your total investment. | | | | |

4. Applicant declaration

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 declare that:

- I have received the KID and carefully read the Plan brochure and accept the Terms and Conditions under which the Plan will be managed:
- I am not acting on behalf of a resident of the United States or a US Person(s) and I will not assist any such person to acquire investment within the Plan;
- \bullet I will inform Walker Crips immediately if I become a resident of the United States or a US Person;
- I agree to inform Walker Crips immediately should there be any change in my residence for tax purposes;
- the application form and this declaration have been completed to the best of my knowledge and belief and the information provided is true and complete;
- I am 18 years of age or over;
- I have parental/quardian responsibility for the child;
- I do / the child does not have a Child Trust Fund Account;
- I will be the registered contact for the JISA;
- ullet I am / the child is resident in the UK, or is a UK Crown servant, a dependant of a UK Crown servant, or is married to/in a civil partnership with a UK Crown servant;
- I have not subscribed and will not subscribe to another JISA of this type for this child;
- I am not aware that this child has another JISA of this type;
- I am not aware of other JISA subscriptions that will result in this child exceeding the annual limit;
- I will not knowingly make subscriptions to JISAs for this child that will result in the subscription limit being exceeded;
- I understand that this JISA is subject to the terms and conditions within the brochure and agree thereto.

I authorise Walker Crips Investment Management Limited (WCIM):

- to purchase, hold and administer the Plan on my 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 investment in the Plan to my financial adviser, as detailed in Section 3 and/or Section 5 of this application form.

I authorise WCIM as Plan Manager to:

- hold the child's subscriptions, JISA investments, interest, dividends and any other rights or proceeds in respect of those investments and cash;
- make on the child's behalf any claims to relief from tax in respect of JISA investments.

Adviser charges

By signing this application, I confirm that:

- where I have requested Walker Crips to facilitate payment of My adviser charge to my financial adviser, I instruct you to deduct the adviser charge as indicated in section 2 and pay the deducted amount to my financial adviser.
- my adviser has fully explained their charges to me and I understand that, should I exercise my cancellation rights after the adviser charge has been paid, WCIM will not return any adviser charges to me. I will need to contact my financial adviser regarding any refund.
- I understand that WCIM is simply facilitating adviser charges and any queries regarding these payments will need to be discussed with my financial adviser.

Registered Contact

| Signature | |
|-----------|--|
| | |
| | |
| | |
| Date | |
| | |
| | |

Applications must be submitted via a financial adviser

| 5. Financial adviser declaration (THIS SECTION MUST BE COMPLETED IN FULL) | | | | | | |
|---|---|--|--|--|--|--|
| Decision-maker details | | | | | | |
| Please confirm the individual(s) who made the decision to invest in this Plan: | | | | | | |
| Registered Contact | | | | | | |
| Other (e.g. Power of Attorney) | | | | | | |
| If you ticked other please provide the following details: | | | | | | |
| Full Name (Forename(s) and Surname) | | | | | | |
| Date of Birth | Nationality | | | | | |
| Tax Identification Number (e.g. National Insurance Number) | | | | | | |
| Target Market Under Product Governance rules we are required to provide particular di | stribution information to the Issuer. | | | | | |
| Please confirm the following in meeting distributor obligations: | | | | | | |
| Does the investor fall within the Target Market for which the Plan has Yes No No | s been designed? | | | | | |
| If no, please outline your rationale for submitting an application on behalf of an investor falling outside the Target Market | | | | | | |
| Declaration | | | | | | |
| In submitting this application on behalf of the investor, I declare that: | | | | | | |
| I acknowledge and understand the target market for whom the Plan | applied for has been designed; | | | | | |
| The Plan is compatible with the needs, characteristics and objectives of the investor; | | | | | | |
| • I have provided the investor with the KID and Plan brochure; | | | | | | |
| Where I have provided the investor with a personal recommendation investor's individual circumstances and investment objectives in acco | rdance with COBS 9; | | | | | |
| Where the investor is making a non-advised investment, I confirm the investor's investment knowledge and experience in accordance with 0 | COBS 10. | | | | | |
| • This application form has been completed to the best of my knowled to the investor(s); | ge and belief and I have fully disclosed any adviser charge, if applicable, | | | | | |
| • I understand that any adviser charge facilitated by Walker Crips will be paid after the start date of the Plan, subject to a fully completed Terms of Business agreement being in place; | | | | | | |
| I have retained a completed Identity Verification Certificate (IDVC) and meets or exceeds the standards set out in the JMLSG guidance. I have signed. I acknowledge that Walker Crips will rely upon this confirmation 2017 and that the IDVC and relevant supporting documents will be pro | seen all original documents and those requiring a signature have been for the purposes of Regulation 38 of The Money Laundering Regulations | | | | | |
| Company name | Adviser signature | | | | | |
| Adviser name | | | | | | |
| Address or adviser company stamp | | | | | | |
| | Contact number | | | | | |
| | FCA number | | | | | |
| Postcode | Email | | | | | |

| o. =/sug 510/ | · c. as. c. request | | | | | |
|--|--|---|----------------------|--------------------------|--|--|
| I apply to transfer | the following amount to Walker Crip | s Structur | red Inves | stm | ents | |
| Plea | ase complete (a) or (b) as required. | Approx. value | | | | |
| (a) I wish to | transfer my 2022/23 tax year JISA | £ | | | The transfer to be in the form of cash. If | |
| (b) I wish to trans | fer JISA(s) from previous tax years | £ | | | you are transferring more than one JISA, this form can be copied. | |
| | Total transfer value | £ | | | , , | |
| JISA Holder | | | | | | |
| Title (Master/Miss/Ot | her) | | Surnam | e | | |
| Full forenames | | | | | | |
| Child's Address (if dif | ferent from above) | | | | | |
| | | | | | | |
| Postcode | | | Date of | birt | 1 | |
| Child's National Insurance Number (if available) | | | | | | |
| Registered Contac | t (Parent/Guardian) | | | | | |
| Title (Mr/Mrs/Miss/O | ther) | | Surnam | ie | | |
| Full forenames | | | | | | |
| Applicant's address | | | | | | |
| | | | Post coo | de | | |
| Date of birth | | | | | | |
| Existing JISA Man | ager | | | | | |
| Plan Manager's nam | е | | | | | |
| Plan Manager's addr | ess | | | | | |
| | | | Postcoc | de | | |
| Telephone | | E | mail addr | ess | | |
| Stocks & Shares JISA | ref. number(s) | | | | | |
| Cash IISA ref numbe | er(s) (to transfer to a Stocks & Shares accou | ınt) | | | | |
| I hereby authorise you within the Plan to W provide Walker Crips | ou to sell the assets and to send the p alker Crips Investment Management Investment Management Limited wi | roceeds ir Limited, a th all such | n HMRC n relevant | Ap _l t inf | her with any interest, dividends, rights and cash proved Plan Manager, and I authorise you to formation relating to my Plan(s) as may be required. Se cancel my request and reinstate my JISA. | |
| Signature of Parent/Guardian | | | Dα | te | | |

All correspondence should be sent to: Walker Crips Structured Investments, Old Change House, 128 Queen Victoria Street, London, EC4V 4BJ. The deadline for receiving the JISA transfer proceeds is on **20 May 2022.**

Old Change House, 128 Queen Victoria Street, London EC4V 4BJ I 020 3100 8880 I wcsi@wcgplc.co.uk I walkercrips.co.uk/wcsi Walker Crips Structured Investments is a trading name of Walker Crips Investment Management Limited which is authorised and regulated by the Financial Conduct Authority and is a member of the London Stock Exchange. Registered in England number 4774117.

6. Existing JISA transfer request