WALKERCRIPS
Structured Investments

Application form for Stocks & Shares Junior ISA (JISA) investment

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

- ☐ UK 95% Annual Kick-out Plan (CT036)
- ☐ UK 90% Annual Kick-out Plan (CT037)

The closing date for applications is 3 June 2022.

If you wish to invest into more than one plan, please use a separate application form for each plan. This application form can be used for new investment and to invest proceeds from a matured plan held with Walker Crips.

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 your surname and/or Walker Crips account number (if known)

- ☐ 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. Personal details
2. Investment selection
3. Investment details
4. Financial advice and adviser charging
5. Applicant declaration
6. 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. 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

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.

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 selection

Please confirm the Plan you wish to invest into.

☐ UK 95% Annual Kick-out Plan (CT036)

☐ UK 90% Annual Kick-out Plan (CT037)

3. Investment details

New Investment

2022/23 Stocks & Shares JISA Investment

i. Total amount being sent (e.g. amount on cheque)	£	
ii. Adviser charge deducted (if any)	£	
iii. I apply to subscribe the following amount to a Stocks & Shares JISA Investment for the tax year 2022/23	£	(min. £5,000 max. £9,000)

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)

4. 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 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 3 to my/our financial adviser. Please note that the maximum charge we are able to facilitate is 4% of your total investment.

5. 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;
- 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/guardian 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;
- 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 4 and/or Section 6 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 3 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

6. 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 distribution 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 been designed?

Yes ☐ No ☐

- 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, I have assessed the suitability of this product in relation to the investor's individual circumstances and investment objectives in accordance with COBS 9;
- Where the investor is making a non-advised investment, I confirm that I have assessed the appropriateness of this product in relation to the investor's investment knowledge and experience in accordance with COBS 10.
- This application form has been completed to the best of my knowledge and belief and I have fully disclosed any adviser charge, if applicable, to the investor(s);
- 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 documentary evidence for all parties relevant to this application that meets or exceeds the standards set out in the JMLSG guidance. I have seen all original documents and those requiring a signature have been signed. I acknowledge that Walker Crips will rely upon this confirmation for the purposes of Regulation 38 of The Money Laundering Regulations 2017 and that the IDVC and relevant supporting documents will be provided to Walker Crips within two days of any request.

Company name	Adviser signature
Adviser name	
Address or adviser company stamp Postcode	Contact number
	FCA number
	Email