Application form for Junior ISA (JISA) Transfer Authority

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



UK & US Annual Kick-out Plan (MS181) (Kick-out from Year 1 and 65% Barrier)

UK & US Step Down Kick-out Plan (MS182) (Kick-out from Year 1 and 65% Barrier)

The closing date for Stocks & Shares and Cash JISA transfers is 13 September 2024.

This application form can **not** be used to invest proceeds from a matured plan held with Walker Crips.

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Application sections

Please ensure all of the following sections are fully completed

1 Personal details

5 Financial advice and adviser charging

Financial adviser declaration

Existing JISA transfer request

Applicant declaration

- 2 Investment selection
- 3 Investment details
- 4 Personal financial circumstances

Contact

For any queries please contact:

Website Email Telephone Fax

www.wcgplc.co.uk/wcsi wcsi@wcgplc.co.uk 020 3100 8880 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
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 & US Annual Kick-out Plan (MS181) (Kick-out from Year 1 and 65% Barrier)		
UK & US Step Down Kick-out Plan (MS182) (Kick-out from Year 1 and 65% Barrier)		
3. Investment details		
Please indicate the type of JISA you are transferring	Cash JISA Stocks & Shares JI	SA
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)
4. Personal financial circumstances - registered conte	act (parent/guardian)	
Primary source of wealth Employment Investment Savings Bus Pension Inheritance Family trust Other	iness ownership/sαle 🦳 Property own ner	ership/sale
Primary source of funds Select the option that best describes where the funds you will trans	fer to Walker Crips originate from	
	fer from an unregulated firm (UK or overse nal transfer from existing Walker Crips acco	
Employment status		
Full time employment Self employed Hor Part time employment Unemployed Oth	memaker Retired	
Occupation details - required (previous details, if retired):		
Occupation/job title		
Employer's name (if applicable)		
Nature of business		
Date of joining current employment DD MM YY		

5.	Financial	advice	and	adviser	charging
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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.

6. 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 5 and/or Section 7 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

7. Financial adviser declaration (THIS SECTION N	AUST BE COMPLETED IN FULL)
Decision-maker details	
Please confirm the individual(s) who made the decision to invest in this P	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 dis	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 	been designed?
Yes No	
 If no, please outline your rationale for submitting an application on b 	ehalf of an investor falling outside the Target Market
It is important to recognise and support vulnerable clients. If you know our records.	your client is vulnerable, please tick this box 🗌 so that we can update
Declaration	
In submitting this application on behalf of the investor, I declare that:	
• I acknowledge and understand the target market for whom the Plan of	applied for has been designed;
• The Plan is compatible with the needs, characteristics and objectives of	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 meets or exceeds the standards set out in the JMLSG guidance. I have s	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

I apply to transfer the following amount to Walker Cri	ps Struc	tured Inve	stments
Please complete (a) or (b) as required.	Appro	x. value	
(a) I wish to transfer my 2024/25 tax year JISA	£		The transfer to be in the form of cash. If
(b) I wish to transfer JISA(s) from previous tax years	£		you are transferring more than one JISA, this form can be copied.
Total transfer value ISA Holder	f		
Title (Master/Miss/Other)		Surnam	ie
Full forenames			
Child's Address (if different from above)			
Postcode		Date of	birth
Child's National Insurance Number (if available)			
legistered Contact (Parent/Guardian)			
Title (Mr/Mrs/Miss/Other)		Surnam	le
Full forenames			
Applicant's address			
		Post co	de
Date of birth			
xisting JISA Manager			
Plan Manager's name			
Plan Manager's address			
		Postco	de
Telephone		Email addr	ess
Stocks & Shares JISA ref. number(s)			
Cash JISA ref. number(s) (to transfer to a Stocks & Shares acco	unt)		
hereby authorise you to sell the assets and to send the p vithin the Plan to Walker Crips Investment Management Valker Crips Investment Management Limited with all su rre not in a position to transfer my cash proceeds by 27 S	Limited Ich relev	, an HMRC ant inform	Approved Plan Manager, and I authorise you to pro ation relating to my Plan(s) as may be required. If yo

Signature of Parent/Guardian

Date

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 **27 September 2024.**

Old Change House, 128 Queen Victoria Street, London EC4V 4BJ | 020 3100 8880 | wcsi@wcgplc.co.uk | 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.