

Application form for Direct investment and/or Stocks & Shares ISA investment

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

UK 90% Annual Kick-out Plan (MS183)
(Kick-out from Year 3 and 60% Barrier)

UK 90% Annual Kick-out Plan (MS184)
(Kick-out from Year 3 and 65% Barrier)

The closing date for applications is 11 October 2024.

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 | 5 | Personal financial circumstances |
| 2 | Bank details | 6 | Financial advice and adviser charging |
| 3 | Investment selection | 7 | Applicant declaration |
| 4 | Investment details | 8 | 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:

First applicant

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.

Joint applicant (for direct investments ONLY)

Title (Mr/Mrs/Miss/Other)

Surname

Full forenames

Nationality

Date of birth

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.

2. Bank details

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

Bank/Building Society name	<input type="text"/>	Account name	<input type="text"/>
Sort code	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Reference	<input type="text"/>		

3. Investment selection

Please confirm the Plan you wish to invest into.

- UK 90% Annual Kick-out Plan (MS183)
(Kick-out from Year 3 and 60% Barrier)
- UK 90% Annual Kick-out Plan (MS184)
(Kick-out from Year 3 and 65% Barrier)

4. Investment details

New Investment

Direct Investment

- i. Total amount being sent (e.g. amount on cheque) £
- ii. Adviser charge deducted (if any) £
- iii. I/We apply to subscribe the following net investment amount £ (min. £10,000)

2024/25 Stocks & Shares ISA 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 ISA Investment for the tax year 2024/25 £ (min. £10,000 max. £20,000)

Investment using Maturity Proceeds

Matured Plan name

Is the matured Plan a Direct or Stocks & Shares ISA

- i. Total amount of my/our maturity proceeds Full amount (Please tick)
Partial amount £
- ii. Adviser charge deducted (if any) £
- iii. I/We apply to subscribe the following net investment amount £ (min. £10,000)

If you wish to fund your 2024/25 Stocks & Shares ISA subscription with proceeds from a matured (non ISA) plan, please tick this box and complete your subscription by indicating the amount in the section above: 'New Investment - 2024/25 Stocks & Shares ISA Investment'.

5. Personal financial circumstances

First applicant

Primary source of wealth

- Employment Investment Savings
 Pension Inheritance Family trust
 Business ownership/sale Property ownership/sale
 Other: _____

Primary source of funds

Select the option that best describes where the funds you will transfer to Walker Crips originate from

- UK bank Transfer from an unregulated firm (UK or overseas)
 UK investment firm
 Overseas investment firm Internal transfer from existing Walker Crips account
 Overseas bank
 Other: _____

Employment status

- Full time employment Part time employment
 Self employed Unemployed
 Homemaker Retired
 Other: _____

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

Joint applicant

Primary source of wealth

- Employment Investment Savings
 Pension Inheritance Family trust
 Business ownership/sale Property ownership/sale
 Other: _____

Primary source of funds

Select the option that best describes where the funds you will transfer to Walker Crips originate from

- UK bank Transfer from an unregulated firm (UK or overseas)
 UK investment firm
 Overseas investment firm Internal transfer from existing Walker Crips account
 Overseas bank
 Other: _____

Employment status

- Full time employment Part time employment
 Self employed Unemployed
 Homemaker Retired
 Other: _____

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

6. 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 4 to my/our financial adviser. Please note that the maximum charge we are able to facilitate is 4% of your total investment.

7. 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/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 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 my/our 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 8 of this application form.

If I have subscribed to an ISA I confirm that:

- I am 18 years of age or over. All subscriptions made, and to be made, belong to me;

- I have not subscribed, and will not subscribe, to more than the overall ISA subscription limit total in the same tax year;
- I am resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 28 of The Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties. I will inform WCIM if I cease to be so resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties;
- I understand that this ISA is subject to the terms and conditions within the brochure and agree thereto.

I authorise WCIM as Plan Manager to:

- make on my behalf any claims to relief from tax in respect of ISA Investments;
- to hold, or on my written request, transfer or pay to me, as the case may be, my cash subscriptions, ISA investments, interest, dividends, rights or other proceeds in respect of such investments or any cash.

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 4 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.

First applicant

Signature

Date

Joint applicant

Signature

Date

Applications must be submitted via a financial adviser

8. 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:

- First applicant
 Joint applicant
 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

--

It is important to recognise and support vulnerable clients. If you know your client is vulnerable, please tick this box so that we can update our records.

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