

Application form for Offshore Bond investment

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

- UK Defensive Growth Deposit Plan (SAN044) UK Step Down Kick-out Deposit Plan (SAN046)
- UK Growth Deposit Plan (SAN045)

The closing date for applications is 10 January 2025.

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 | Offshore Bond provider details | 5 | Personal financial circumstances of the beneficial owner |
| 2 | Bank details | 6 | Financial advice and adviser charging |
| 3 | Investment selection | 7 | Declaration and authorisation |
| 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. Offshore Bond 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:

Name of Offshore Bond provider

Registered office

Postcode

Telephone

Offshore Bond reference number

Signing authority Any one Any two Other (please specify)

2. 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:

Bank/Building Society name Account name

Sort code - Account number

Reference

3. Investment selection

Please confirm the Plan you wish to invest into.

UK Defensive Growth Deposit Plan (SAN044) UK Step Down Kick-out Deposit Plan (SAN046)

UK Growth Deposit Plan (SAN045)

4. Investment details

New Investment

i. Total amount being sent (e.g. amount on cheque/transfer) £

ii. Adviser charge deducted (if any) £

iii. We apply to subscribe the following net investment amount £ (min. £10,000)

Investment using Maturity Proceeds

Matured Plan name

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

5. Personal financial circumstances of the beneficial owner of the Offshore Bond

Primary source of wealth (tick all that apply)

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

Primary source of funds (tick all that apply)

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

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

Employment status (tick all that apply)

- Full time employment Self employed Homemaker Retired
 Part time employment Unemployed 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

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. 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;
- 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 bondholder'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 8 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 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.

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"/>

Applications must be submitted via a financial adviser

8. Financial adviser declaration (THIS SECTION MUST BE COMPLETED IN FULL)

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 Key Information Document 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;
- 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 The Money Laundering Regulations 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