

Application form for Trust investment

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

- UK 95% Annual Kick-out Plan (MS193)
(Kick-out from Year 3 and 60% Barrier)
- UK 95% Annual Kick-out Plan (MS194)
(Kick-out from Year 3 and 65% Barrier)

The closing date for applications is 10 January 2025.

This application form can be used for new investment and to invest proceeds from a matured plan held with Walker Crips.

Applications can only be accepted if the financial adviser declaration is completed in section 8, and the appropriate FATCA Addendum is completed and submitted. FATCA Addendum forms can be found on our website or by calling 020 3100 8880.

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 the Trust Name/ and or the 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 Trust details | 6 Settlor's source of funds and wealth |
| 2 Signing authority | 7 Financial advice and adviser charging |
| 3 Trust scheme bank details | 8 Declaration and authorisation |
| 4 Investment selection | 9 Financial adviser declaration |
| 5 Investment details | |

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. Trust 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 trust (the account will be opened in this name)

Category of trust

<input type="checkbox"/> Family Settlement	<input type="checkbox"/> Will trust	<input type="checkbox"/> Deceased Estate trust	<input type="checkbox"/> Accumulation and Maintenance
<input type="checkbox"/> Discretionary	<input type="checkbox"/> Bare	<input type="checkbox"/> Life Interest	<input type="checkbox"/> Other
<input type="checkbox"/> Charity	<input type="checkbox"/> Charity number	<input type="text"/>	

LEI:

Name(s) of beneficiaries

Correspondence address

Company name

Address

Postcode

For the attention of

Please provide details of all trustees and beneficiaries with 25% or more beneficial ownership - continue on a separate sheet if necessary

First Trustee Beneficiary

Title (Mr/Mrs/Miss/Other) Surname

Full forenames

Permanent residential/business address

Postcode

Date of birth Nationality

Country of permanent residence Tax Identification Number eg National Insurance number

Are you a US Person? Yes No

Second

Trustee

Beneficiary

Title (Mr/Mrs/Miss/Other)

Surname

Full forenames

Permanent residential/business address

Postcode

Date of birth

Nationality

Country of permanent residence

Tax Identification Number eg National Insurance number

Are you a US Person?

Yes

No

Third

Trustee

Beneficiary

Title (Mr/Mrs/Miss/Other)

Surname

Full forenames

Permanent residential/business address

Postcode

Date of birth

Nationality

Country of permanent residence

Tax Identification Number eg National Insurance number

Are you a US Person?

Yes

No

Fourth

Trustee

Beneficiary

Title (Mr/Mrs/Miss/Other)

Surname

Full forenames

Permanent residential/business address

Postcode

Date of birth

Nationality

Country of permanent residence

Tax Identification Number eg National Insurance number

Are you a US Person?

Yes

No

2. Signing authority

Please stipulate the requisite signing authority:

Any one Any two Other Please specify _____

1. Name <input type="text"/>	Signature <input type="text"/>
2. Name <input type="text"/>	Signature <input type="text"/>
3. Name <input type="text"/>	Signature <input type="text"/>
4. Name <input type="text"/>	Signature <input type="text"/>

If you require more than four Authorised Signatories, please continue on a separate sheet of paper.

Where there is any change to the Authorised Signatories, please notify Walker Crips in writing giving the date of change at: Walker Crips Structured Investments, Old Change House, 128 Queen Victoria Street, London EC4V 4BJ.

Please note that we will be entitled to rely on the last list provided to us until we receive notification of an update.

3. Trust scheme bank details

Please provide details of the 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

Account name

Sort code -- Account number

Reference

4. Investment selection

Please confirm the Plan you wish to invest into.

- UK 95% Annual Kick-out Plan (MS193)
(Kick-out from Year 3 and 60% Barrier)
- UK 95% Annual Kick-out Plan (MS194)
(Kick-out from Year 3 and 65% Barrier)

8. 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 trust'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 7 and/or Section 9 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 5 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/our financial adviser.

Signed
Authorised
Signatory

Print name

Date

Signed
Authorised
Signatory

Print name

Date

Signed
Authorised
Signatory

Print name

Date

Signed
Authorised
Signatory

Print name

Date

Applications must be submitted via a financial adviser

9. 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;
- 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