

Application form for ISA Transfer Authority		
This application form is for investment into the following <b>Walker Crips</b> 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 Stocks & Shares and Cash ISA transfers is 27 December 2024.		
This application form can <b>not</b> be used to invest proceeds from a matured plan held with Walker Crips.		

## **Application sections**

#### Please ensure all of the following sections are fully completed

1 Personal details 6 Financial advice and adviser charging

2 Bank details 7 Applicant declaration

3 Investment selection 8 Financial adviser declaration

4 Investment details 9 Existing ISA transfer request

5 Personal financial circumstances

## 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 ir Structured Investments Plan please provide your account number:	n a Walker Crips
Account holder	
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 advice on any alternative options available to you.  Additional country(ies) of tax residency and Tax Identification Number(  Country  Country	
Yes No  Are you a US Person?  If yes, please note that this Plan is not offered to US Persons. Please spe to you.	ak to your financial adviser for advice on any alternative options available
2. Bank details	
during the investment term or following maturity:  Bank/Building Society name Sort code	ount into which you would like any payments to be made, either  Account name  Account number
Reference	

3. 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)		
4. Investment details		
Please indicate the type of ISA you are transferring	Cash ISA Stocks & Shares IS	A
i. Total amount being transferred in	£	
ii. Adviser charge deducted (if any)	f	
iii. I apply to transfer the following net investment amount	£	(min. £10,000)
Pension Inheritance Family trust Oth  Primary source of funds  Select the option that best describes where the funds you will trans  UK bank UK investment firm Trans  Overseas bank Overseas investment firm Interr  Other  Employment status		as)
Part time employment Unemployed Oth  Occupation details - required (previous details, if retired):	er	
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 execution only broker). If you do not have a financial intermediary	. an FCA regulated financial intermediary, investment manager or please contact us before submitting an application.		
I/we have <b>not</b> 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 ponote that the maximum charge we are able to facilitate is 4% of you	ay the amount detailed in section 4 to my/our financial adviser. Please our 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 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 we 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 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 myfinancial 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;	<ul> <li>I have not subscribed, and will not subscribe, to more than the overall ISA subscription limit total in the same tax year;</li> <li>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 &amp; 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;</li> <li>I understand that this ISA is subject to the terms and conditions within the brochure and agree thereto.</li> <li>I authorise WCIM as Plan Manager to:</li> <li>make on my behalf any claims to relief from tax in respect of ISA Investments;</li> <li>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.</li> <li>Adviser charges</li> <li>By signing this application, I confirm that:</li> <li>where I have requested Walker Crips to facilitate payment of my adviser charge as indicated in section 4 and pay the deducted amount to my financial adviser.</li> <li>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</li> <li>I understand that WCIM is simply facilitating adviser charges and any queries regarding these payments will need to be discussed with my financial adviser.</li> </ul>		
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 who made the decision to invest in this Pla	in:	
Account holder		
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     The Plan is compatible with the people characteristics and chiestives.		
<ul> <li>The Plan is compatible with the needs, characteristics and objectives</li> <li>I have provided the investor with the KID and Plan brochure;</li> </ul>	or trie investor,	
Where I have provided the investor with a personal recommendation investor's individual circumstances and investment objectives in acco		
Where the investor is making a non-advised investment, I confirm the investor's investment knowledge and experience in accordance with 0.	at I have assessed the appropriateness of this product in relation to the	
• 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		
	Contact number	
	FCA number	
Postcode	Email	



9. Existing ISA transfer request	
I apply to transfer the following amount to Walker Cri	ps Structured Investments
Please complete (a) or (b) as required.	Approx. value
(a) I wish to transfer my 2024/25 tax year ISA	f
(b) I wish to transfer ISA(s) from previous tax years	f
Total transfer value	f
The transfer to be in the form of cash. If you are transferring more than one ISA, this fo	rm can be copied.
ISA Holder	
Title (Mr/Mrs/Miss/Other)	Surname
Full forenames	
Permanent residential address	
	Postcode
Existing ISA Manager	
Plan Manager's name	
Plan Manager's address	
	Postcode
Telephone	Email address
Stocks & Shares ISA ref. number(s)	
Cash ISA ref. number(s) (to transfer to a Stocks & Shares accou	unt)
within the Plan to Walker Crips Investment Management Walker Crips Investment Management Limited with all su	proceeds in cash, together with any interest, dividends, rights and cash the Limited, an HMRC Approved Plan Manager, and I authorise you to provide such relevant information relating to my Plan(s) as may be required. If you planuary 2025 please cancel my request and reinstate my ISA.  Date
All correspondence should be sent to: Walker Crips Structundon, EC4V 4BJ.	ctured Investments, Old Change House, 128 Queen Victoria Street,

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.

The deadline for receiving the ISA transfer proceeds is on 10 January 2025.