

Application form for Stocks & Shares Junior ISA (JISA) investment This application form is for investment into the following **Walker Crips** plans: UK Step Down Kick-out Plan (CT123) (Kick-out from Year 2 and 65% Barrier) UK Annual Kick-out Plan (CT124) (Kick-out from Year 2 and 65% Barrier) The closing date for applications is 3 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 **HSBC Bank PLC** Bank 40-05-30 Sort code 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 Personal details Financial advice and adviser charging 2 Applicant declaration Investment selection Financial adviser declaration 3 Investment details Personal financial circumstances Contact For any queries please contact: Address for all correspondence: Website www.wcgplc.co.uk/wcsi Walker Crips Structured Investments Email wcsi@wcgplc.co.uk Old Change House Telephone 020 3100 8880 128 Oueen Victoria Street 020 3100 8822 Fax 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:		
Designational Contract (Devent (Consulting)		
Registered Contact (Parent/Guardian) Title (Mr/Mrs/Miss/Other)	Surname	
Full forenames	Juniane	
Applicant's address		
Applicant 3 dudiess	Doct code	
	Post code	
Date of birth	Telephone	
Nationality	Email address	
Country of birth	Place of birth	
Are you resident in the UK for tax purposes? If yes, please provide your National Insurance Number		
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 Step Down Kick-out Plan (CT123) (Kick-out from Year 2 and 65% Barrier)			
UK Annual Kick-out Plan (CT124) (Kick-out from Year 2 and 65% Barrier)			
3. Investment details			
New Investment			
2024/25 Stocks & Shares JISA Investment			
i. Total amount being sent (e.g. amount on cheque)	f		
ii. Adviser charge deducted (if any)	f		
iii. I apply to subscribe the following amount to a Stocks & Shares JISA Investment for the tax year 2024/25	f	(min. £5,000 max. £9,000)	
4. Personal financial circumstances - registered conto	ıct (parent/guardian)		
Primary source of wealth			
Employment Investment Savings Business ownership/sale Property ownership/sale Pension Inheritance Family trust Other			
Primary source of funds Select the option that best describes where the funds you will trans	fer 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			
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			

5. 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 p	an FCA regulated financial intermediary, investment manager or blease contact us before submitting an application.
I/we have not received financial advice and am making this investr	nent on an execution only basis
I/we have received advice from a financial adviser	
Firm name Advi	ser name
Have you paid the adviser charges?	
Yes, I/we have paid the adviser charges separately.	
	ry the amount detailed in section 3 to my/our financial adviser. Please ur 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	I authorise Walker Crips Investment Management Limited (WCIM):
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.	 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.
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.	• 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 declare that:	I authorise WCIM as Plan Manager to:
 I have received the KID and carefully read the Plan brochure and accept the Terms and Conditions under which the Plan will be managed; 	 hold the child's subscriptions, JISA investments, interest, dividends and any other rights or proceeds in respect of those investments and cash;
 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: 	• make on the child's behalf any claims to relief from tax in respect of JISA investments.
• I will inform Walker Crips immediately if I become a resident of the	Adviser charges By signing this application, I confirm that:
United States or a US Person;	where I have requested Walker Crips to facilitate payment of My
 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 	adviser charge to my financial adviser, I instruct you to deduct the adviser charge as indicated in section 3 and pay the deducted
the best of my knowledge and belief and the information provided	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
- I understand that WCIM is simply facilitating adviser charges and any queries regarding these payments will need to be discussed with my financial adviser.

• 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	any queries regarding these payments will need to be discussed with my financial adviser.
partnership with a UK Crown servant;	Registered Contact
• I have not subscribed and will not subscribe to another JISA of this type for this child;	Signature
• 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;	Date
• I understand that this JISA is subject to the terms and conditions within the brochure and agree thereto.	
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is true and complete;

• I am 18 years of age or over;

• I have parental/guardian responsibility for the child;

• I will be the registered contact for the JISA;

• I do / the child does not have a Child Trust Fund Account;



Applications must be submitted via a financial adviser

7. 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 I	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 di	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	s been designed?	
Yes No		
• If no, please outline your rationale for submitting an application on b	pehalf 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	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 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 		
• This application form has been completed to the best of my knowledge to the investor(s):	ge and belief and I have fully disclosed any adviser charge, if applicable,	
 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		
signed. I acknowledge that Walker Crips will rely upon this confirmation 2017 and that the IDVC and relevant supporting documents will be pro	for the purposes of Regulation 38 of The Money Laundering Regulations vided 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	

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