

## Application form for Junior ISA (JISA) Transfer Authority

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

- Japan Annual Kick-out Plan (HS532)  
(Kick-out from Year 1 and 50% Barrier)
- Japan Step Down Kick-out Plan (HS533)  
(Kick-out from Year 1 and 50% Barrier)

**The closing date for Stocks & Shares and Cash JISA transfers is 27 December 2024.**

This application form can **not** 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                 | 5 | Financial advice and adviser charging |
| 2 | Investment selection             | 6 | Applicant declaration                 |
| 3 | Investment details               | 7 | Financial adviser declaration         |
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### Contact

**For any queries please contact:**

Website      [www.wcgplc.co.uk/wcsi](http://www.wcgplc.co.uk/wcsi)  
Email         [wcsi@wcgplc.co.uk](mailto: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:

### Registered Contact (Parent/Guardian)

Are you resident in the UK for tax purposes?  Yes  No

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)

Are you a US Person?  Yes  No

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.

### Junior Individual Savings Account for (Child)

## 2. Investment selection

Please confirm the Plan you wish to invest into.

- Japan Annual Kick-out Plan (HS532)  
(Kick-out from Year 1 and 50% Barrier)
- Japan Step Down Kick-out Plan (HS533)  
(Kick-out from Year 1 and 50% Barrier)

## 3. Investment details

Please indicate the type of JISA you are transferring

Cash JISA     Stocks & Shares JISA

i. Total amount being transferred in

£

ii. Adviser charge deducted (if any)

£

iii. I apply to transfer the following net investment amount

£

(min. £5,000)

## 4. Personal financial circumstances - registered contact (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 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

- 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

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 3 to my/our financial adviser. Please note that the maximum charge we are able to facilitate is 4% of your 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 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 I 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 am 18 years of age or over;
- I have parental/guardian responsibility for the child;
- I do / the child does not have a Child Trust Fund Account;
- I will be the registered contact for the JISA;
- 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 partnership with a UK Crown servant;
- I have not subscribed and will not subscribe to another JISA of this type for this child;
- 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;
- I understand that this JISA is subject to the terms and conditions within the brochure and agree thereto.

### 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 my financial adviser, as detailed in Section 5 and/or Section 7 of this application form.

### I authorise WCIM as Plan Manager to:

- hold the child's subscriptions, JISA investments, interest, dividends and any other rights or proceeds in respect of those investments and cash;
- make on the child's behalf any claims to relief from tax in respect of JISA investments.

### Adviser charges

By signing this application, I confirm that:

- where I have requested Walker Crips to facilitate payment of My adviser charge to my financial adviser, I instruct you to deduct the adviser charge as indicated in section 3 and pay the deducted 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 any refund.
- I understand that WCIM is simply facilitating adviser charges and any queries regarding these payments will need to be discussed with my financial adviser.

### Registered Contact

Signature

Date

## 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 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 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;
- 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

## 8. Existing JISA transfer request

I apply to transfer the following amount to Walker Crips Structured Investments

Please complete (a) or (b) as required. Approx. value

(a) I wish to transfer my 2024/25 tax year JISA

£

(b) I wish to transfer JISA(s) from previous tax years

£

Total transfer value

£

**The transfer to be in the form of cash. If you are transferring more than one JISA, this form can be copied.**

### JISA Holder

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)

### Registered Contact (Parent/Guardian)

Title (Mr/Mrs/Miss/Other)

Surname

Full forenames

Applicant's address

Post code

Date of birth

### Existing JISA Manager

Plan Manager's name

Plan Manager's address

Postcode

Telephone

Email address

Stocks & Shares JISA ref. number(s)

Cash JISA ref. number(s) (to transfer to a Stocks & Shares account)

I hereby authorise you to sell the assets and to send the proceeds in cash, together with any interest, dividends, rights and cash within the Plan to Walker Crips Investment Management Limited, an HMRC Approved Plan Manager, and I authorise you to provide Walker Crips Investment Management Limited with all such relevant information relating to my Plan(s) as may be required. If you are not in a position to transfer my cash proceeds by **10 January 2025** please cancel my request and reinstate my JISA.

**Signature of  
Parent/Guardian**

**Date**

All correspondence should be sent to: Walker Crips Structured Investments, Old Change House, 128 Queen Victoria Street, London, EC4V 4BJ. The deadline for receiving the JISA transfer proceeds is on **10 January 2025**.

**Old Change House, 128 Queen Victoria Street, London EC4V 4BJ | 020 3100 8880 | wcsi@wgcplc.co.uk | walkercrips.co.uk/wcsi**  
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