

Application form for Junior ISA (JISA) Transfer Authority This application form is for investment into the following Walker Crips plan: UK & Europe Annual Kick-out Plan (CA103) The closing date for Stocks & Shares and JISA transfer applications 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

- Personal details
- 2 Investment details
- 3 Personal financial circumstances registered contact (parent/guardian)
- 4 Financial advice and adviser charging
- 5 Applicant declaration
- 6 Financial adviser declaration
- 7 Existing JISA transfer request

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 in a Walker Crips Structured Investments Plan please provide your account number:				
Registered Contact (Parent/Guardian)				
Title (Mr/Mrs/Miss/Other)	Surname			
Full forenames				
Applicant's address				
	Post code			
Date of birth	Telephone			
Nationality	Email address			
Country of birth	Place of birth			
advice on any alternative options available to you. Additional country(ies) of tax residency and Tax Identification Number(Country Country	n the UK for tax purposes only. Please speak to your financial adviser for (s) (if applicable) TIN TIN			
Yes No Are you a US Person? If yes, please note that this Plan is not offered to US Persons. Please speto you.	eak to your financial adviser for advice on any alternative options available			
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 details					
Please indicate the type of JISA you are transferring	Cash JISA Stocks & S	shares JISA			
i. Total amount being transferred in	f				
ii. Adviser charge deducted (if any)	f				
iii. I apply to transfer the following net investment amount	f	(min. £5,000)			
3. Personal financial circumstances - registered cont	act (parent/guardian)				
Primary source of wealth Employment					
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					
4. Financial advice and adviser charging					
Firm name Adviser n	ame				
Hαve 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 f	financial adviser. Please note			
that the maximum charge we are able to facilitate is 4% of your total inv	estment.				

5. 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:
- \bullet 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;
- ullet 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 4 and/or Section 6 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 2 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			

Applications must be submitted via a financial adviser

6. 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)	Other (e.g. Power of Attorney)				
If you ticked other please provide the following details:					
Full Name (Forename(s) and Surname)	ull 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 d	listribution 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 needs, characteristics and objectives The Plan is compatible with the needs, characteristics and objectives. The Plan is compatible with the NATA and Plan beauty and plan is a second of the needs of t	s 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 9A; 					
 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 Joint Money Laundering Steering Group (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 to fulfil its obligations under 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					
	Contact number				
	FCA number				
Postcode	Email				

7. = X. 5 c					
I apply to transfer the fo	ollowing amount to Walker Crip	s Structur	red Inve	stments	
Please co	omplete (a) or (b) as required.	Approx. v	value		
(a) I wish to transf	er my 2024/25 tax year JISA	f		The transfer to be in the form of cash. If	
(b) I wish to transfer JIS	SA(s) from previous tax years	£		you are transferring more than one JISA, this form can be copied.	
	Total transfer value	£		31371, tills form can be copied.	
JISA Holder					
Title (Master/Miss/Other)			Surnam	e	
Full forenames					
Child's Address (if different	from above)				
Postcode			Date of	birth	
Child's National Insurance N	Number (if available)				
Registered Contact (Pa	rent/Guardian)				
Title (Mr/Mrs/Miss/Other)			Surnam	e	
Full forenames					
Applicant's address					
			Post co	de	
Date of birth					
Existing JISA Manager					
Plan Manager's name					
Plan Manager's address					
			Postcoo	le	
Telephone		E	mail addr	ess	
Stocks & Shares JISA ref. nu	mber(s)				
	transfer to a Stocks & Shares accou	unt)			
I hereby authorise you to s within the Plan to Walker (Walker Crips Investment N	sell the assets and to send the p Crips Investment Management l Management Limited with all suc	roceeds in Limited, ar ch relevan	n HMRC t inform	gether with any interest, dividends, rights and cash Approved Plan Manager, and I authorise you to provide ation relating to my Plan(s) as may be required. If you se cancel my request and reinstate my JISA.	
Signature of Parent/Guardian			Da	te	

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@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 and Wales number 4774117.

7. Existing 1ISA transfer request