Application form for ISA Transfer Authority

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

UK Step Down Kick-out Plan (CT126) (Kick-out from Year 2 and 65% Barrier)

UK Annual Kick-out Plan (CT127) (Kick-out from Year 2 and 65% Barrier)

The closing date for Stocks & Shares and Cash ISA transfers is 31 January 2025.

This application form can **not** be used to invest proceeds from a matured plan held with Walker Crips.

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Application sections

Please ensure all of the following sections are fully completed

Personal details 1 Bank details

7 Applicant declaration

Financial advice and adviser charging

Financial adviser declaration

Existing ISA transfer request

- 3 Investment selection
- Investment details 4
- 5 Personal financial circumstances

Contact

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For any queries please contact:

Website Email Telephone Fax

www.wcgplc.co.uk/wcsi wcsi@wcgplc.co.uk 020 3100 8880 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:

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?			
Are you a US Person?			
 2. Bank details Please provide the details of your 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 Sort code	Account name Account number		

3. Investment selection				
Please confirm the Plan you wish to invest into.				
UK Step Down Kick-out Plan (CT126) (Kick-out from Year 2 and 65% Barrier)				
UK Annual Kick-out Plan (CT127) (Kick-out from Year 2 and 65% Barrier)				
4. Investment details				
Please indicate the type of ISA you are transferring	Cash ISA Stocks & Shares ISA	A		
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. £10,000)		
5. Personal financial circumstances				
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				

6.	Financial	advice	and	adviser	charging
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All applications must be submitted via a financial intermediary (e.g. an FCA regulated financial intermediary, investment manager or execution only broker). If you do not have a financial intermediary please contact us before submitting an application.

I/we have **not** received financial advice and am making this investment on an execution only basis

I/we have received	advice f	from a	financial	adviser
1/we have received	i uuvice i	ioniu	munciui	uuvisei

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 4 to my/our financial adviser. Please note that the maximum charge we are able to facilitate is 4% of your 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;

Account holder

Signature

• I have not subscribed, and will not subscribe, to more than the overall ISA subscription limit total in the same tax year;

• 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 & 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;

• I understand that this ISA is subject to the terms and conditions within the brochure and agree thereto.

I authorise WCIM as Plan Manager to:

• make on my behalf any claims to relief from tax in respect of ISA Investments;

• 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.

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 4 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.

Date

Applications mast be submitted via a minimized 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 Plan:			
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 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 ha	s been designed?		
Yes No			
If no, please outline your rationale for submitting an application on l	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 is 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;			
• 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			
	Contact number		
	FCA number		
Postcode	Email		

9. Existing ISA transfer	request
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I apply to transfer the following amount to Walker Crip	os 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 form 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 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 **14 February 2025** please cancel my request and reinstate my ISA.

Signature

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 ISA transfer proceeds is on 14 February 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 number 4774117.