

## Application form for Direct investment and/or Stocks & Shares ISA investment This application form is for investment into the following **Walker Crips** plan: UK Fixed Income Plan (CT128) The closing date for applications is 21 March 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 Bank **HSBC Bank PLC** 40-05-30 Sort code Account Number 40025232 Please quote your surname and/or Walker Crips account number (if known) Reference 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 Bank details Applicant declaration Investment details Financial adviser declaration Personal financial circumstances Addendum Contact For any queries please contact: Address for all correspondence: Website www.wcqplc.co.uk/wcsi Walker Crips Structured Investments Email wcsi@wcqplc.co.uk 128 Oueen Victoria Street Telephone 020 3100 8880 London 020 3100 8822 EC4V 4BJ Fax

| 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:                                                 |                                                                          |  |
| First applicant                                                                                                                                                                                           |                                                                          |  |
| 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.                                                                          | the UK for tax purposes only. Please speak to your financial adviser for |  |
| Additional country(ies) of tax residency and Tax Identification Number(s                                                                                                                                  | s) (if applicable)                                                       |  |
| Country                                                                                                                                                                                                   | TIN                                                                      |  |
| Country                                                                                                                                                                                                   | TIN                                                                      |  |
| Yes No Are you a US Person?  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.                                                                                                                                                                                                   |                                                                          |  |
| Joint applicant (for direct investments ONLY)                                                                                                                                                             |                                                                          |  |
| Title (Mr/Mrs/Miss/Other)                                                                                                                                                                                 | Surname                                                                  |  |
| Full forenames                                                                                                                                                                                            |                                                                          |  |
| Nationality                                                                                                                                                                                               | Date of birth                                                            |  |
| 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 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)                                                                                                                 |                                                                          |  |
| Country                                                                                                                                                                                                   | TIN                                                                      |  |
| Country                                                                                                                                                                                                   | TIN                                                                      |  |
| Yes No                                                                                                                                                                                                    |                                                                          |  |
| Are you α US Person?                                                                                                                                                                                      |                                                                          |  |
| 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                                                   |                                                                          |  |

| 2. Bank details                                                                                                                                                                                                                                                              |                                            |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------|
| Please provide the details of your bank/building society account that you would like any payments to be made into, either during the investment term or following maturity.                                                                                                  |                                            |                                |
| Please indicate how you would prefer your income to be distribut                                                                                                                                                                                                             | ted:                                       |                                |
| Retain the income in my/our Walker Crips Account Po                                                                                                                                                                                                                          | ay the income into the bank account as def | tailed below                   |
| Bank/Building Accou                                                                                                                                                                                                                                                          | unt name                                   |                                |
|                                                                                                                                                                                                                                                                              | unt number                                 |                                |
| Reference                                                                                                                                                                                                                                                                    |                                            |                                |
|                                                                                                                                                                                                                                                                              |                                            |                                |
|                                                                                                                                                                                                                                                                              |                                            |                                |
| 3. Investment details                                                                                                                                                                                                                                                        |                                            |                                |
| New Investment                                                                                                                                                                                                                                                               |                                            |                                |
| Direct Investment i. Total amount being sent (e.g. amount on cheque)                                                                                                                                                                                                         |                                            |                                |
| i. Total amount being sent (e.g. amount on cheque)                                                                                                                                                                                                                           | f                                          |                                |
| ii. Adviser charge deducted (if any)                                                                                                                                                                                                                                         | f                                          |                                |
| iii. I/We apply to subscribe the following net investment amount                                                                                                                                                                                                             | f                                          | (min. £10,000)                 |
| 2024/25 Stocks & Shαres ISA Investment                                                                                                                                                                                                                                       |                                            | ٦                              |
| 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 ISA Investment for the tax year 2024/25                                                                                                                                                                  | £                                          | (min. £10,000<br>max. £20,000) |
| Investment using Maturity Proceeds                                                                                                                                                                                                                                           |                                            |                                |
| Matured Plan name                                                                                                                                                                                                                                                            |                                            |                                |
| Is the matured Plan a Direct or Stocks & Shares ISA                                                                                                                                                                                                                          |                                            | _                              |
| i. Total amount of my/our maturity proceeds Full amount                                                                                                                                                                                                                      | (Please tick)                              |                                |
| Partial amount                                                                                                                                                                                                                                                               | f                                          |                                |
| ii. Adviser charge deducted (if any)                                                                                                                                                                                                                                         | f                                          |                                |
| iii. I/We apply to subscribe the following net investment amount                                                                                                                                                                                                             | f                                          | (min. £10,000)                 |
| If you wish to fund your 2024/25 Stocks & Shares ISA subscription with proceeds from a matured (non ISA) plan, please tick this box and complete your subscription by indicating the amount in the section above: 'New Investment - 2024/25 Stocks & Shares ISA Investment'. |                                            |                                |

| 4. Personal financial circumstances                                                                                      |                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| First applicant                                                                                                          | Joint applicant                                                                                                          |
| Primary source of wealth                                                                                                 | Primary source of wealth                                                                                                 |
| Employment Investment Savings  Pension Inheritance Family trust  Business ownership/sale Property ownership/sale  Other: | Employment Investment Savings  Pension Inheritance Family trust  Business ownership/sale Property ownership/sale  Other: |
| Primary source of funds                                                                                                  | Primary source of funds                                                                                                  |
| Select the option that best describes where the funds you will transfer to Walker Crips originate from                   | Select the option that best describes where the funds you will transfer to Walker Crips originate from                   |
| UK bank Transfer from an unregulated firm (UK or overseas)                                                               | UK bank Transfer from an unregulated firm (UK or overseas)                                                               |
| Overseas investment firm Internal transfer from existing Walker Crips account                                            | Overseas investment firm Internal transfer from existing Walker Crips account                                            |
| Other:                                                                                                                   | Other:                                                                                                                   |
| Employment status                                                                                                        | Employment status                                                                                                        |
| Full time employment Part time employment  Self employed Unemployed  Homemaker Retired  Other:                           | Full time employment Part time employment  Self employed Unemployed  Homemaker Retired  Other:                           |
| Occupation details - required (previous details, if retired):                                                            | Occupation details - required (previous details, if retired):                                                            |
| Occupation/Job title                                                                                                     | Occupation/Job title                                                                                                     |
| Employer's name (if applicable)                                                                                          | Employer's name (if applicable)                                                                                          |
| Nature of Business                                                                                                       | Nature of Business                                                                                                       |
| Date of joining current employment DD MM YY                                                                              | 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. 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 <b>not</b> received financial advice and am making this investr                                                                                                                                                                                  | ment on an execution only basis                                                                                                                                                                                                                                                      |  |
| I/we have received advice from a financial adviser                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                      |  |
| Firm name Advi                                                                                                                                                                                                                                               | iser 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                                                                                                                             | <ul> <li>I have not subscribed, and will not subscribe, to more than the<br/>overall ISA subscription limit total in the same tax year;</li> </ul>                                                                                                                                   |  |
| 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.                                                                    | <ul> <li>I am resident in the United Kingdom for tax purposes or, if not so<br/>resident, either perform duties which, by virtue of Section 28 of The<br/>Income Tax (Earnings &amp; Pensions) Act 2003 (Crown employees</li> </ul>                                                  |  |
| 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.                                                                                               | 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                                                                               |  |
| I/We declare that:                                                                                                                                                                                                                                           | resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties;                                                                                                                                                              |  |
| <ul> <li>I/We have received the KID and carefully read the Plan brochure<br/>and accept the Terms and Conditions under which the Plan will be<br/>managed;</li> </ul>                                                                                        | <ul> <li>I understand that this ISA is subject to the terms and conditions<br/>within the brochure and agree thereto.</li> </ul>                                                                                                                                                     |  |
| • I/We are not, and am/are not acting on behalf of a resident of the                                                                                                                                                                                         | I authorise WCIM as ISA Manager to:                                                                                                                                                                                                                                                  |  |
| United States or a US Person(s) and we will not assist any such person to acquire investment within the Plan;                                                                                                                                                | <ul> <li>make on my behalf any claims to relief from tax in respect of ISA<br/>Investments;</li> </ul>                                                                                                                                                                               |  |
| <ul> <li>I/We will inform Walker Crips immediately if I/we become a<br/>resident of the United States or a US Person;</li> </ul>                                                                                                                             | <ul> <li>to hold, or on my written request, transfer or pay to me, as the<br/>case may be, my cash subscriptions, ISA investments, interest,</li> </ul>                                                                                                                              |  |
| • I/We agree to inform Walker Crips immediately should there be                                                                                                                                                                                              | dividends, rights or other proceeds in respect of such investments or any cash.                                                                                                                                                                                                      |  |
| <ul><li>any change in my/our residence for tax purposes;</li><li>the application form and this declaration have been completed</li></ul>                                                                                                                     | Adviser charges                                                                                                                                                                                                                                                                      |  |
| to the best of my/our knowledge and belief and the information                                                                                                                                                                                               | By signing this application, I/we confirm that:                                                                                                                                                                                                                                      |  |
| provided is true and complete.  I/We authorise Walker Crips Investment Management Limited (WCIM):                                                                                                                                                            | <ul> <li>where I/we have requested Walker Crips to facilitate payment of<br/>my/our adviser charge to my/our financial adviser, I/we instruct you<br/>to deduct the adviser charge as indicated in section 3 and pay the<br/>deducted amount to my/our financial adviser.</li> </ul> |  |
| <ul> <li>to purchase, hold and administer the Plan on my/our behalf and<br/>in accordance with the Terms and Conditions of the Plan as set out</li> </ul>                                                                                                    | • my/our adviser has fully explained their charges to me/us and I/                                                                                                                                                                                                                   |  |
| <ul> <li>in the Plan brochure;</li> <li>to accept instructions from and release any information in relation to my/our investment in the Plan to my/our financial adviser,</li> </ul>                                                                         | we understand that, should I/we exercise my/our cancellation rights after the adviser charge has been paid, WCIM will not return any adviser charges to me/us. I/We will need to contact my/our financial                                                                            |  |
| as detailed in Section 5 and/or Section 7 of this application form.                                                                                                                                                                                          | adviser regarding any refund                                                                                                                                                                                                                                                         |  |
| <ul> <li>If I have subscribed to an ISA I confirm that:</li> <li>I am 18 years of age or over. All subscriptions made, and to be made, belong to me;</li> </ul>                                                                                              | <ul> <li>I/we understand that WCIM is simply facilitating adviser charges<br/>and any queries regarding these payments will need to be discussed<br/>with my financial adviser.</li> </ul>                                                                                           |  |
| First applicant                                                                                                                                                                                                                                              | Joint applicant                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                      |  |
| Signature                                                                                                                                                                                                                                                    | Signature                                                                                                                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                      |  |
| Date                                                                                                                                                                                                                                                         | Date                                                                                                                                                                                                                                                                                 |  |
| _                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                      |  |



## 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 F                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Plan:                                                                                                  |  |
| First applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Joint applicant                                                                                        |  |
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                        |  |
| Towart Market                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |  |
| Target Market  Under Product Governance rules we are required to provide particular dis                                                                                                                                                                                                                                                                                                                                                                                                                                                         | stribution information to the Issuer                                                                   |  |
| Please confirm the following in meeting distributor obligations:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Stribution information to the Issuel.                                                                  |  |
| Does the investor fall within the Target Market for which the Plan has                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | been designed?                                                                                         |  |
| Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | s been designed:                                                                                       |  |
| If no, please outline your rationale for submitting an application on by                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | pohalf of an investor falling outside the Target Market                                                |  |
| If no, pieuse outline your rationale for submitting an application on t                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | perior of artifivestor railing outside the raiget 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 of                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 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;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                        |  |
| <ul> <li>Where I have provided the investor with a personal recommendation,<br/>investor's individual circumstances and investment objectives in accordance.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        |  |
| <ul> <li>Where the investor is making a non-advised investment, I confirm the<br/>investor's investment knowledge and experience in accordance with C</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                | at I have assessed the appropriateness of this product in relation to the 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 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                                                                                                  |  |

# Advance Notice that Walker Crips Investment Management (Walker Crips) selects BNY Pershing to provide Custody Services

Following a review of the services we offer to our clients, we are pleased to provide advance notice that we are enhancing the custody arrangements through which your cash and assets are safeguarded and administered. This addendum describes the changes, explains why we are making them, and informs how they will affect you.

#### Selection of new Custody Provider

As part of the Walker Crips service, clients' cash and investments that are managed or administered by Walker Crips are held safely by approved banks and custodians. We currently hold custody of cash and investments directly through WB Nominees Limited (WBNL), a Walker Crips company, and hold client money in client money bank accounts with approved credit institutions or banks.

After conducting a strategic review, we concluded that our clients would benefit from having their cash and investments being safeguarded by an internationally recognised custodian, and that our clients and the firm can benefit from the stability, efficiency and scalability that it brings.

After a thorough due diligence process, we have selected **Pershing Securities Limited** (known as BNY Pershing) to replace WBNL as the new custodian for our services. As custodian, BNY Pershing will also become the Individual Savings Account (ISA) and Junior ISA Manager for Walker Crips accounts.

Pershing Securities Limited's parent company, The Bank of New York Mellon Corporation (BNY), is one of the world's largest providers of custody services. BNY has been operating for over 230 years, and BNY Pershing has been operating for 80 years in the US and over 35 years in Europe, the Middle East and Africa. BNY Pershing's systems are robust, they have strong regulatory compliance expertise and they currently serve more than 50 wealth management companies in the UK and Ireland. By partnering with BNY Pershing, we are ensuring that your cash and investments are held safely by one of the world's most reputable custodians.

#### Transfer of client money

If you have any client money holdings on the transfer date relating to past or present activity on your account, we will transfer the relevant balances we hold to BNY Pershing. When your client money is transferred to BNY Pershing, it will be held by BNY Pershing for you as client money in a client money account and, upon such transfer, our fiduciary duty to protect your client money will be discharged.

# The amounts transferred will be held by BNY Pershing under Financial Conduct Authority (FCA) client money rules and will continue to be protected and segregated as client money.

Shortly after the transfer date, we will send you a letter showing any client money balances we held for you that have been transferred to BNY Pershing.

BNY Pershing is also covered by the Financial Services Compensation Scheme (FSCS). Compensation may be available from the FSCS if BNY Pershing cannot meet its obligation to you. Your possible entitlement to compensation will depend upon the type of business and the circumstances of the claim. Further information about compensation arrangements is available from the FSCS, www.fscs.org.uk

#### How will the transfer affect me?

You will notice very little difference in the service you receive from us day to day whether BNY Pershing or Walker Crips is the custodian.

The service which we provide to you will continue to be provided by Walker Crips Structured Investments and will not change as a result of our appointment of BNY Pershing as custodian.

This means the level of service you receive from Walker Crips Structured Investments will remain the same.

We will handle the transition to BNY Pershing and you can rest assured that custody of your assets will remain safe and secure.

# ISA/JISA Accounts and BNY Pershing becoming the ISA/JISA Manager

The ISA/JISA Manager is the firm that is approved by HMRC to manage ISA/JISA accounts in accordance with the relevant ISA/JISA Regulations.

It is our intention to transfer the role of ISA/JISA Manager to BNY Pershing. The individual service which we provide to you will continue to be provided by Walker Crips and will not change as a result of our appointment of BNY Pershing as ISA Manager.

On the transfer date, where you hold an ISA/JISA with us, we will transfer your ISA/JISA to BNY Pershing as part of our migration to BNY Pershing.

### When will this transfer to BNY Pershing take place?

Our target transfer date is the weekend of 28 June 2025.

#### Changes to our Terms and Privacy Notice

As a result of the change in custodian, we have updated our Terms, which can be viewed at www.walkercrips.co.uk/businesstc. The most significant change relates to the introduction of BNY Pershing's role as custodian. As part of this change, you will now enter into a custody contract with BNY Pershing directly (which you authorise us to arrange on your behalf). To take these changes into account, we have deleted the previous "Appendix – Custody of Assets" of our current Terms which explained how we provide our custody and administration services. We have included BNY Pershing's Terms as Appendix 7 in our updated Terms, as effective from 28 June 2025.

We have also taken this opportunity to review and update our Terms. With the exception of the custody related changes, most other changes are stylistic and are intended to make the Terms clearer and easier to understand. However, we note:

- We have updated the wording explaining our investment services and how we provide them to you. This does not change what we do day to day but provides you with more information.
- We have explained that part of our services include arranging the custodian and that we have your permission to change the custodian from time to time.
- We have also updated our Privacy Notice, which can be viewed at www.walkercrips.co.uk/privacynotice. The main changes to this are to help set out how we use your personal data and your relevant rights.

We ask that you read these new Terms carefully. If you have any questions about the appointment of BNY Pershing as custodian, please contact a member of the Walker Crips Structured Investments Client Services team at wcsi@wcgplc.co.uk

### 8. Addendum (continued)

#### Declaration

This Application Form (including this Addendum) and our Terms of Service and Business, which taken together, set out the basis of your relationship with Walker Crips. We intend to rely on these documents and for your own benefit and protection, you should read these documents carefully before signing the Application Form. If you do not understand any item therein, please feel free to contact us for further details.

The Terms of Service and Business can be viewed at www.walkercrips.co.uk/businesstc. If you require a printed copy of the Terms of Service and Business, please contact wcsi@wcgplc.co.uk or 020 3100 8880.

- I/we confirm that I/we have read and accept both of Walker Crips' **Current** and **New** (effective 28/06/2025) Terms of Service and Business and Tariff Sheet and consent to the Order Execution Policy incorporated therein.
- I/we confirm that I/we understand and agree to the information in this Addendum and authorise Walker Crips to transfer my client money holdings and investments to Pershing Securities Limited (BNY Pershing) on the transfer date (which is expected to be 28 June 2025).

| First applicant | Joint applicant |
|-----------------|-----------------|
| Signature       | Signature       |
| Date            | Date            |

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.