

Application sections

Please ensure all of the following sections are fully completed

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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
128 Queen Victoria Street

London EC4V 4BJ

1. Personal details		
If you are already a client of Walker Crips or have previously invested in Structured Investments Plan please provide your account number:	a Walker Crips	
Account holder		
Title (Mr/Mrs/Miss/Other)	Surname	
Full forenames		
Permanent residential address		
	Post code	
Date of birth	Telephone	
Country of birth	Email address	
Nationality	Place of birth	
Dual Nationality (if applicable)		
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	s) (if applicable)	
Country Country	TIN TIN	
Yes No Are you a US Person? If yes, please note that this Plan is not offered to US Persons. Please specto you.	ak to your financial adviser for advice on any alternative options available	
As defined by the UK Market Abuse Regulation is the first applicant considered a person discharging managerial responsibilities (PDMR)*, or a person closely associated (PCA) with a PDMR? Yes No		
If yes please provide details along with the stock symbol/ticker for the	company in question:	
*Person Discharging Managerial Responsibilities (PDMR): A person disch potentially price sensitive 'inside' information in relation to the compan likely to hold senior managerial roles, for example, at Director or Board I member, business partner or another known association.	y they work for, which is also typically a public listed company, and are	
2. Bank details		
Please provide the details of your bank/building society according the investment term or following maturity:	ount into which you would like any payments to be made, either	
Bank/Building Society name	Account name	
Sort code	Account number	

3. Investment selection			
Please confirm the Plan you wish to invest into.			
UK Annual Kick-out Plan (CT136)			
UK Step Down Kick-out Plan (CT137)			
4. Investment details			
Please indicate the type of ISA you are transferring	Cash ISA Stocks & Shares ISA		
i. Total amount being transferred in	£		
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 (tick all that apply)			
Employment Investment Savings Business ownership/sale Property ownership/sale Pension Inheritance Family trust Divorce Gift Other			
Primary source of funds			
Select the option that best describes where the funds you will transfer to Walker Crips originate from			
UK bank UK investment firm Transfer from an unregulated firm (UK or overseas) Overseas bank Overseas investment firm Internal transfer from existing Walker Crips account			
Other			
Employment status			
Full time employment Self employed Homemaker Retired Part time employment Unemployed Other			
Occupation details - required (previous details, if retired):			
Occupation/job title			
Employer's name (if applicable)			
Nature of business			
Date of joining current employment DD MM YY			

6. Financial advice and adviser charging				
All applications must be submitted via a financial intermedia execution only broker). If you do not have a financial intermediate the contract of the contract	ary (e.g. an FCA regulated financial intermediary, investment manager or ediary 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 from a financial adviser				
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 applicate form please ensure that you have been provided with the Information Document (KID) and have read the Plan broch	Key (WCIM): ure, to purchase hold and administer the Plan on my behalf and in			
including the risks associated with investment in the Plan and Terms and Conditions under which the Plan will be managed.	the accordance with the Terms and Conditions of the Plan as set out in the Plan brochure;			
If you require further information or if there is anything you do understand, please speak to your financial adviser before sign this application form.	relation to my investment in the Plan to myfinancial adviser, as detailed in Section 6 and/or Section 8 of this application form.			
I authorise Pershing Securities Limited, the ISA Manager transfer my ISA and I declare that:	Tudenonise reisining securities immedi			
• all subscriptions made and to be made, belong to me;	 to hold my cash subscriptions, ISA investments, interest, dividends and any other rights or proceeds in respect of these investments 			
I am 18 years of age or over;I have not subscribed and will not subscribe more than the over				
ISA subscription limit total in the same tax year;these transfer instructions also constitute an application	ISA investments; to I understand that Pershing Securities Limited will notify me if by			
subscribe to a Pershing Stocks and Share ISA for the current year, and for each subsequent tax year, unless I notify	tax reason of failing to meet the provisions of the ISA rules my account			
otherwise; I am resident and ordinarily resident in the UK for tax purpo	I will inform Pershing Securities Limited of any change of circumstances			
or if not so resident, either perform duties which, by virtue	e of Adviser charges			
Section 28 of the Income Tax (Earnings & Pensions) Act 20 (Crown employees serving overseas), are treated as be				
performed in the United Kingdom, or I am married to or in a partnership with a person who performs such duties. I will info Pershing Securities Limited if I cease to be resident and ording resident or to perform such duties or to be married to a per	 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 			
who performs such duties or in a civil partnership with a per				
 who performs such duties; the application form and this declaration have been completo the best of my knowledge and belief and the informal provided is true and complete; 				
• I understand that this ISA is subject to the terms and conditi within the brochure and agree thereto.	 I understand that WCIM is simply facilitating adviser charges and any queries regarding these payments will need to be discussed with my financial adviser. 			
Account holder				
Signature	Date			
Signature				

Applications must be submitted via a financial 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 Pla	an:
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)	Dual Nationality (if applicable)
Target Market	
Under Product Governance rules we are required to provide particular d	istribution 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	behalf of an investor falling outside the Target Market
It is important to recognise and support vulnerable clients. If you know our records.	v 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:	
$\bullet\ \ \ I$ acknowledge and understand the target market for whom the Plan	-
The Plan is compatible with the needs, characteristics and objectives	of the investor;
I have provided the investor with the KID and Plan brochure; Micros I have provided the investor with the KID and Plan brochure; Micros I have provided the investor with the KID and Plan brochure;	The constant of the state of the conduct of the con
 Where I have provided the investor with a personal recommendation investor's individual circumstances and investment objectives in according 	ordance with COBS 9A;
 Where the investor is making a non-advised investment, I confirm th investor's investment knowledge and experience in accordance with 	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 knowled to the investor(s);	lge and belief and I have fully disclosed any adviser charge, if applicable,
• I understand that any adviser charge facilitated by Walker Crips will be Terms of Business agreement being in place;	be paid after the start date of the Plan, subject to a fully completed
or exceeds the standards set out in the Joint Money Laundering Steer requiring a signature have been signed. I acknowledge that Walker Ci	documentary evidence for all parties relevant to this application that meets ring Group (JMLSG) guidance. I have seen all original documents and those rips will rely upon this confirmation to fulfil its obligations under the Money tuments 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	
I apply to transfer the following amount to Walker Crip	rips Structured Investments
Please complete (a) or (b) as required.	Approx. value
(a) I wish to transfer my 2025/26 tax year ISA	f
(b) I wish to transfer ISA(s) from previous tax years	f
Total transfer value	£
The transfer to be in the form of cash. If you are transferring more than one ISA, this for	orm 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 accou	punt)
within the Plan to Walker Crips Investment Management Walker Crips Investment Management Limited with all su	proceeds in cash, together with any interest, dividends, rights and cash it Limited, an HMRC Approved ISA Manager, and I authorise you to provide uch relevant information relating to my Plan(s) as may be required. If you August 2025 please cancel my request and reinstate my ISA.
Jignature	Date
All correspondence should be sent to: Walker Crips Struc	uctured Investments, 128 Queen Victoria Street, London, EC4V 4BJ.

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The deadline for receiving the ISA transfer proceeds is on 15 August 2025.

Walker Crips Structured Investments is a trading name of Walker Crips Investment Management Limited which is authorised and regulated by the Financial Conduct Authority (FRN: 226344) and is a member of the London Stock Exchange. Registered in England and Wales number 4774117.