WALKERCRIPS
Structured Investments

Application form for Junior ISA (JISA) Transfer Authority

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

- ☐ Europe Annual Kick-out Plan (HS773)
- ☐ Europe Defensive Step Down Kick-out Plan (HS775)
- ☐ Europe Step Down Kick-out Plan (HS774)

The closing date for Stocks & Shares and Cash JISA transfers is 20 November 2026.

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

Application sections

Please ensure all of the following sections are fully completed

1 Personal details
2 Investment selection
3 Investment details
4 Personal financial circumstances
5 Financial advice and adviser charging
6 Applicant declaration
7 Financial adviser declaration
8 Existing JISA transfer request

Contact

For any queries please contact:

Website www.wcgplc.co.uk/wcsi
Email wcsi@wcgplc.co.uk
Telephone 020 3100 8880

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 a Walker Crips Structured Investments Plan please provide your account number:

Registered Contact (Parent/Guardian)

Title (Mr/Mrs/Miss/Other)

Surname

Full forenames

Applicant's address

Post code

Date of birth

Telephone

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) (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.

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 discharging managerial responsibilities (PDMR) will typically be privy to potentially price sensitive 'inside' information in relation to the company they work for, which is also typically a public listed company, and are likely to hold senior managerial roles, for example, at Director or Board level. A person closely associated (PCA) with a PDMR is a spouse, family member, business partner or another known association.

Junior Individual Savings Account for (Child)

Title (Master/Miss/Other)	Surname
Full forenames	
Child's Address (if different from above)	
Postcode	Date of birth
Child's National Insurance Number (if available) ☐☐☐☐☐☐☐☐☐	

2. Investment selection

Please confirm the Plan you wish to invest into.

☐ Europe Annual Kick-out Plan (HS773)

☐ Europe Defensive Step Down Kick-out Plan (HS775)

☐ Europe Step Down Kick-out Plan (HS774)

3. Investment details

Please indicate the type of JISA you are transferring	☐ **Cash JISA** ☐ **Stocks & Shares JISA**	
i. Total amount being transferred in	£	
ii. Adviser charge deducted (if any)	£	
iii. I apply to transfer the following net investment amount	£	(min. £5,000)

4. Personal financial circumstances - registered contact (parent/guardian)

Primary source of wealth (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

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

6. Applicant declaration

For your own benefit and protection, before signing this application form please ensure that you have been provided with the Key Information Document (KID) and have read the Plan brochure, including the risks associated with investment in the Plan and the Terms and Conditions under which the Plan will be managed.

If you require further information or if there is anything you do not understand, please speak to your financial adviser before signing this application form.

I authorise Pershing Securities Limited, the ISA manager, to transfer my Junior ISA(s)

I declare that:

- I am 16 years of age or over;
- I am the child/I have parental responsibility for that child (delete which does not apply);
- 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 will be the registered contact for the JISA.

I authorise Pershing Securities Limited:

- to hold the child's subscriptions, JISA investments, interest, dividends and any other rights or proceeds in respect of those investments and cash;
- to make on the child's behalf any claims to relief from tax in respect of JISA investments;
- I confirm that to the best of my belief the information in this form is true;
- I understand that this JISA is subject to the terms and conditions within the brochure and agree thereto.

I authorise Walker Crips Investment Management Limited (WCIM):

- to purchase, hold and administer the Plan on my behalf and in accordance with the Terms and Conditions of the Plan as set out in the Plan brochure;
- to accept instructions from and release any information in relation to my investment in the Plan to my financial adviser, as detailed in Section 5 and/or Section 7 of this application form.

I authorise Pershing Securities Limited:

- to hold the child's subscriptions, JISA investments, interest, dividends and any other rights or proceeds in respect of those investments and cash, and to make on the child's behalf any claims to relief from tax in respect of JISA investments;
- I confirm that to the best of my belief the information in this form is true.

Adviser charges

By signing this application, I confirm that:

- where I have requested Walker Crips to facilitate payment of My adviser charge to my financial adviser, I instruct you to deduct the adviser charge as indicated in section 3 and pay the deducted amount to my financial adviser;
- my adviser has fully explained their charges to me and I understand that, should I exercise my cancellation rights after the adviser charge has been paid, WCIM will not return any adviser charges to me. I will need to contact my financial adviser regarding any refund;
- I understand that WCIM is simply facilitating adviser charges and any queries regarding these payments will need to be discussed with my financial adviser.

Registered Contact

Signature

Date

7. Financial adviser declaration (THIS SECTION MUST BE COMPLETED IN FULL)

Decision-maker details

Please confirm the individual(s) who made the decision to invest in this Plan:

☐ Registered Contact

☐ Other (e.g. Power of Attorney)

If you ticked other please provide the following details:

Full Name (Forename(s) and Surname)	
Date of Birth	Nationality
Tax Identification Number (e.g. National Insurance number)	Dual Nationality (if applicable)

Target Market

Under Product Governance rules we are required to provide particular distribution information to the Issuer.

Please confirm the following in meeting distributor obligations:

- Does the investor fall within the Target Market for which the Plan has been designed?

Yes ☐ No ☐

- If no, please outline your rationale for submitting an application on behalf of an investor falling outside the Target Market

It is important to recognise and support vulnerable clients. If you know your client is vulnerable, please tick this box ☐ so that we can update our records.

Declaration

In submitting this application on behalf of the investor, I declare that:

- I acknowledge and understand the target market for whom the Plan applied for has been designed;
- The Plan is compatible with the needs, characteristics and objectives of the investor;
- I have provided the investor with the KID and Plan brochure;
- Where I have provided the investor with a personal recommendation, I have assessed the suitability of this product in relation to the investor's individual circumstances and investment objectives;
- 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;
- This application form has been completed to the best of my knowledge and belief and I have fully disclosed any adviser charge, if applicable, to the investor(s);
- I understand that any adviser charge facilitated by Walker Crips will be paid after the start date of the Plan, subject to a fully completed Terms of Business agreement being in place;
- I have retained a completed Identity Verification Certificate (IDVC) and documentary evidence for all parties relevant to this application that meets or exceeds the standards set out in the Joint Money Laundering Steering Group (JMLSG) guidance. I have seen all original documents and those requiring a signature have been signed. I acknowledge that Walker Crips will rely upon this confirmation to fulfil its obligations under the Money Laundering Regulations and that the IDVC and relevant supporting documents will be provided to Walker Crips within two days of any request;
- I authorise Walker Crips to carry out its own independent verification of the client's identity details.

Company name	Adviser signature
Adviser name	
Address or adviser company stamp Postcode	Contact number
	FCA number
	Email

8. Existing JISA transfer request

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

Please complete (a) or (b) as required.	Approx. value
(a) I wish to transfer my 2026/27 tax year JISA	£
(b) I wish to transfer JISA(s) from previous tax years	£
Total transfer value	£

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

JISA Holder

Title (Master/Miss/Other) | Surname

Full forenames

Child's Address (if different from above)

Postcode | Date of birth

Child's National Insurance Number (if available) ☐☐☐☐☐☐☐☐☐

Registered Contact (Parent/Guardian)

Title (Mr/Mrs/Miss/Other) | Surname

Full forenames

Applicant's address

Post code

Date of birth

Existing JISA Manager

Plan Manager's name

Plan Manager's address

Postcode

Telephone | Email address

Stocks & Shares JISA ref. number(s)

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

I hereby authorise you to sell the assets and to send the proceeds in cash, together with any interest, dividends, rights and cash within the Plan to Pershing Securities Limited, an HMRC Approved ISA 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 **9 December 2026** please cancel my request and reinstate my JISA.

Signature of Parent/Guardian | **Date**

All correspondence should be sent to: Walker Crips Structured Investments, 128 Queen Victoria Street, London, EC4V 4BJ. The deadline for receiving the JISA transfer proceeds is on **9 December 2026.**