WALKERCRIPS
Alternative Edge

Application form for Trust investment

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

☐ US Growth Annual Kick-out Plan (NDX001)

The closing date for applications is 16 December 2026.

This application form can be used for new investment and to invest proceeds from a matured plan held with Walker Crips.

Applications can only be accepted if the financial adviser declaration is completed in section 8, and the appropriate FATCA Addendum is completed and submitted. FATCA Addendum forms can be found on our website or by calling 020 3100 8880.

Funding the investment

Please indicate how you will fund this investment

☐ I have attached a cheque made payable to 'Pershing Securities Limited'

☐ I am making a bank transfer to the following bank details:

Account Name	Pershing Securities Ltd Client Hub Account
Bank	Royal Bank of Scotland
Sort code	16-04-00
Account Number	31266302
Reference	Please use VK followed by your Walker Crips account number, for example: VK123456 D *(Note: The two spaces before "D" are intentional and important)* If you do not yet have a Walker Crips account number, it will be included in your Confirmation of Application & Cancellation Notice, which you will receive shortly. For any questions, please contact the Client Services Team on 020 3100 8880.

☐ I am using proceeds from a matured plan held with Walker Crips

Application sections

Please ensure all of the following sections are fully completed

1 Trust details
2 Signing authority
3 Trust scheme bank details
4 Investment details
5 Settlor's source of funds and wealth
6 Financial advice and adviser charging
7 Declaration and authorisation
8 Financial adviser declaration

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 Alternative Edge
128 Queen Victoria Street
London
EC4V 4BJ

1. Trust 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:

Name of trust (the account will be opened in this name)

Category of trust

☐ Family Settlement ☐ Will trust ☐ Deceased Estate trust ☐ Accumulation and Maintenance

☐ Discretionary ☐ Bare ☐ Life Interest ☐ Other

☐ Charity ☐ Charity number

LEI:

Name(s) of beneficiaries

Correspondence address

Company name

Address

Postcode

For the attention of

Please provide details of all trustees and beneficiaries with 25% or more beneficial ownership - continue on a separate sheet if necessary

First ☐ Trustee ☐ Beneficiary

Title (Mr/Mrs/Miss/Other)

Surname

Full forenames

Permanent residential/business address

Postcode

Date of birth

Nationality

Country of permanent residence

Dual Nationality (if applicable)

Are you a US Person? ☐ Yes ☐ No

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.

Tax Identification Number e.g. National Insurance number

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.

Second ☐ Trustee ☐ Beneficiary

Title (Mr/Mrs/Miss/Other)

Surname

Full forenames

Permanent residential/business address

Postcode

Date of birth

Nationality

Country of permanent residence

Dual Nationality (if applicable)

Are you a US Person? ☐ Yes ☐ No

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.

Tax Identification Number e.g. National Insurance number

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):** For full definition, please see PDMR question at page 2.

Third ☐ Trustee ☐ Beneficiary

Title (Mr/Mrs/Miss/Other)

Surname

Full forenames

Permanent residential/business address

Postcode

Date of birth

Nationality

Country of permanent residence

Dual Nationality (if applicable)

Are you a US Person? ☐ Yes ☐ No

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.

Tax Identification Number e.g. National Insurance number

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):** For full definition, please see PDMR question at page 2.

Fourth ☐ Trustee ☐ Beneficiary

Title (Mr/Mrs/Miss/Other)	Surname
Full forenames	
Permanent residential/business address	
Postcode	
Date of birth	Nationality
Country of permanent residence	Dual Nationality (if applicable)

Are you a US Person? ☐ Yes ☐ No

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.

Tax Identification Number e.g. National Insurance number

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):** For full definition, please see PDMR question at page 2.

2. Signing authority

Please stipulate the requisite signing authority:

Any one ☐ Any two ☐ Other ☐ Please specify _____

1. Name	Signature
2. Name	Signature
3. Name	Signature
4. Name	Signature

If you require more than four Authorised Signatories, please continue on a separate sheet of paper.

Where there is any change to the Authorised Signatories, please notify Walker Crips in writing giving the date of change at: Walker Crips Alternative Edge, 128 Queen Victoria Street, London EC4V 4BJ.

Please note that we will be entitled to rely on the last list provided to us until we receive notification of an update.

3. Trust scheme bank details

Please provide details of the bank/building society account into which you would like any payments to be made, either during the investment term or following maturity:

Bank/Building Society name

Account name

Sort code ☐☐–☐☐–☐☐ Account number ☐☐☐☐☐☐☐☐

Reference

4. Investment details

New Investment

i. Total amount being sent (e.g. amount on cheque or amount paid by BACS) £

ii. Adviser charge deducted (if any) £

iii. We apply to subscribe the following net investment amount £ (min. £10,000)

Investment using Maturity Proceeds

Matured Plan name

i. Total amount of our maturity proceeds Full amount ☐ (Please tick)

Partial amount £

ii. Adviser charge deducted (if any) £

iii. We apply to subscribe the following net investment amount £ (min. £10,000)

5. Settlor's source of funds and wealth

We are required under UK financial regulations to obtain information on the settlor's source of wealth and source of funds. Please select all that apply:

Primary source of wealth (tick all that apply)

☐ Employment* ☐ Investment ☐ Savings ☐ Business ownership/sale ☐ Property ownership/sale
☐ Pension ☐ Inheritance ☐ Family trust ☐ Divorce ☐ Gift

Other _____

*Nature of business _____

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 _____

6. 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 4 to my/our financial adviser. Please note that the maximum charge we are able to facilitate is 4% of your total investment.

7. Declaration and authorisation

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/We declare that:

- I/We have received the KID and carefully read the Plan brochure and accept the Terms and Conditions under which the Plan will be managed;
- I/We have full power to invest in the Plan and have taken all necessary action to authorise the making of this application. The person(s) signing this application has full power and authority to do so on our behalf;
- I/We are not, and am/are not acting on behalf of a resident of the United States or a US Person(s) and we will not assist any such person to acquire investment within the Plan;
- I/We will inform Walker Crips immediately if I/we become a resident of the United States or a US Person;
- I/We agree to inform Walker Crips immediately should there be any change in the trust's residence for tax purposes;
- the application form and this declaration have been completed to the best of my/our knowledge and belief and the information provided is true and complete.

I/We authorise Walker Crips Investment Management Limited (WCIM):

- to purchase, hold and administer the Plan on my/our 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/our investment in the Plan to my/our financial adviser, as detailed in Section 6 and/or Section 8 of this application form.

Adviser charges

By signing this application, I/we confirm that:

- where I/we have requested Walker Crips to facilitate payment of my/our adviser charge to my/our financial adviser, I/we instruct you to deduct the adviser charge as indicated in section 4 and pay the deducted amount to my/our financial adviser.
- my/our adviser has fully explained their charges to me/us and I/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 adviser regarding any refund
- I/we understand that WCIM is simply facilitating adviser charges and any queries regarding these payments will need to be discussed with my/our financial adviser.

Signed Authorised Signatory		Signed Authorised Signatory	
Print name		Print name	
Date		Date	
Signed Authorised Signatory		Signed Authorised Signatory	
Print name		Print name	
Date		Date	

Applications must be submitted via a financial adviser

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

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 Key Information Document 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

Walker Crips Alternative Edge 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.