

Application form for ISA Transfer Authority
This application form is for investment into the following Walker Crips plans:
Annual Growth Plan Issue 52 (Kick-out)
Annual Step Down Plan Issue 8 (Kick-out)
The closing date for applications is Friday 14 July 2017 for Stocks & Shares ISA transfers or Friday 21 July 2017 for Cash ISA transfers.
If you wish to invest into more than one plan, please use a separate application form for each plan. 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 Bank details
- 3 Investment selection
- 4 Investment details
- 5 Financial advice and adviser charging
- 6 Applicant declaration
- 7 Financial adviser declaration
- 8 Existing ISA transfer request

Contact

For any queries please contact:

Website www Email wcsi Telephone 020 Fax 020

www.wcgplc.co.uk/wcsi wcsi@wcgplc.co.uk 020 3100 8880 020 3100 8822

Address for all correspondence:

Walker Crips Structured Investments Finsbury Tower 103–105 Bunhill Row

London EC1Y 8LZ

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
Title (Mr/Mrs/Miss/Other)	Surname
Full forenames	
Permanent residential address	
	Postcode
Date of birth	Telephone
Nationality	Email address
Country of birth	Yes No
Place of birth	Are you a US citizen? Are you resident for tax purposes in any other
Yes No Are you resident in the UK for tax purposes? National Insurance Number (You should be able to find your NI number on a payslip, Form P45 or P60, a letter from HMRC, a letter from the DWP or a pension order book.)	country than the UK? If you have answered yes to either of the above, please provide the country(ies) and Tax Identification Number(s): Country(ies) Tax Identification Number(s)
	ount that you would like any payments to be made into, either
during the investment term or following maturity: Bank/Building Society name Sort code Reference	Account name Account number



3. Investment selection			
Please select the Plan you wish to invest into. If you wish to invest into more than one plan, please use a separate application form for each plan.			
Annual Growth Plan Issue 52 (Kick-out)			
Annual Step Down Plan Issue 8 (Kick-out)			
4. Investment details			
New Investment			
Please indicate the type of ISA you are transferring	Cash ISA	Stocks & Shares	ISA
i. Total amount being transferred in	f		
ii. Adviser charge deducted (if any)	f		
iii. I apply to transfer the following net investment amount	f		(min. £10,000)
5. Financial advice and adviser charging			
Firm name Adviser no	ıme		
Have you paid the adviser charges?			
\square Yes, I have paid the adviser charges separately.			
No, I have not paid the adviser charges and would like you to pay the amo the maximum charge we are able to facilitate is 4% of your total investme	unt detailed in section ent.	4 to my financial adviser. P	lease note that

6. Applicant declaration

I hereby certify that:

I am 18 years of age or over. All subscriptions made, and to be made, belong to me.

I am resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 28 of Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties. I will inform Walker Crips Stockbrokers Limited (WCSB) if I cease to be so resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties

I am not a resident, nor am I acting on behalf of a resident of the United States or a US Person(s), and I will not assist any such person to invest in this Plan. Further, I agree to inform you immediately should I become a resident of the United States or a US Person.

The information above is true and correct to the best of my knowledge and belief, and I agree to advise WCSB without delay of any change in my circumstances affecting any of the information on this declaration and authority.

I understand that this brochure and Terms & Conditions are the agreement under which my investment will be managed, and understand for my own protection that I should read them carefully before signing and ask for further information or seek advice about anything which is unclear to me.

I have not subscribed, and will not subscribe, more than the overall subscription limit in total to any combination of permitted ISAs in the same tax year. I have not subscribed, and will not subscribe, to another Stocks and Shares ISA in the same year that I subscribe to this Stocks and Shares ISA.

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

I authorise WCSB as ISA Plan Manager; to make on my behalf any claims to relief from tax in respect of ISA Investments; to hold, or on my written request, transfer or pay to me, as the case may be, my cash subscriptions, ISA Investments, interest, dividends, rights or other proceeds in respect of such investments or any cash.

Adviser charges

By signing this application I can confirm that I am in agreement with the adviser charge being deducted as indicated in section 4 and paid 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, WCSB will not return any adviser charges to me. I will need to contact my financial adviser regarding any refund.

I understand that WCSB is simply facilitating adviser charges and any queries regarding these payments will need to be discussed with my financial adviser.

Signature (1 of 2)		
(1012)	Date	

Applications must be submitted via a financial adviser

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

I acknowledge that it is my sole responsibility to evaluate all of the product information provided to me and, where I have provided advice and made a personal recommendation to the investor(s) in accordance with the FCA Handbook, I confirm that I have the requisite knowledge and experience as to be deemed competent and capable of assessing the suitability of this product in relation to my client's circumstances and investment objectives.

I confirm that I have assessed the capability of my client to understand and evaluate the risks and merits of this product and have determined that the product is a suitable investment for my client.

I declare that 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 being facilitated will be paid after the start date of the Plan subject to a fully completed Terms of Business agreement being in place.

I confirm that I have retained documentary evidence for all parties relevant to this application that meets or exceeds the standards set out in the JMLSG guidance. I have seen all original documents and those requiring a signature have been signed. I acknowledge that Walker Crips will rely upon this confirmation for the purposes of Regulation 17 of The Money Laundering Regulations 2007 and that an Identity Verification Certificate (IDVC) and relevant supporting documents will be provided on request.

I confirm that I have determined that my client has satisfied all the relevant requirements to be accepted as an investor into this product.

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



8. Existing ISA transfer request			
I apply to transfer the following amount to Walker Cri	ps Structı	ured Inve	estments
Please complete (a) or (b) as required.	Approx. value		_
(a) I wish to transfer my 2017/18 tax year ISA	f		
(b) I wish to transfer ISA(s) from previous tax years	£		
Total transfer value	£		
The transfer to be in the form of cash. If you are transferring more than one ISA, this fo	rm can b	e copiec	d or additional forms can be supplied.
ISA Holder			
Title (Mr/Mrs/Miss/Other)		Surnan	me
Full forenames			
Permanent residential address			
		Postco	rde
Existing ISA Manager			
Plan Manager's name			
Plan Manager's address			
		Postco	ode
Telephone		Email a	address
Stocks & Shares ISA ref. number(s)			
Cash ISA ref. number(s) (to transfer to a Stocks & Shares accou	unt)		
I hereby authorise you to sell the assets and to send the within the Plan to Walker Crips Stockbrokers Limited, an Crips Stockbrokers Limited with all such relevant inform position to transfer my cash proceeds by Friday 4 Aug	n HMRC A ation rela	pproved iting to m	l Plan Manager, and I authorise you to provide Walker ny Plan(s) as may be required. If you are not in a
Signature (2 of 2)		Do	αte
All correspondence should be sent to: Walker Crips Structu	ured Inves	stments, I	Finsbury Tower, 103–105 Bunhill Row, London EC1Y 8LZ
The deadline for receiving the ISA transfer proceeds is a	on Friday	4 Augu	ıst 2017.

