

# Annual Growth Plan – Issue 28 (Kick-out) Application for SIPP/SSAS investment

Applications for SIPP/SSAS investments will only be accepted via a regulated UK or EU financial adviser.

Return this form and your cheque made payable to '**Walker Crips Stockbrokers Limited**' to Walker Crips Structured Investments, Finsbury Tower, 103–105 Bunhill Row, London EC1Y 8LZ. The closing date for applications is by **5pm on Friday 14 November 2014**.

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:

Please complete this form using **BLOCK CAPITALS** and **black ink**.

## 1. Scheme details

Name of Scheme	<input type="text"/>
Name of administrators	<input type="text"/>
Correspondence address	<input type="text"/>
	<input type="text"/>
	Post code
Contact name	<input type="text"/>
Contact number	<input type="text"/>
Email address	<input type="text"/>

### Type of pension scheme (please tick one box only)

A small self-administered scheme (SSAS)     A self-invested personal pension scheme (SIPP)

Other (please specify)

HMRC scheme reference number

## 2. Investment details

i. Total amount being sent (i.e. amount on cheque)

£

ii. Adviser charge deducted (if any)

£

iii. We apply to subscribe the following Net Investment Amount

£

(min. £10,000)

Please make cheques payable to '**Walker Crips Stockbrokers Limited**'.

If you are attaching a building society cheque, please request that your building society references the trust or company name on the cheque.

### 3. Financial advice and adviser charging

We have received financial advice     We have not received financial advice (please complete Appropriateness section)

Firm name     Adviser name

**Have you paid the adviser charges?**  
 Yes, we have paid the adviser charges separately.  
 No, we have not paid the adviser charges and would like you to pay the amount detailed in section 2 to our financial adviser. Please note that the maximum charge we are able to facilitate is 4% of your total investment.

**Appropriateness section (must be completed if you have not received advice)**

<p><b>Have you ever held any of the following?</b></p> <p>i. Any investment where the capital and investment returns are variable and are based on the performance of an underlying security or index, such as equities, commodities, indices and corporate bonds.    <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>ii. A structured investment product (a fixed term investment) such as the one you're applying for.    <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><b>Do you understand the following statements?</b></p> <p>i. You must be prepared to invest for the full Investment Term.    <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>ii. Should you need to cash the Plan in early, you may get back less than your original amount invested.    <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>iii. You are prepared to accept some risk to your Capital in return for higher potential returns.    <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>iv. You may lose some or all of your money.    <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
--	--

Please refer to page 10 of the brochure for important points, risks and suitability for guidance on whether this investment is appropriate for you. If you do not answer these additional questions, we will not be able to determine whether this investment is appropriate for you.

### 4. Trustee or Authority signatures

The exercise of any options under the Terms and Conditions of the Plan must be authorised by the requisite number of authorised signatories set out in the Scheme's governing document or, where a number is not stipulated, by at least one authorised signature. Please provide the names and sample signatures of all those who will be Authorised Signatories. If you require more than four, 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 Structured Investments, Finsbury Tower, 103–105 Bunhill Row, London EC1Y 8LZ. Walker Crips Stockbrokers Limited will be entitled to rely on the previous list until they are informed to the contrary.

Signed	Name
Date	Capacity
Signed	Name
Date	Capacity
Signed	Name
Date	Capacity
Signed	Name
Date	Capacity

Signing authority  Any one  Any two  Other (please specify)

### 5. Declaration and authorisation

We, the Trustees/Authorised Parties of this Trust/Scheme, request Walker Crips Stockbrokers Limited (WCSB) to arrange for the purchase of the Plan on our behalf, in accordance with the Plan brochure.

**We declare that:**

We have read the Terms and Conditions of the Plan and accept the Terms and Conditions under which our investment will be administered. 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.

The investing Trust/Scheme is a registered pension scheme under Part IV of the Finance Act 2004 (or an application for its registration has been made)

and we undertake to advise Walker Crips Structured Investments immediately if it ceases to be a registered pension scheme or its application for registration is withdrawn or refused.

We authorise the Board of HMRC to inform WCSB if the Scheme is not granted exempt approval or if that approval is withdrawn at any time.

We are not prohibited under legal or regulatory provisions or the terms of a Trust/Scheme from investing in this Plan.

The application form and this declaration have been completed to the best of our knowledge and belief and the information provided is true and complete.

## 5. Declaration and authorisation (continued)

### We authorise Walker Crips Stockbrokers Limited:

To purchase the Plan in accordance with this application and understand and agree that any investment in the Plan will be allocated in accordance with our instructions.

By signing, we confirm that we have read, understood and agreed to be bound by this declaration, the information supporting this application form, the brochure relating to the Plan and the Terms and Conditions used and disclosed.

If we make this application as Trustees of a pension scheme to which Part IV of the Finance Act 2004 applies, then:

We appoint WCSB to manage the cash and investments referred to above on our behalf from the date of this application.

All communications to us from WCSB should be addressed to the administrators detailed in Section 1. WCSB will only accept instructions from those persons approved as authorised signatories in relation to all matters concerning our investment in the Company. WCSB is authorised to pay or transfer to those persons on our behalf any amounts or assets due to us in connection with our investment in the Company and those persons will give a receipt on our behalf if requested to do so. We will notify WCSB in writing in advance of any changes to the persons authorised to give instructions and receive communications and payments on our behalf.

We will inform WCSB immediately if our scheme ceases to be duly registered as a tax exempt pension scheme under Chapter 2 of Part IV of the Finance Act 2004 or if circumstances arise which will or may result in our scheme ceasing to be so registered.

WCSB is requested to respond to us acknowledging its appointment and undertaking to notify us of any conflict of interest that may arise.

### Money laundering regulations

Under the regulations, there is a legal requirement to prove the identity of investors. Please submit a copy of the Trust Deed or evidence of HMRC's approval of the Scheme and a list of authorised signatories.

### Adviser charges (where applicable)

By signing this application we confirm that we are in agreement with the adviser charge being deducted as indicated in section 2 and paid to our financial adviser.

Our adviser has fully explained their charges to us and we understand that, should we exercise our cancellation rights after the adviser charge has been paid, WCSB will not return any adviser charges to us. We will need to contact our financial adviser regarding any refund.

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

Signed Authorised Signatory	<input type="text"/>
Print name	<input type="text"/>
Date	<input type="text"/>
Signed Authorised Signatory	<input type="text"/>
Print name	<input type="text"/>
Date	<input type="text"/>

Signed Authorised Signatory	<input type="text"/>
Print name	<input type="text"/>
Date	<input type="text"/>
Signed Authorised Signatory	<input type="text"/>
Print name	<input type="text"/>
Date	<input type="text"/>

**Applications must be submitted via an authorised intermediary**

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

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 assessed the suitability of this product in relation to my client's circumstances and investment objectives.

Where no advice has been given and the investor is undertaking an execution only investment, I confirm that I have assessed the appropriateness of this investment in accordance with the FCA Handbook.

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 the details listed in Section 1 have been obtained by me. 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 Regulation 17 of The Money Laundering Regulations 2007 and that the IDVC and relevant supporting documents will be provided on request.

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