

## Application form for Direct investment and/or Stocks & Shares ISA investment

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

- Annual Kick-out Plan (UK) Issue 7       UK & Europe Semi-Annual Defensive Kick-out Plan Issue 11
- Step Down Kick-out Plan Issue 8       Annual Growth Plan Issue 59 (Kick-out)

**The closing date for applications is Friday 10 August 2018.**

If you wish to invest into more than one plan, please use a separate application form for each plan. This application form can be used for new investment and to invest proceeds from a matured plan held with Walker Crips.

### Funding the investment

**Please indicate how you will fund this investment**

- I have attached a cheque made payable to 'Walker Crips Stockbrokers Limited'
- I am making a bank transfer to the following bank details
- |                |   |
|----------------|---|
| Account Name   | Walker Crips Stockbrokers Limited                                       |
| Bank           | HSBC Bank PLC   |
| Sort code      | 40-05-30  |
| Account Number | 40025232  |
| Reference      | Please quote your surname and/or Walker Crips account number (if known) |
- 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 Personal details
- 2 Bank details
- 3 Investment selection
- 4 Investment details
- 5 Financial advice and adviser charging
- 6 Applicant declaration
- 7 Financial adviser declaration

### Contact

**For any queries please contact:**

Website      [www.wcgplc.co.uk/wcsi](http://www.wcgplc.co.uk/wcsi)  
Email        [wcsi@wcgplc.co.uk](mailto:wcsi@wcgplc.co.uk)  
Telephone    020 3100 8880  
Fax          020 3100 8822

**Address for all correspondence:**

Walker Crips Structured Investments  
Old Change House  
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:

### First applicant

Are you resident in the UK for tax purposes?  Yes  No

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)

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.

### Joint applicant (for direct investments ONLY)

Are you resident in the UK for tax purposes?  Yes  No

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)

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.



## 5. Financial advice and adviser charging

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.

## 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/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 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 my/our 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 Stockbrokers Limited (WCSB):

- 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 5 and/or Section 7 of this application form.

### If I have subscribed to an ISA I confirm that:

- I am 18 years of age or over. All subscriptions made, and to be made, belong to me;
- I have not subscribed, and will not subscribe, more than the overall subscription limit in total to any combinations 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 am resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 28 of The 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 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 understand that this ISA is subject to the terms and conditions within the brochure and agree thereto.

### I authorise WCSB as 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/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 5 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, WCSB 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 WCSB is simply facilitating adviser charges and any queries regarding these payments will need to be discussed with my financial adviser.

### First applicant

Signature

Date

### Joint applicant

Signature

Date

## 7. 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 Plan:

- First applicant
  Joint applicant  
 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)

### 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

### 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;
- I have assessed the suitability of this product in relation to the investor's individual circumstances and investment objectives in accordance with COBS 9;
- 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 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	
Postcode	Contact number
	FCA number
	Email

