

Application form for ISA Transfer Authority		
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 20 July 2018 for Stocks & Shares ISA transfers or Friday 27 July 2018 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 Email Telephone Fax www.wcgplc.co.uk/wcsi wcsi@wcgplc.co.uk 020 3100 8880 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 Structured Investments Plan please provide your account number:	a Walker Crips
Account holder	
Title (Mr/Mrs/Miss/Other)	Surname
Full forenames	
Permanent residential address	
	Post code
Date of birth	Telephone
Nationality	Email address
Country of birth	Place of birth
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 advice on any alternative options available to you. Additional country(ies) of tax residency and Tax Identification Number(s) Country	
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 you.	k to your financial adviser for advice on any alternative options available
2. Bank details	
Please provide the details of your bank/building society accoduring the investment term or following maturity:	unt into which you would like any payments to be made, either
Bank/Building Society name	Account name
Sort code	Account number
Reference	
3. Investment selection	
Please select the Plan you wish to invest into. If you wish to invapplication form for each plan.	rest into more than one plan, please use a separate
Annual Kick-out Plan (UK) Issue 7 UK & Euro	pe Semi-Annual Defensive Kick-out Plan Issue 11
Step Down Kick-out Plan Issue 8 Annual Gr	rowth Plan Issue 59 (Kick-out)

4. Investment details	
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)	£
iii. I apply to transfer the following net investment amount	f (min. £10,000)
Source of funds for new investment	
Please confirm the source of the funds to be invested in the P employment, savings, pension inheritance, gift, divorce settle property sale, loan, share sale)	
5. Financial advice and adviser charging	
Firm name Adv	riser name
Have you paid the adviser charges?	
Yes, I have paid the adviser charges separately.	
No, I have not paid the adviser charges and would like you to pay th	e amount detailed in section 4 to my financial adviser. Please note that
the maximum charge we are able to facilitate is 4% of your total inv	vestment.
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 declare that: I have received the KID and carefully read the Plan brochure and accept the Terms and Conditions under which the Plan will be managed; I am 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 will inform Walker Crips immediately if I become a resident of the United States or a US Person; I agree to inform Walker Crips immediately should there be any change in my residence for tax purposes; 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 authorise Walker Crips Stockbrokers Limited (WCSB): 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 myfinancial 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 that 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 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 5 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, 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.
Account holder Signature	Date

Applications must be submitted via a financial adviser

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 Pla	n:	
Account holder		
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 di	stribution 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	s been designed?	
Yes No		
If no, please outline your rationale for submitting an application on to	oehalf 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	-	
• the Plan is compatible with the needs, characteristics and objectives of	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 	or's individual sissumstances and investment objectives in associance	
with COBS 9;		
 this application form has been completed to the best of my knowledge to the investor(s); 	ge and belief and I have fully disclosed any adviser charge, if applicable,	
• I understand that any adviser charge facilitated by Walker Crips will b of Business agreement being in place;	e paid after the start date of the Plan, subject to a fully completed Terms	
meets or exceeds the standards set out in the JMLSG guidance. I hav	nd documentary evidence for all parties relevant to this application that e seen all original documents and those requiring a signature have been in for the purposes of Regulation 17 of The Money Laundering Regulations provided on request.	
Company name	Adviser signature	
Adviser name		
Address or adviser company stamp		
	Contact number	
Postcode	FCA number	
	Email	



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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 2018/19 tax year ISA
(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 form can be copied or additional forms can be supplied.
ISA Holder
Title (Mr/Mrs/Miss/Other) Surname
Full forenames
Permanent residential address
Postcode
Existing ISA Manager
Plan Manager's name
Plan Manager's address
Postcode
Telephone Email address
Stocks & Shares ISA ref. number(s)
Stocks & Shules 13A Fet. Humber(s)
Cash ISA 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 conviction within the Plan to Walker Crips Stockbrokers Limited, an HMRC Approved Plan Manager, and I authorise you to provide Walker Crips Stockbrokers 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 Friday 10 August 2018 please cancel my request and reinstate my ISA.
Signature
Date
All correspondence should be sent to: Walker Crips Structured Investments, Old Change House, 128 Queen Victoria Street, London, EC4V 4BJ.
The deadline for receiving the ISA transfer proceeds is on Friday 10 August 2018.

Old Change House, 128 Queen Victoria Street, London EC4V 4BJ

020 3100 8880 | wcsi@wcgplc.co.uk | www.wcgplc.co.uk/wcsi
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8. Existing ISA transfer request