

Application form for Direct investment and/or Stocks & Shares ISA investment			
This application form is for investment into the following <b>Walker Crips</b> plans:			
Semi-Annual Step Down Kick-out Plan (UK & Europe) Issue 1			
Semi-Annual Defensive Kick-out Plan (UK & Europe) Issue 1			
The closing date for applications is Friday 27 July 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 Email 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				
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 advice on any alternative options available to you.	in the UK for tax purposes only. Please speak to your financial adviser for			
Additional country(ies) of tax residency and Tax Identification Number				
Country Country	TIN TIN			
Yes No				
Are you α US Person?				
If yes, please note that this Plan is not offered to US Persons. Please speto you.	eak to your financial adviser for advice on any alternative options available			
Joint applicant (for direct investments ONLY)				
Title (Mr/Mrs/Miss/Other)	Surname			
Full forenames				
Nationality	Date of birth			
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 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)				
Country	TIN			
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 your financial adviser for advice on any alternative options available				

2. Bank details					
Please provide details of your 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				
	account number				
Reference					
3. Investment selection					
Please select the Plan you wish to invest into. If you wish to invest application form for each plan.	into more than one plan, please use a sepa	rate			
Semi-Annual Step Down Kick-out Plan (UK & Europe) Issue	1				
Semi-Annual Defensive Kick-out Plan (UK & Europe) Issue 1					
4. Investment details					
New Investment					
Direct Investment		7			
i. Total amount being sent (e.g. amount on cheque)	f				
ii. Adviser charge deducted (if any)	f				
iii. I/We apply to subscribe the following net investment amount	f	(min. £10,000)			
2018/19 Stocks & Shares ISA Investment					
i. Total amount being sent (e.g. amount on cheque)	f				
ii. Adviser charge deducted (if any)	£				
iii. I apply to subscribe the following amount to a Stocks & Shares	f	] ] (min. £10,000			
ISA Investment for the tax year 2017/18	ī	max. £20,000)			
Source of funds for new investment					
Please confirm the source of the funds to be invested in the Plan (e.g. employment, savings, pension inheritance, gift, divorce settlement, property sale, loan, share sale)					
Investment using Maturity Proceeds					
Matured Plan name					
Is the matured Plan a Direct or Stocks & Shares ISA					
i. Total amount of my/our maturity proceeds Full amount	(Please tick)				
Partial amount	f				
ii. Adviser charge deducted (if any)	f				
iii. I/We apply to subscribe the following net investment amount	f	(min. £10,000)			
If you wish to fund your 2018/19 Stocks & Shares ISA subscription with procomplete your subscription by indicating the amount in the section above					

5. Financial advice and adviser charging				
Firm name Adv	riser 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 pa note that the maximum charge we are able to facilitate is 4% of you	y the amount detailed in section 4 to my/our financial adviser. Please ur 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.	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			
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.	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			
I/We declare that:	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			
<ul> <li>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;</li> </ul>	partnership with, a person who performs such duties;  • I understand that this ISA is subject to the terms and conditions			
<ul> <li>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</li> </ul>	within the brochure and agree thereto.  I authorise WCSB as Plan Manager to:			
person to acquire investment within the Plan;	<ul> <li>make on my behalf any claims to relief from tax in respect of ISA Investments;</li> </ul>			
<ul> <li>I/We will inform Walker Crips immediately if I/we become a resident of the United States or a US Person;</li> </ul>	• to hold, or on my written request, transfer or pay to me, as the			
<ul> <li>I/We agree to inform Walker Crips immediately should there be any change in my/our residence for tax purposes;</li> </ul>	case may be, my cash subscriptions, ISA investments, interest, dividends, rights or other proceeds in respect of such investments or any cash.			
<ul> <li>the application form and this declaration have been completed to the best of my/our knowledge and belief and the information</li> </ul>	Adviser charges			
provided is true and complete.	By signing this application, I/we confirm that:			
<ul> <li>I/We authorise Walker Crips Stockbrokers Limited (WCSB):</li> <li>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;</li> </ul>	<ul> <li>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.</li> </ul>			
• 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.	<ul> <li>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</li> </ul>			
If I have subscribed to an ISA I confirm that:	adviser regarding any refund			
<ul> <li>I am 18 years of age or over. All subscriptions made, and to be made, belong to me;</li> <li>I have not subscribed, and will not subscribe, more that the overall</li> </ul>	• I/we understand that WCSB is simply facilitating adviser charges and any queries regarding these payments will need to be discussed			
subscription limit in total to any combinations of permitted ISAs in	with my financial adviser.			
First applicant	Joint applicant			
Signature	Signature			

Date

Date

# Applications must be submitted via a financial adviser

Please confirm the individual who made the decision to invest in this Plan:    First applicant	7. Financial adviser declaration (THIS SECTION	MUST BE COMPLETED IN FULL)		
First applicant Joint applicant Joint applicant  Other (e.g. Power of Attorney)  If you ticked other please provide the following details:  Full Name (Forename(s) and Sumame)  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.  In submitting this application on behalf of the investor, I declare that:  In submitting this application on behalf of the investor, I declare that:  In submitting this application on behalf of the investor, I declare that:  In a chrowledge and understand the target market for whom the Plan applied for has been designed;  It have provided the investor with the KID and Plan brochure;  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);  Linderstand 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 reading 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 IMLSG guidance. I have seen all original documents and those requiring a signature have been signed. I acknowledge that Walker Crips will 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  FC	Decision-maker details			
Other (e.g. Power of Attorney)  If you ticked other please provide the following details:  Full Name (Forename(s) and Sumame)  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	Please confirm the individual who made the decision to invest in this Pl	an:		
If you ticked other please provide the following details:    Full Name (Forename(s) and Surname)	First applicant	Joint applicant		
Date of Birth    Date of Birth   Nationality	Other (e.g. Power of Attorney)			
Date of Birth    Nationality	If you ticked other please provide the following details:			
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Address or adviser company stamp  Contact number  FCA number	Company name	Adviser signature		
Contact number  FCA number  Postcode	Adviser name			
FCA number Postcode	Address or adviser company stamp			
Postcode		Contact number		
Postcode Email		FCA number		
	Postcode	Email		

