WALKERCRIPS	
STRUCTURED INVESTMENTS	

Application form for SIPP/SSAS investment		
This application form is for investment into the following Walker Crips plans:		
Semi-Annual Step Down Kick-out Plan Issue 5		
UK & US Semi-Annual Step Down Kick-out Plan Issue	e 3	
UK & Europe Semi-Annual Defensive Kick-out Plan Is	ssue 3	
The closing date for applications is Friday 15 Decemb	per 2017.	
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.		
Applications can only be accepted if the financial adviser	declaration has been completed in section 8.	
Important information regarding change of ou	ur address:	
Address up until 15 December 2017	Address from 18 December 2017	
Walker Crips Structured Investments, Finsbury Tower,	Walker Crips Structured Investments, Old Change	
103–105 Bunhill Row, London, EC1Y 8LZ	House, 128 Queen Victoria Street, London EC4V 4BJ	
We recommend sending any postal applications by record applications by email at wcsi@wcgplc.co.uk	led delivery. Please note we are able to accept non-ISA	
For any queries please contact:		
Website: www.wcgplc.co.uk/wcsi Email: wcsi@wcgplc.co	o.uk Telephone: 020 3100 8880 Fax: 020 3100 8822	
Funding the investment		
Please indicate how you will fund this investment		
I have attached a cheque made payable to 'Walker Crips Stockbrokers Limited'.		
	r Crips Stockbrokers Limited .	
I am making a bank transfer to the following bank Account Name Walker Crips Stockbroke	details:	
I am making a bank transfer to the following bank	details:	
I am making a bank transfer to the following bank Account Name Walker Crips Stockbroke Bank HSBC Bank plc Sort code 40-05-30 Account Number 40025232	details: rs Limited	
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1. Scheme o	letails
	y a client of Walker Crips or have previously invested in a Walker Crips ments Plan please provide your account number:
Name of Scheme	
Name of administrators	
Correspondence address	
[Postcode
Contact name	
Contact number	
Email address	
Type of pension	n scheme (please tick one box only)
A small self-ad	dministered scheme (SSAS) 🗌 A self-invested personal pension scheme (SIPP)
Other (please sp	becify)
HMRC sch reference nur	
2. Bank deta	ails
	e the details of your bank/building society account that you would like any payments to be made into, either estment term or following maturity:
Bank/Buildin Society nam	g Account name
Sort coo	deAccount number
Referenc	e

WALKERCRIPS STRUCTURED INVESTMENTS

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.

Semi-Annual Step Down Kick-out Plan Issue 5

UK & US Semi-Annual Step Down Kick-out Plan Issue 3

UK & Europe Semi-Annual Defensive Kick-out Plan Issue 3

4. Investment details		
New Investment		
i. Total amount being sent (e.g. amount on cheque)	f	
ii. Adviser charge deducted (if any)	f	
iii. We apply to subscribe the following net investment amount	f	(min. £10,000)

Investment using Maturity Proceeds		
Matured Plan name]
i. Total amount of our maturity proceeds Full amount	(Please tick)	7
Partial amount	f	
ii. Adviser charge deducted (if any)	f	
iii. We apply to subscribe the following net investment amount	f	(min. £10,000)

5. Financial advice and adviser charging		
□ I/We have received financial advice		
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.		
☐ I/We have not received financial advice All applications mu financial adviser, investment manager or execution only brok submitting an application.	st be submitted via a financial intermediary (e.g. an FCA regulated ker). If you do not have a financial intermediary please contact us before	

6. 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.

Signing authority Any one Any two Other (please specif	y)
First Trustee	
[
Company name	
Title (Mr/Mrs/Miss/Other)	Surname
Full forenames	
Permanent residential/business address	
	Postcode
Date of birth	Nationality
Country of permanent residence	Capacity
Signed	
Date	
Second Trustee	
Company name	
Title (Mr/Mrs/Miss/Other)	Surname
Full forenames	
Permanent residential/business address	
	Postcode
Date of birth	Nationality
Country of permanent residence	Capacity

Signed

Date



Third Trustee

Company name		
Title (Mr/Mrs/Miss/Other)	Surname	
Full forenames		
Permanent residential/business address		
	Postcode	
Date of birth	Nationality	
Country of permanent residence	Capacity	
Signed		
Date		
Fourth Trustee		
Company name		
Title (Mr/Mrs/Miss/Other)	Surname	
Full forenames		
Permanent residential/business address		
	Postcode	
Date of birth	Nationality	
Country of permanent residence	Capacity	
Signed		
Date		

7. 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.

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.

7. Declaration and authorisation (continued)

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 4 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	Signed Authorised Signatory	
Print name	Print name	
Date	Date	
Signed Authorised Signatory	Signed Authorised Signatory	
Print name	Print name	
Date	Date	

Applications must be submitted via a financial intermediary (e.g. an FCA regulated financial adviser, investment manager or execution only broker).

8. Financial intermediary declaration (THIS SECTION MUST BE COMPLETED IN FULL)

Where I have provided advice and made a personal recommendation to the investor, I confirm that I have assessed the suitability of this product in relation to the investor's individual circumstances and investment objectives in accordance with COBS 9.

Where the investor is making a non-advised investment, I confirm that I have assessed the appropriateness of this product in relation to the investor's investment knowledge and experience in accordance with COBS 10.

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

Finsbury Tower, 103-105 Bunhill Row, London EC1Y 8LZ 020 3100 8880 | wcsi@wcgplc.co.uk | www.wcgplc.co.uk/wcsi ker Crips Structured Investments is a trading name of Walker Crips Stockbrokers Limited which is a member

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