

Application form for Pension investment			
This application form is for investment into the following <b>Walker Crips</b> plans:			
UK Kick-out Plan Issue 2 UK & US Step Down Kick-out Plan Issue 3			
UK & Europe Semi-Annual Defensive Kick-out Plan Issue 8 Semi-Annual Step Down Kick-out Plan Issue 10			
The closing date for applications is Friday 15 June 2018.			
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 9.			
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 the member's designation reference and ensure this is specified in Section 1 – 'Name of Scheme'			
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 Scheme details 6 Financial advice and adviser charging			
2 SIPP investment only 7 Trustee or Authority signatures			
3 Scheme's Bank details 8 Declaration and authorisation			
4 Investment 9 Financial intermediary declaration			
5 Investment selection			
Contact			

For any queries please contact: Address for all correspondence:

Website www.wcgplc.co.uk/wcsi wcsi@wcgplc.co.uk Email Telephone 020 3100 8880 Fax 020 3100 8822

Old Change House 128 Queen Victoria Street

Walker Crips Structured Investments

London EC4V 4BJ

1. Scheme 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:			
Assessment Names (Full resume of the Cohomes)			
Account Name (Full name of the Scheme)			
Scheme Trustee/Provider			
Full name			
Tulliane			
Address			
	Postcode		
Telephone	Email address		
HMRC ref.	Plan ref.		
VAT number	FCA Firm Reference Number (FRN)		
Scheme Administrator (If different to above)			
Full Name			
Address			
	Postcode		
HMRC ref.	Plan ref.		
VAT number	FCA Firm Reference Number (FRN)		
Type of pension scheme (please tick one box only)			
A self-invested personal pension scheme (SIPP)			
A small self-administered			
scheme (SSAS) Please provide LEI:			
Other (please specify)			
LEI:			
HMRC scheme reference number			

2. SIPP investment only - SIPP Member Details			
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		
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  TIN  TIN  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 to you.			
3. Scheme's bank details			
Please provide details of the bank/building society account into during the investment term or following maturity:  Bank/Building Society name	which you would like any payments to be made, either		
Account name			
Sort codeAccount number	er		
Reference			

4. Investment selection			
Please select the Plan you wish to invest into. If you wish to invest form for each plan.	into more than one plan, please use a sep	arate application	
UK Kick-out Plan Issue 2	UK & US Step Down Kick-out Plan	Issue 3	
UK & Europe Semi-Annual Defensive Kick-out Plan Issue 8	Semi-Annual Step Down Kick-out I	Plan Issue 10	
5. 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)	
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			
i. Total amount of our maturity proceeds Full amount	(Please tick)		
Partial amount	f		
ii. Adviser charge deducted (if any)	f		
iii. We apply to subscribe the following net investment amount	f	(min. £10,000)	
6. Financial advice and adviser charging			
All applications must be submitted via a financial intermediary (e.g. an execution only broker). If you do not have a financial intermediary plea	n FCA regulated financial intermediary, investmase contact us before submitting an application	nent manager or n.	
I/we have <b>not</b> received financial advice and am making this investr	ment on an execution only basis		
I/we have received advice from a financial adviser			
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 5 to my/our financial adviser. Please note that the maximum charge we are able to facilitate is 4% of your total investment.			

# 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, Old Change House, 128 Queen Victoria Street, London EC4V 4BJ. 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 specify) First Trustee / SIPP Member Company name Title (Mr/Mrs/Miss/Other) Surname Full forenames Permanent residential/business address Postcode Date of birth Nationality Country of permanent residence Tax Identification Number eg National Insurance number Signed Date Are you a US Person? Yes No **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 Tax Identification Number eq National Insurance number Signed Date Are you a US Person? Yes No

7. Trustee or Authority signatures

# 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	Tax Identification Number eg National Insurance number		
Signed			
Date	Annual US Daniel		
Duc	Are you a US Person? Yes No		
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	Tax Identification Number eg National Insurance number		
Signed			
Date	Are you a US Person? Yes No		

# 8. Declaration and authorisation

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 a financial intermediary 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 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 pension scheme is registered 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;
- 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 the scheme's 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 6 and/or Section 9 of this application form.

### 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 6 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.

Signed Authorised Signatory		Signed Authorised Signatory	
Print name		Print name	
Date		Date	
Signed Authorised Signatory	A	Signed Authorised Signatory	
Print name	F	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).

9. 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:		
SIPP member	Second trustee		
First trustee	Third trustee		
Fourth trustee	Other (e.g. third party with authority over the account)		
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 dis	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	been designed?		
Yes No			
• If no, please outline your rationale for submitting an application on b	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;		
$\bullet $ the Plan is compatible with the needs, characteristics and objectives	of the investor;		
• I have provided the investor with the Key Information Document and	d Plan brochure;		
Where I have provided advice and made a personal recommendation product in relation to the investor's individual circumstances and investors.			
• Where the investor is making a non-advised investment, I confirm the investor's investment knowledge and experience in accordance with	at I have assessed the appropriateness of this product in relation to the COBS 10.		
• this application form has been completed to the best of my knowled applicable, to the investor(s);	ge and belief and I have fully disclosed any intermediary charge, if		
<ul> <li>I understand that any intermediary 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;</li> </ul>			
• 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			
	Contact number		
	FCA number		
Postcode	Email		

Old Change House, 128 Queen Victoria Street, London EC4V 4BJ 020 3100 8880 | wcsi@wcgplc.co.uk | www.wcgplc.co.uk/wcsi

Walker Crips Structured Investments is a trading name of Walker Crips Stockbrokers Limited which is a member of the London Stock Exchange and is authorised and regulated by the Financial Conduct Authority.

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