

Application form for ISA Transfer Authority		
This application form is for investment into the following <b>Walker Crips</b> plans:		
Semi-Annual Step Down Kick-out Plan Issue 8  UK & Europe Semi-Annual Defensive Kick-out Plan Issue 6		
UK & US Semi-Annual Step Down Kick-out Plan Issue 5		
The closing date for applications is Friday 6 April 2018 for Stocks & Shares ISA transfers or Friday 13 April 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 <b>not</b> 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 intermediary declaration
- 8 Existing ISA transfer request

### 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 deta	ils		
	t of Walker Crips or have previously invested i Plan please provide your account number:	n a V	Walker Crips
Account holder			
Title (Mr/Mrs/Miss/Other	)		Surname
Full forenames			
Permanent residential ac	ddress		
			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			
Are you a US Person?  If yes, please note that th to you.	Yes No  Sis Plan is not offered to US Persons. Please spe	eak t	o your financial adviser for advice on any alternative options available
2. Bank details  Please provide the d	etails of your bank/buildina society acc	cour	nt into which you would like any payments to be made, either
during the investme	nt term or following maturity:		
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 invest into more than one plan, please use a separate application form for each plan.				
Semi-Annual Step Down Kick-out Plan Issue 8				
UK & Europe Semi-Annual Defensive Kick-out Plan Issue 6				
UK & US Semi-Annual Step Down Kick-out Plan Issue 5				
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)	f			
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 Plan (e.g. employment, savings, pension inheritance, gift, divorce settlement, property sale, loan, share sale)				
			,	
5. Financial advice and adviser charging				
All applications must be submitted via a financial intermediary (e.g. an FCA regulated financial intermediary, investment manager or execution only broker). If you do not have a financial intermediary please contact us before submitting an application.				
I/we have <b>not</b> received financial advice and am making this investment 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 note that the maximum charge we are able to facilitate is 4% of your total	amount detailed in sectior al investment.	n 4 to my/our financial ac	dviser. Please	

### 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 a financial intermediary 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;
- $\bullet~$  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 intermediary (e.g. an FCA regulated financial adviser, investment manager or execution only broker).

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	ın:		
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 No			
• If no, please outline your rationale for submitting an application on l	pehalf 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			
I have provided the investor with the Key Information Document and			
<ul> <li>Where I have provided advice and made a personal recommendation product in relation to the investor's individual circumstances and inve</li> </ul>			
• 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.			
• this application form has been completed to the best of my knowledge and belief and I have fully disclosed any intermediary charge, if applicable, to the investor(s);			
<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>			
<ul> <li>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.</li> </ul>			
Company name	Adviser signature		
Adviser name			
Address or adviser company stamp			
	Contact number		
Postcode	FCA number		



I apply to transfer the following amount to Walker Crip	ps Structured Investments
Please complete (a) or (b) as required.	Approx. value
(a) I wish to transfer my 2017/18 tax year ISA	£
(b) I wish to transfer ISA(s) from previous tax years	f
Total transfer value	f
The transfer to be in the form of cash. If you are transferring more than one ISA, this for	rm 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)	
Cash ISA ref. number(s) (to transfer to a Stocks & Shares accou	int)
within the Plan to Walker Crips Stockbrokers Limited, an Crips Stockbrokers Limited with all such relevant informations.	e proceeds in cash, together with any interest, dividends, rights and cash in HMRC Approved Plan Manager, and I authorise you to provide Walker ation relating to my Plan(s) as may be required. If you are not in a ril 2018 please cancel my request and reinstate my ISA.
Signature	
	Date
All correspondence should be sent to: Walker Crips Struc London, EC4V 4BJ.	ctured Investments, Old Change House, 128 Queen Victoria Street,
The deadline for receiving the ISA transfer proceeds is a	on <b>Friday 27 April 2018</b> .

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.

Member of the Walker Crips Group plc. Registered in England. Registration Number 4774117.

8. Existing ISA transfer request