

Application form for SIPP/SSAS investment

This application form is for investment into the following **Walker Crips** plans:

- Annual Growth Plan Issue 37 (Kick-out)
- Defensive Annual Growth Plan Issue 19 (Kick-out)
- Defensive Dual Index Plan (UK & US) Issue 32 - with *final year kick-out level 75%*
- Defensive Dual Index Plan (UK & US) Issue 33 - with *final year kick-out level 50%*

The closing date for applications is Friday 15 January 2016.

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 for SIPP/SSAS investments will only be accepted via a regulated UK or EU financial adviser.

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 Scheme details
- 2 Bank details
- 3 Investment selection
- 4 Investment details
- 5 Financial advice and adviser charging
- 6 Trustee or Authority signatures
- 7 Declaration and authorisation
- 8 Financial adviser declaration

Contact

For any queries please contact:

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

Address for all correspondence:

Walker Crips Structured Investments
Finsbury Tower
103–105 Bunhill Row
London
EC1Y 8LZ

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:

Name of Scheme

Name of administrators

Correspondence address

Post code

Contact name

Contact number

Email address

Type of pension scheme (please tick one box only)

A small self-administered scheme (SSAS) A self-invested personal pension scheme (SIPP)

Other (please specify)

HMRC scheme reference number

2. Bank details

Please provide the details of your bank/building society account that you would like any payments to be made into, either during the investment term or following maturity:

Bank/Building Society name

Account name

Sort code

--

Account number

Reference

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 specify)

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	<input type="text"/>	Signed Authorised Signatory	<input type="text"/>
Print name	<input type="text"/>	Print name	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>
Signed Authorised Signatory	<input type="text"/>	Signed Authorised Signatory	<input type="text"/>
Print name	<input type="text"/>	Print name	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

Applications must be submitted via a financial adviser

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

Where I have provided advice and made a personal recommendation to the investor(s) in accordance with the FCA Handbook, I confirm that I have assessed the suitability of this product in relation to my client's circumstances and investment objectives.

Where no advice has been given and the investor is undertaking an execution only investment, I confirm that I have assessed the appropriateness of this investment in accordance with the FCA Handbook.

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	Adviser signature
Adviser name	
Address or adviser company stamp	
Post code	Contact number
	FCA number