

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:				
UK Step Down Kick-out Plan January (MS035)				
UK 95% Kick-out Plan Issue 5 (MS036)				
UK & Europe Semi-Annual Step Down Kick-out Plan Issue 4 (MS037)				
The closing date for applications is 27 December 2019.				
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 Investment Management Limited'				
I am making a bank transfer to the following bank details Account Name Walker Crips Investment Management Ltd 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				
Bank details				
B 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					
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 advice on any alternative options available to you.  Additional country(ies) of tax residency and Tax Identification Number(stountry  Country  Country					
Yes No  Are you a US Person?  If yes, please note that this Plan is not offered to US Persons. Please specto you.	ak to your financial adviser for advice on any alternative options available				

2. Bank details	2. Bank details					
Please provide the details of your bank/building society account t during the investment term or following maturity:	hat you would like any payments to be ma	de into, either				
Bank/Building Society name	ccount name					
	ccount 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.						
UK Step Down Kick-out Plan January (MS035)						
UK 95% Kick-out Plan Issue 5 (MS036)						
UK & Europe Semi-Annual Step Down Kick-out Plan Issue 4 (M	ISO37)					
4. Investment details						
New Investment						
Direct Investment						
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)				
2019/20 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 ISA Investment for the tax year 2019/20	f	(min. £10,000 max. £20,000)				
Source of funds for new investment						
Please confirm the source of the funds to be invested in the Plan ( employment, savings, pension inheritance, gift, divorce settlement property sale, loan, share sale)	9					
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)	1				
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 2019/20 Stocks & Shares ISA subscription with proceeds from a matured (non ISA) plan, please tick this box $\square$ and complete your subscription by indicating the amount in the section above: 'New Investment - 2019/20 Stocks & Shares ISA Investment'.						

5. Financial ad	lvice and adviser charging						
All applications mu execution only bro	ust be submitted via a financial intermediary (e.g ker). If you do not have a financial intermediary	g. an FCA regi please conta	ulated financial intermediary, investment manager or ct us before submitting an application.				
I/we have <b>not</b> r	received financial advice and am making this invest	ment on an ex	xecution only basis				
I/we have recei	I/we have received advice from a financial adviser						
Firm name							
Have you paid the	adviser charges?						
Yes, I/we have p	Yes, I/we have paid the adviser charges separately.						
No, I/we have n	oot paid the adviser charges and would like you to po aximum charge we are able to facilitate is 4% of yo	ay the amoun our total inves	t detailed in section 4 to my/our financial adviser. Please tment.				
6. Applicant de	eclaration						
form please ensur Information Docu including the risks	fit and protection, before signing this application re that you have been provided with the Key ment (KID) and have read the Plan brochure, associated with investment in the Plan and the	the same another S	on limit in total to any combinations of permitted ISAs in tax year. I have not subscribed, and will not subscribe, to tocks and Shares ISA in the same year that I subscribe to and Shares ISA;				
If you require furth understand, please this application for		resident, e Income T serving o	sident in the United Kingdom for tax purposes or, if not so either perform duties which, by virtue of Section 28 of The ax (Earnings & Pensions) Act 2003 (Crown employees verseas), are treated as being performed in the United or I am married to are in a civil performed in the United				
	t: ved the KID and carefully read the Plan brochure rms and Conditions under which the Plan will be	who perfo resident o partnersh	or I am married to, or in a civil partnership with, a person orms such duties. I will inform WCIM if I cease to be so or to perform such duties or be married to, or in a civil ip with, a person who performs such duties;				
United States or a	d am/are not acting on behalf of a resident of the a US Person(s) and we will not assist any such nvestment within the Plan;	within the	stand that this ISA is subject to the terms and conditions brochure and agree thereto.  See WCIM as Plan Manager to:				
I/We will inform	n Walker Crips immediately if I/we become a ted States or a US Person;		n my behalf any claims to relief from tax in respect of ISA				
any change in my/o	nform Walker Crips immediately should there be our residence for tax purposes;	case may	• 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				
<ul> <li>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.</li> </ul>		any cash.  Adviser charges					
I/We authorise W	alker Crips Investment Management Limited	Investment Management Limited By signing this application, I/we confirm that:					
	d and administer the Plan on my/our behalf and the Terms and Conditions of the Plan as set out e;	my/our ac to deduct	<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> <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, WCIM will not return any adviser charges to me/us. I/We will need to contact my/our financial</li> </ul>				
relation to my/our i as detailed in Secti	uctions from and release any information in nvestment in the Plan to my/our financial adviser, on 5 and/or Section 7 of this application form.	we unders after the					
	ed to an ISA I confirm that: f age or over. All subscriptions made, and to be		garding any refund				
made, belong to m		and any q	<ul> <li>I/we understand that WCIM is simply facilitating adviser charges and any queries regarding these payments will need to be discussed with my financial adviser.</li> </ul>				
First applicant		Joint app					
		Signatura					
Signature		Signature					
Date		Date					
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## Applications must be submitted via a financial adviser

7. Financial adviser declaration (THIS SECTION MUST BE COMPLETED IN FULL)					
Decision-maker details					
Please confirm the individual(s) who made the decision to invest in this	Plan:				
First applicant	Joint applicant				
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)					
<b>Target Market</b> Under Product Governance rules we are required to provide particular di Please confirm the following in meeting distributor obligations:	stribution information to the Issuer.				
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 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 KID and Plan brochure;					
<ul> <li>I have assessed the suitability of this product in relation to the invest- with COBS 9;</li> </ul>	or's individual circumstances and investment objectives in accordance				
<ul> <li>Where the investor is making a non-advised investment, I confirm the investor's investment knowledge and experience in accordance with</li> </ul>	at I have assessed the appropriateness of this product in relation to the COBS 10.				
<ul> <li>This application form has been completed to the best of my knowled to the investor(s);</li> </ul>	ge and belief and I have fully disclosed any adviser charge, if applicable,				
• I understand 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;					
<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 beer signed. I acknowledge that Walker Crips will rely upon this confirmation for the purposes of Regulation 38 of The Money Laundering Regulations 2017 and that the IDVC and relevant supporting documents will be provided to Walker Crips within two days of any request.</li> </ul>					
Company name	Adviser signature				
Adviser name					
Address or adviser company stamp					
	Contact number				
	FCA number				
Postcode	Email				

