

Application form for Direct investment and/or Stocks & Shares ISA investment This application form is for investment into the following Walker Crips plan: UK Fixed Income Plan (HS645) The closing date for applications is 26 November 2025.

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 'Pershing Securities Limited'					
	I am making a bank trans Account Name Bank Sort code Account Number Reference	Fer to the following bank details: Pershing Securities Ltd Client Hub Account Royal Bank of Scotland 16-04-00 31266302 Please use VK followed by your Walker Crips account number, for example: VK123456 D (Note: The two spaces before "D" are intentional and important.) If you don't yet have a Walker Crips account number, it will be included in your Confirmation of Application & Cancellation Notice, which you'll receive shortly. For any questions, please contact the Client Services Team on 020 3100 8880.				
	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 5 Financial advice and adviser charging

2 Bank details 6 Applicant declaration

3 Investment details 7 Financial adviser declaration

4 Personal financial circumstances

Contact

For any queries please contact:

Website www.wcgplc.co.uk/wcsi
Email wcsi@wcgplc.co.uk
Tolophopo 020 3100 8880

Telephone 020 3100 8880 Fax 020 3100 8822

Address for all correspondence:

Walker Crips Structured Investments

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					
Country of birth	Email address					
Nationality	Place of birth					
Dual Nationality (if applicable)						
Yes No Are you resident in the UK for tax purposes? If yes, please provide your National Insurance Number						
Yes No 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.						
As defined by the UK Market Abuse Regulation is the first applicant considered a person discharging managerial responsibilities (PDMR)*, or a person closely associated (PCA) with a PDMR? If yes please provide details along with the stock symbol/ticker for the company in question:						

*Person Discharging Managerial Responsibilities (PDMR): A person discharging managerial responsibilities (PDMR) will typically be privy to potentially price sensitive 'inside' information in relation to the company they work for, which is also typically a public listed company, and are likely to hold senior managerial roles, for example, at Director or Board level. A person closely associated (PCA) with a PDMR is a spouse, family member, business partner or another known association.

Joint applicant (for direct investments ONLY) Title (Mr/Mrs/Miss/Other) Surname Full forenames Nationality Date of birth Country of birth Place of birth Dual Nationality (if applicable) 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 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 Country TIN Yes No 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. As defined by the UK Market Abuse Regulation is the first applicant considered a person discharging Yes No managerial responsibilities (PDMR)*, or a person closely associated (PCA) with a PDMR? If yes please provide details along with the stock symbol/ticker for the company in question: *Person Discharging Managerial Responsibilities (PDMR): For full definition, please see PDMR question at page 2. 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. Please indicate how you would prefer your income to be distributed: Retain the income in my/our Walker Crips Account Pay the income into the bank account as detailed below Bank/Building Account name Society name Sort code Account number

Reference

3. Investment details						
New Investment						
Choose investment type Direct Investment or	ISA Investment (2025/26 Stocks & Sho	ares)				
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)				
ISA Investment (2025/26 Stocks & Shares)						
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 2025/26	f	(min. £10,000 max. £20,000)				
Investment using Maturity Dreseds						
Investment using Maturity Proceeds						
Is the matured Plan a Direct or Stocks & Shares ISA						
i. Total amount of my/our maturity proceeds Full amount (Please tick)						
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)				
iv. I/We apply to subscribe the following net investment amount to a 2025/26 Stocks & Shares ISA	f	(min. £10,000)				

4. Personal financial circumstances					
First applicant Primary source of wealth (tick all that apply)	Joint applicant Primary source of wealth (tick all that apply)				
Employment Investment Savings Pension Inheritance Family trust Business ownership/sale Property ownership/sale Divorce Gift Other: Primary source of funds Select the option that best describes where the funds you will transfer to Walker Crips originate from UK bank Transfer from an unregulated firm (UK or overseas) UK investment firm Internal transfer from existing Walker Crips account	Employment Investment Savings Pension Inheritance Family trust Business ownership/sale Property ownership/sale Divorce Gift Other: Primary source of funds Select the option that best describes where the funds you will transfer to Walker Crips originate from UK bank Transfer from an unregulated firm (UK or overseas) Overseas investment firm Internal transfer from existing Walker Crips account				
Other:	Other:				
Full time employment Part time employment Self employed Unemployed Homemaker Retired Other: Occupation details - required (previous details, if retired):	Employment status Full time employment				
Occupation/Job title	Occupation/Job title				
Employer's name (if applicable)	Employer's name (if applicable)				
Nature of Business	Nature of Business				
Date of joining current employment DD MM YY	Date of joining current employment DD MM YY				

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 **not** 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 amount detailed in section 3 to my/our financial adviser. Please note that the maximum charge we are able to facilitate is 4% of your total investment. 6. Applicant declaration For your own benefit and protection, before signing this application I am resident and ordinarily resident in the UK for tax purposes, or form please ensure that you have been provided with the Key if not so resident, either perform duties which, by virtue of Information Document (KID) and have read the Plan brochure, Section 28 of the Income Tax (Earnings & Pensions) Act 2003 including the risks associated with investment in the Plan and the (Crown employees serving overseas), are treated as being Terms and Conditions under which the Plan will be managed. 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 If you require further information or if there is anything you do not Pershing Securities Limited if I cease to be resident and ordinarily understand, please speak to your financial adviser before signing resident or to perform such duties or to be married to a person this application form. who performs such duties or in a civil partnership with a person I/We declare that: who performs such duties; I/We have received the KID and carefully read the Plan brochure the information given within this form has been completed to the and accept the Terms and Conditions under which the Plan will best of my knowledge; be managed; I understand that this ISA is subject to the terms and conditions I/We are not, and am/are not acting on behalf of a resident of the within the brochure and agree thereto. United States or a US Person(s) and we will not assist any such I authorise Pershing Securities Limited: person to acquire investment within the Plan; to hold my cash subscriptions, ISA investments, interest, dividends I/We will inform Walker Crips immediately if I/we become a and any other rights or proceeds in respect of these investments resident of the United States or a US Person; and any other cash. I/We agree to inform Walker Crips immediately should there be to make on my behalf any claims to relief from tax in respect of any change in my/our residence for tax purposes; ISA investments. the application form and this declaration have been completed I understand that Pershing Securities Limited will notify me if by to the best of my/our knowledge and belief and the information reason of failing to meet the provisions of the ISA rules my account provided is true and complete. is or will become void. I/We authorise Walker Crips Investment Management Limited I will inform Pershing Securities Limited of any change of circumstances (WCIM): affecting the information given in this form without delay. • to purchase, hold and administer the Plan on my/our behalf and Adviser charges in accordance with the Terms and Conditions of the Plan as set By signing this application, I/we confirm that: out in the Plan brochure: to accept instructions from and release any information in where I/we have requested Walker Crips to facilitate payment of relation to my/our investment in the Plan to my/our financial my/our adviser charge to my/our financial adviser, I/we instruct adviser, as detailed in Section 6 and/or Section 8 of this you to deduct the adviser charge as indicated in section 4 and application form. pay the deducted amount to my/our financial adviser. my/our adviser has fully explained their charges to me/us and I/ If I have subscribed to an ISA I confirm that: we understand that, should I/we exercise my/our cancellation I authorise Pershing Securities Limited, the ISA manager, to open a rights after the adviser charge has been paid, WCIM will not Stocks & Shares ISA on my behalf for the tax year shown above and return any adviser charges to me/us. I/We will need to contact each subsequent tax year until further notice. I declare that: my/our financial adviser regarding any refund all subscriptions made and to be made, belong to me. I/we understand that WCIM is simply facilitating adviser charges I am 18 years of age or over; and any queries regarding these payments will need to be I have not subscribed and will not subscribe more than the overall discussed with my financial adviser. ISA subscription limit total in the same tax year; First applicant Joint applicant Signature Signature Date Date



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)	Dual Nationality (if applicable)				
Target Market					
Under Product Governance rules we are required to provide particular d	istribution information to the Issuer.				
Please confirm the following in meeting distributor obligations:					
Does the investor fall within the Target Market for which the Plan ha	is been designed?				
Yes No	-				
If no, please outline your rationale for submitting an application on	behalf of an investor falling outside the Target Market				
It is important to recognise and support vulnerable clients. If you know our records.	v your client is vulnerable, please tick this box so that we can update				
Declaration					
In submitting this application on behalf of the investor, I declare that:					
$\bullet\ \ I$ acknowledge and understand the target market for whom the Plan	applied for has been designed;				
The Plan is compatible with the needs, characteristics and objectives.	of the investor;				
I have provided the investor with the KID and Plan brochure;					
• Where I have provided the investor with a personal recommendation, I have assessed the suitability of this product in relation to the investor's individual circumstances and investment objectives in accordance with COBS 9A;					
• 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 adviser charge, if applicable, to the investor(s); 					
 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; 					
• 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 Joint Money Laundering Steering Group (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 to fulfil its obligations under the Money Laundering Regulations and that the IDVC and relevant supporting documents will be provided to Walker Crips within two days of any request.					
Company name	Adviser signature				
Adviser name					
Address or adviser company stamp					
	Contact number				
	FCA number				
Postcode	Email				

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

Walker Crips Structured Investments is a trading name of Walker Crips Investment Management Limited which is authorised and regulated by the Financial Conduct Authority (FRN: 226344) and is a member of the London Stock Exchange. Registered in England and Wales number 4774117.