

Application form for Direct investment and/or Stocks & Shares ISA investment

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

<input type="checkbox"/> UK 95% Annual Kick-out Plan (HS681) (Kick-out from Year 2 and 60% Barrier)	<input type="checkbox"/> UK Step Down Kick-out Plan (HS683) (Kick-out from Year 2 and 60% Barrier)
<input type="checkbox"/> UK 95% Annual Kick-out Plan (HS682) (Kick-out from Year 2 and 65% Barrier)	<input type="checkbox"/> UK Step Down Kick-out Plan (HS684) (Kick-out from Year 2 and 65% Barrier)

The closing date for applications is 13 February 2026.

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 transfer to the following bank details:

Account Name	Pershing Securities Ltd Client Hub Account
Bank	Royal Bank of Scotland
Sort code	16-04-00
Account Number	31266302
Reference	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	6 Financial advice and adviser charging
2 Bank details	7 Applicant declaration
3 Investment selection	8 Financial adviser declaration
4 Investment details	
5 Personal financial circumstances	

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
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

<input type="text"/> Title (Mr/Mrs/Miss/Other)	<input type="text"/> Surname
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<input type="text"/> Full forenames

<input type="text"/> Permanent residential address
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<input type="text"/> Post code

<input type="text"/> Date of birth	<input type="text"/> Telephone
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<input type="text"/> Country of birth	<input type="text"/> Email address
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<input type="text"/> Nationality	<input type="text"/> Place of birth
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<input type="text"/> 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)

<input type="text"/> Country

<input type="text"/> TIN

<input type="text"/> Country

<input type="text"/> 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 managerial responsibilities (PDMR)*, or a person closely associated (PCA) with a PDMR?

Yes No

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? <input type="checkbox"/> <input type="checkbox"/>		
If yes, please provide your National Insurance Number <input type="checkbox"/>		
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? <input type="checkbox"/> <input type="checkbox"/>		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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 details of your bank/building society account into which you would like any payments to be made, either during the investment term or following maturity:

Bank/Building Society name	<input type="text"/>		Account name	<input type="text"/>	
Sort code	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>		Account number	<input type="text"/>	
Reference	<input type="text"/>				

3. Investment selection

Please confirm the Plan you wish to invest into.

<input type="checkbox"/> UK 95% Annual Kick-out Plan (HS681) (Kick-out from Year 2 and 60% Barrier)	<input type="checkbox"/> UK Step Down Kick-out Plan (HS683) (Kick-out from Year 2 and 60% Barrier)
<input type="checkbox"/> UK 95% Annual Kick-out Plan (HS682) (Kick-out from Year 2 and 65% Barrier)	<input type="checkbox"/> UK Step Down Kick-out Plan (HS684) (Kick-out from Year 2 and 65% Barrier)

4. Investment details

New Investment

Choose investment type **Direct Investment** or **ISA Investment (2025/26 Stocks & Shares)**

Direct Investment

i. Total amount being sent (e.g. amount on cheque)

 £

ii. Adviser charge deducted (if any)

 £

iii. I/We apply to subscribe the following net investment amount

 £

(min. £10,000)

ISA Investment (2025/26 Stocks & Shares)

i. Total amount being sent (e.g. amount on cheque)

 £

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

 £

(min. £10,000
max. £20,000)

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)

 £

Partial amount £

ii. Adviser charge deducted (if any)

 £

iii. I/We apply to subscribe the following net investment amount

 £

(min. £10,000)

iv. I/We apply to subscribe the following net investment amount to a **2025/26 Stocks & Shares ISA**

 £

(min. £10,000)

5. Personal financial circumstances

First 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
 Overseas investment firm Internal transfer from existing Walker Crips account
 Overseas bank
 Other: _____

Employment status

Full time employment Part time employment
 Self employed Unemployed
 Homemaker Retired
 Other: _____

Occupation details - required (previous details, if retired):

Occupation/Job title
Employer's name (if applicable)
Nature of Business
Date of joining current employment DD MM YY

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
 Overseas investment firm Internal transfer from existing Walker Crips account
 Overseas bank
 Other: _____

Employment status

Full time employment Part time employment
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 Homemaker Retired
 Other: _____

Occupation details - required (previous details, if retired):

Occupation/Job title
Employer's name (if applicable)
Nature of Business
Date of joining current employment DD MM YY

6. 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 4 to my/our financial adviser. Please note that the maximum charge we are able to facilitate is 4% of your total investment.

7. 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 your financial adviser 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 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 my/our 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 Investment Management Limited (WCIM):

- 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 8 of this application form.

If I have subscribed to an ISA I confirm that:

I authorise Pershing Securities Limited, the ISA manager, to open a Stocks & Shares ISA on my behalf for the tax year shown above and each subsequent tax year until further notice. I declare that:

- all subscriptions made and to be made, belong to me;
- I am 18 years of age or over;
- I have not subscribed and will not subscribe more than the overall ISA subscription limit total in the same tax year;

First applicant

Signature

Date

Joint applicant

Signature

Date

Applications must be submitted via a financial adviser

8. 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 distribution 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 behalf of an investor falling outside the Target Market

It is important to recognise and support vulnerable clients. If you know your client is vulnerable, please tick this box so that we can update our records.

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;
- 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
Postcode	FCA number
	Email