

# Application for SIPP/SSAS investment Annual Growth Plan – Issue Five

For internal use only

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This form should be used if you are applying to invest in a SIPP/SSAS investment.  
Applications for SIPP/SSAS investments will only be accepted via a regulated UK or EU financial adviser.

Return this form and a cheque made payable to '**Walker Crips Stockbrokers Limited**' to  
Walker Crips Structured Investments, Finsbury Tower, 103-105 Bunhill Row, London EC1Y 8LZ.  
The closing date for applications is by **5pm** on **Friday, 3rd September 2010**

Are you already a client of Walker Crips or have you previously  
invested in a Walker Crips Structured Investments Plan?

Yes  No

If 'Yes', please provide your Account Number

Please complete this form using **BLOCK CAPITALS** and **black ink**.

## 1. Scheme details

Name of Scheme	<input type="text"/>
	<input type="text"/>
Name of administrators	<input type="text"/>
Correspondence address	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/>
Contact name	<input type="text"/>
Contact number	<input type="text"/>
Email address	<input type="text"/>

**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. Investment details

I apply to subscribe the following amount as an investment  
in the Annual Growth Plan – Issue Five

£

(minimum £5,000,  
maximum £1,000,000)

Please make cheques payable to '**Walker Crips Stockbrokers Limited**'.

If you are attaching a building society cheque, please request that your building society references the pension scheme name on the cheque.

# Application for SIPP/SSAS investment (continued)

## 3. Have you received financial advice?

Walker Crips Structured Investments have not provided you with any advice in relation to this investment and recommend that all customers seek financial advice relating to the suitability of this product in relation to their circumstances and investment objectives.

Have you received financial advice in relation to this application?

**Yes.** Firm name  Adviser name   
 **No.** I haven't received financial advice.

**If you have received advice, please proceed to Section 4. If you have not received financial advice, please complete the following section.**

### Have you ever held any of the following?

- i. A complex investment where the capital and returns are variable and based upon the performance of underlying securities, e.g. Equities, Indices, Commodities, Unit Trusts, Investment Trusts or Corporate Bonds.  **Yes**  **No**
- ii. A structured investment product such as the Annual Growth Plan - Issue Five.  **Yes**  **No**

### Do you understand the following statements?

- i. The Plan may run for six years and you must be prepared to invest for the full Investment Term.  **Yes**  **No**
- ii. Should you need to cash the Plan in early, you may get back less than your original amount invested.  **Yes**  **No**
- iii. You are prepared to accept some risk to your capital in return for higher potential returns.  **Yes**  **No**
- iv. You have a minimum of £5,000 to invest.  **Yes**  **No**
- v. You may lose some or all of your money.  **Yes**  **No**

Please refer to page 10 of the brochure, titled 'Important points and suitability' for guidance on whether this investment is appropriate for you. If you do not answer these additional questions, we will not be able to determine whether this investment is appropriate for you.

## 4. 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 Stockbrokers Limited 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.

Signed _____ Date DD MM YYYY	Name _____
	Capacity _____
Signed _____ Date DD MM YYYY	Name _____
	Capacity _____
Signed _____ Date DD MM YYYY	Name _____
	Capacity _____
Signed _____ Date DD MM YYYY	Name _____
	Capacity _____

Signing authority  Any one  Any two  Other (please specify)

## Small self-administered scheme (SSAS)

Where a pension scheme is a SSAS, as defined in Section 1, please complete the following:

Pensioner trustee name	
Pensioner trustee signature	Date DD MM YYYY
Address	
Postcode	

## 5. 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(s) 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 managed.

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 the Inland Revenue to inform Walker Crips Stockbrokers Limited if the Scheme is not granted exempt approval or if that approval is withdrawn at any time.

We are not prohibited under legal 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.

### If we make this application as Trustees of a pension scheme to which Part IV of the Finance Act 2004 applies, then:

We appoint Walker Crips Stockbrokers Limited 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 contact name 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 certified copy of the Trust Deed or evidence of HMRC's approval of the Scheme, a list of authorised signatories and an identity verification certificate for the scheme member.

### Data protection

You authorise us to hold and process the information supplied on the application form as a data controller for the purposes of the Data Protection Act 1998. We may hold and process information for the administration of the service for which you are currently applying or may apply for in the future, for the operation of your investment and for marketing goods and services from any member of Walker Crips Group plc. You authorise the transfer of your information to any member of the group for these purposes.

You authorise the disclosure of your information concerning your investment to an Independent Financial Adviser acting on your behalf.

You are entitled to request details of the information we hold upon payment of a fee and require us to correct any inaccuracies in that personal data.

Signed

Print name

Date

Signed

Print name

Date

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## Financial adviser details and money laundering statement (THIS SECTION MUST BE COMPLETED IN FULL)

I/We confirm that I/we have completed the appropriate verification of identity checks and attach the **Identity Verification Certificate\*** Certified copies of the underlying documentary evidence are **enclosed with this certificate.**

or

I/We confirm that I/we have completed the appropriate verification of identity checks and attach the **Identity Verification Certificate\*** I/We have sighted the original documents and that any requiring a signature were presigned.

**Please tick the appropriate box**

\* Identity Verification Certificates can be downloaded from [www.wcgpplc.co.uk/wcsi](http://www.wcgpplc.co.uk/wcsi)

Company name	IFA signature	
IFA name		
Address or IFA company stamp	Contact number	
	FSA number	
Postcode	Commission sacrifice	%