WALKERCRIPS
Structured Investments

Application form for Company investment

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

☐ Semi-Annual Step Down Kick-out Plan Issue 20

The closing date for applications is 20 September 2019.

This application form can be used for new investment and to invest proceeds from a matured plan held with Walker Crips.

Applications can only be accepted if the financial adviser declaration is completed in section 8, and the appropriate FATCA Addendum is completed and submitted. FATCA Addendum forms can be found on our website or by calling 020 3100 8880.

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 the Company Name and or the 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 Company details
2 Signing authority
3 Bank details
4 Investment selection
5 Investment details
6 Financial advice and adviser charging
7 Applicant declaration
8 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. Company 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 company

Registered office

Postcode

Telephone

Registered number

LEI:

Primary Contact Name and Correspondence address

Postcode

Email address

Please provide details of all company directors and all company shareholders (i.e. those holding 25% or more of the company's shares)

First ☐ Director ☐ Controlling shareholder (i.e. holding 25% or more of the company's shares)

Title (Mr/Mrs/Miss/Other)

Surname

Full forenames

Permanent residential address

Postcode

Telephone

Date of birth

Nationality

Tax Identification Number eg National Insurance number

Country of permanent residence

Are you a US Person? ☐ Yes ☐ No

Second ☐ Director ☐ Controlling shareholder (i.e. holding 25% or more of the company's shares)

Title (Mr/Mrs/Miss/Other)

Surname

Full forenames

Permanent residential address

Postcode

Telephone

Date of birth

Nationality

Tax Identification Number eg National Insurance number

Country of permanent residence

Are you a US Person? ☐ Yes ☐ No

Third ☐ Director ☐ Controlling shareholder (i.e. holding 25% or more of the company's shares)

Title (Mr/Mrs/Miss/Other) | Surname

Full forenames

Permanent residential address

Postcode

Telephone | Date of birth

Nationality | Tax Identification Number eg National Insurance number

Country of permanent residence

Are you a US Person? ☐ Yes ☐ No

Fourth ☐ Director ☐ Controlling shareholder (i.e. holding 25% or more of the company's shares)

Title (Mr/Mrs/Miss/Other) | Surname

Full forenames

Permanent residential address

Postcode

Telephone | Date of birth

Nationality | Tax Identification Number eg National Insurance number

Country of permanent residence

Are you a US Person? ☐ Yes ☐ No

2. Signing authority

Please stipulate the requisite signing authority:

Any one ☐ Any two ☐ Other ☐ Please specify _____

1. Name | Signature

2. Name | Signature

3. Name | Signature

4. Name | Signature

If you require more than four Authorised Signatories, 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, Old Change House, 128 Queen Victoria Street, London EC4V 4BJ.

Please note that we will be entitled to rely on the last list provided to us until we receive notification of an update.

3. 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

4. Investment selection

Please select the Plan you wish to invest into.

☐ Semi-Annual Step Down Kick-out Plan Issue 20

5. Investment details

New Investment

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

ii. Adviser charge deducted (if any) £

iii. We apply to subscribe the following net investment amount £ (min. £10,000)

Source of funds for new investment

Please confirm the source of the funds to be invested in the Plan (e.g. employment, savings, pension inheritance, gift, property sale, loan, share sale)

Investment using Maturity Proceeds

Matured Plan name

i. Total amount of our maturity proceeds Full amount ☐ (Please tick)

Partial amount £

ii. Adviser charge deducted (if any) £

iii. We apply to subscribe the following net investment amount £ (min. £10,000)

6. Financial advice and adviser charging

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 5 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 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;
- 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 the company's 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.

Adviser charges

By signing this application, I/we confirm that:

- 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 6 and pay the deducted amount to my/our financial adviser.
- 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 adviser regarding any refund
- 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.

Signed Authorised Signatory		Signed Authorised Signatory	
Print name		Print name	
Date		Date	
Signed Authorised Signatory		Signed Authorised Signatory	
Print name		Print name	
Date		Date	

Applications must be submitted via a financial adviser

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

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

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 Key Information Document 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 9;
- 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 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 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.

Company name	Adviser signature
Adviser name	
Address or adviser company stamp Postcode	Contact number
	FCA number
	Email

Old Change House, 128 Queen Victoria Street, London EC4V 4BJ
020 3100 8880 I wcsi@wcgplc.co.uk I www.wcgplc.co.uk/wcsi

Walker Crips Structured Investments is a trading name of Walker Crips Investment Management Limited which is a member of the London Stock Exchange and is authorised and regulated by the Financial Conduct Authority. Member of the Walker Crips Group plc. Registered in England. Registration Number 4774117.