

Execution Only Service Executor Application Form

Please complete this form using **BLOCK CAPITALS** and return to
**Walker Crips Investment Management, 128 Queen Victoria Street,
London EC4V 4BJ.**

Office Use Only		Scan ref: EXECE04
Internal ref:	AE	
Internal ref:	Code	

A Personal details

First Executor

Title (Mr/Mrs/Miss/Other)		Surname			
Full forenames		Previous names (if applicable)			
Permanent residential address					
Postcode					
Previous residential address (if resident at current address for less than 12 months)					
Postcode					
Correspondence address (if different to the permanent residential address)					
Postcode					
Telephone (home)		Telephone (office)		Telephone (mobile)	
Email address		Date of birth D D M M Y Y Y Y			
Country of birth		Town of birth			
Nationality		Country of permanent residence			
Dual nationality (if applicable)		Were you born in the US or are you, or have you ever been, a US citizen, the holder of a US passport, Green Card or US bank account; or have you ever resided in or owned property in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No			
UK Tax Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes please provide details:			
UK Tax Identification Number (TIN) (e.g. National Insurance Number)					
Country of Tax Residency (if outside the UK. Do not abbreviate)		Please tick if you do not have a Tax Identification Number (TIN) <input type="checkbox"/>			
Overseas Tax Reference for Non-UK Nationals					

If you are **not a UK National**, please also provide your passport number and expiry date:

Passport number:

Passport expiry date:

First Executor (continued)

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.

Second Executor

Title (Mr/Mrs/Miss/Other)

Surname

Full forenames

Previous names
(if applicable)

Permanent residential address

Postcode

Previous residential address
(if resident at current address for less than 12 months)

Postcode

Telephone (home)

Telephone (office)

Telephone (mobile)

Email address

Date of birth

DD MM YYYY

Country of birth

Town of birth

Nationality

Country of permanent residence

Dual nationality (if applicable)

UK Tax Resident?

☐ Yes

☐ No

Were you born in the US or are you, or have you ever been, a US citizen, the holder of a US passport, Green Card or US bank account; or have you ever resided in or owned property in the US?

☐ Yes

☐ No

UK Tax Identification Number (TIN)
(e.g. National Insurance Number)

If yes please provide details:

Country of Tax Residency (if outside the UK. Do not abbreviate)

Overseas Tax Reference
for Non-UK Nationals

Please tick if you do not have a Tax Identification Number (TIN)

☐

If you are **not a UK National**, please also provide your passport number and expiry date:

Passport number:

Passport expiry date:

DD MM YYYY

As defined by the UK Market Abuse Regulation is the second 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): For full definition, please see PDMR question at the top of this page.

All Executors

Do any of the executors consider themselves to be vulnerable or in need of additional support to enable them to use our services?

For information on the support we can offer you can visit www.walkercrrips.co.uk/HelpAndSupport, call our Customer Support team on **020 3100 8000** or email client.services@wcgplc.co.uk.

☐ Yes, we may need additional support. Please provide further details in the box below and we'll get in touch to discuss this with you.

☐ No, we do not need any additional support.

If you have answered "yes" above, please provide further details here:

B Deceased's Details

Title (Mr/Mrs/Miss/Other)	Surname
Full forenames	
Residential address	
Postcode	
UK Tax Identification Number (TIN) (e.g. National Insurance Number)	Date of birth D D M M Y Y Y Y
Overseas Tax Reference for Non-UK Nationals	

C Account Classification

Note: For full details, please refer to the Terms of Service and Business and the FCA Handbook on "COBS 3: Client Categorisation", which can be found on the FCA website (www.handbook.fca.org.uk/handbook).

Please select **one** of the Client categories below.

<input type="checkbox"/> Retail I/we confirm that I/we wish to be classified as a Retail client.	Retail clients are offered a higher level of protection by the FCA and are entitled to have complaints handled by the Financial Ombudsman Service. You will lose these protections if you elect to be classified as a non-Retail client.
<input type="checkbox"/> Elective Professional I/we confirm that I/we have expertise, experience and knowledge in investments and can make investment decisions.	<p>In order to qualify as an elective Professional at least two of the following criteria must be satisfied. Please tick which of the below criteria apply to you.</p> <div><input type="checkbox"/> carried out transactions of significant size on the relevant market at a frequency of at least ten per quarter;</div> <div><input type="checkbox"/> a financial investment portfolio made up of cash deposits and/or financial instruments exceeding €500,000;</div> <div><input type="checkbox"/> worked in the financial sector for at least one year in a professional position.</div> <p>If you qualify to be an elective Professional, we will send you an Elective Professional Agreement for you to sign and return.</p>

D Category of Service

By completing this form you are applying to open an account with Walker Crips Investment Management Limited (WCIM) as an Execution Only client. Please complete all sections of this form, though it is your decision which of our support services you select in Section I.

Under an Execution Only Account

- You make your own investment decisions;
- Trades are executed upon your specific instruction;
- We will not give advice on investments relating to the merits of the transaction;
- We will only provide factual information such as share prices or market activity on request.

Please enter your Walker Crips Account Executive's name for your Execution Only service below. If you do not have an Account Executive yet, please leave blank and we will allocate one to you.

Your Account Executive's name:

E Personal Financial Circumstances

We are required under UK financial regulations to obtain information on our clients' source of wealth and source of funds.

First Executor

Primary source of funds

Select the option that best describes where the funds you will transfer to Walker Crips originate from

- | | |
|---|---|
| <input type="checkbox"/> UK bank | <input type="checkbox"/> Transfer from an unregulated firm (UK or overseas) |
| <input type="checkbox"/> UK investment firm | <input type="checkbox"/> Internal transfer from existing Walker Crips account |
| <input type="checkbox"/> Overseas investment firm | |
| <input type="checkbox"/> Overseas bank | |
| <input type="checkbox"/> Other: _____ | |

Employment status

- | | |
|---|---|
| <input type="checkbox"/> Full time employment | <input type="checkbox"/> Part time employment |
| <input type="checkbox"/> Self employed | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Other: _____ | |

Occupation details - Required
(previous details, if retired or unemployed):

Occupation/Job title

Employer's name (if applicable)

Nature of Business

Date of joining current employment

DD

MM

YYYY

Second Executor

Primary source of funds

Select the option that best describes where the funds you will transfer to Walker Crips originate from

- | | |
|---|---|
| <input type="checkbox"/> UK bank | <input type="checkbox"/> Transfer from an unregulated firm (UK or overseas) |
| <input type="checkbox"/> UK investment firm | <input type="checkbox"/> Internal transfer from existing Walker Crips account |
| <input type="checkbox"/> Overseas investment firm | |
| <input type="checkbox"/> Overseas bank | |
| <input type="checkbox"/> Other: _____ | |

Employment status

- | | |
|---|---|
| <input type="checkbox"/> Full time employment | <input type="checkbox"/> Part time employment |
| <input type="checkbox"/> Self employed | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Other: _____ | |

Occupation details - Required
(previous details, if retired or unemployed):

Occupation/Job title

Employer's name (if applicable)

Nature of Business

Date of joining current employment

DD

MM

YYYY

F Investment Knowledge & Experience

First Executor

How many years of investment experience do you have?

☐ None ☐ Below 3 years ☐ Over 3 years

What types of instruments have you previously invested in?
e.g. equities, funds, Contracts for Difference, options, futures...
(please describe below)

How frequently have you dealt in investments?

☐ Trading (very frequently) ☐ More than once a month ☐ Less than once a month

Have you received any investment education or hold any investment qualifications?

☐ Yes (Please describe here) ☐ No

Are you a member of any professional bodies?

☐ Yes (Please describe here) ☐ No

Please give details of any previous investment experience which you may consider relevant.

Second Executor

How many years of investment experience do you have?

☐ None ☐ Below 3 years ☐ Over 3 years

What types of instruments have you previously invested in?
e.g. equities, funds, Contracts for Difference, options, futures...
(please describe below)

How frequently have you dealt in investments?

☐ Trading (very frequently) ☐ More than once a month ☐ Less than once a month

Have you received any investment education or hold any investment qualifications?

☐ Yes (Please describe here) ☐ No

Are you a member of any professional bodies?

☐ Yes (Please describe here) ☐ No

Please give details of any previous investment experience which you may consider relevant.

G Investment Intentions

Frequency of trading (approximate)

☐ A one-off Execution Only sale

☐ Ongoing Execution Only sales (please select frequency below)

☐ Infrequent
(approx. 1-5 trades a month)

☐ Moderate
(approx. 6-30 trades a month)

☐ Trading (very frequently)

Anticipated individual trade size (approximate)

☐ £0 - £10,000

☐ £10,001 - £50,000

☐ Over £50,000

Estimated value of holdings

£

H Bank Details

Note: We will need a copy of a bank account statement in the name of the executor(s) to confirm the details.

Bank/Building Society name														
Account name														
Bank address														
	Postcode													
Sort code							Account number							

I Support Service Requirements

Note: Please read the Terms of Service and Business, which detail the conditions governing our Managed Deposit and Nominee Services, and the accompanying supplementary charges list.

Managed Deposit Service

Maintaining a Deposit Account is the easiest way to manage funds for buying and selling of securities. Payments will be made into this account, and if there is sufficient cash, purchases will be paid from this account. This reduces the need to send monies back and forth. Any credit balances may attract interest and the current interest rates can be found on our website at:

<https://www.wcgplc.co.uk/source/documents/Managed-deposit-interest-rates.pdf>

For full details, please refer to the Terms of Service and Business.

Do you wish to maintain a Managed Deposit Account with WCIM?

Please note that this is opened automatically if you select to utilise our Nominee Service below.

- ☐ Yes, I understand that funds will accumulate in my Managed Deposit Account until I request withdrawal.
- ☐ No, I would prefer for any funds to be sent to my bank account and not to accumulate in a Managed Deposit Account.

Payments made from your account will be sent to the bank account detailed in Section H by BACS payment free of charge.

Please note that payments other than by BACS may incur a charge. Please refer to our Supplementary Charges list.

Registration

How would you like to register your investments? Please select one of the following.

- ☐ I/We wish to have my/our investments registered in your Nominee Company, together with a Managed Deposit Account (as above). (Please refer to our supplementary charges list).
- ☐ I/We wish to have my/our investments registered in my/our name (There is an additional cost for registering securities in your name and dealing in certificates. Please refer to our supplementary charges list).

Income Payments

When you receive income from your investments, how would you like us to deal with it?

I would like the income from my portfolio to:

- ☐ ■ Accumulate in my/our income deposit account with WCIM.
- ☐ ■ Be paid to me/us monthly from my/our income deposit account with WCIM (subject to the monthly de minimis amount). This excludes ISA accounts.
- ☐ ■ Be paid to me/us as soon as possible (subject to the de minimis amount). This excludes ISA accounts.

J Declaration and Documentary Disclosures

Note: Please be advised that before we are able to open a new investment account, we have to ask you for certain documents in order to comply with the UK Anti-Money Laundering Regulations (AML).

First Executor

<p>VERIFICATION OF IDENTITY</p> <p>I enclose a copy of my:</p> <p><input type="checkbox"/> passport, or</p> <p><input type="checkbox"/> full UK photo driving licence</p> <p>VERIFICATION OF ADDRESS (dated within the last 6 months)</p> <p><input type="checkbox"/> bank statement, or</p> <p><input type="checkbox"/> utility bill, or</p> <p><input type="checkbox"/> income tax statement</p>
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Second Executor (if applicable)

<p>VERIFICATION OF IDENTITY</p> <p>I enclose a copy of my:</p> <p><input type="checkbox"/> passport, or</p> <p><input type="checkbox"/> full UK photo driving licence</p> <p>VERIFICATION OF ADDRESS (dated within the last 6 months)</p> <p><input type="checkbox"/> bank statement, or</p> <p><input type="checkbox"/> utility bill, or</p> <p><input type="checkbox"/> income tax statement</p>
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Other Mandatory Documents

<p>DOCUMENTS REQUIRED</p> <p>I/We enclose:</p> <p><input type="checkbox"/> Grant of probate</p> <p><input type="checkbox"/> Death certificate</p>
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If there are more than two Executors named in the Grant of Representation please duplicate Sections A, E and F completing with the relevant details and providing the additional documentation mentioned above.

If you are not a resident in the UK we require all documents to be certified by a Lawyer, Accountant, Notary, Commissioner of Oaths or a UK Embassy or Consulate where a certification service is provided. Where required, we reserve the right to request additional information and documentation.

1. I/We confirm that I/we have read and accept WCIM's Terms of Service and Business and tariff sheet and consent to your Order Execution Policy incorporated therein, taking note in particular the policies relating to Off Market Venues and Limit Orders.
2. I/We will advise WCIM of any change in my/our details and circumstances relevant to the services provided to me/us.
3. I/We confirm that the Applicant/all Applicants is/are authorised to give instructions for this account.
4. I/We consent to receiving marketing information from WCIM. (Please tick if you agree ☐ Yes)
5. I/We consent to receiving contracts and statements from WCIM in electronic format **only**, along with other documents as and when the services become available. (Please ensure that you provide an e-mail address on Page 1). (Please tick if you agree ☐ Yes)
6. I/We confirm that I/we are 18 years of age or over and agree that the information provided is true and correct to the best of my/our knowledge.
7. I am/We are aware that in certain circumstances Walker Crips Investment Management Ltd will be obliged to share this information with UK tax authorities, who may pass it on to other tax authorities.

Signature (First Executor)	Signature (Second Executor)
Date	Date

- Note:**
- This Application Form and our Terms of Service and Business, which taken together, set out the basis of your relationship with WCIM. We intend to rely on these documents and for your own benefit and protection, you should read the terms carefully before signing this Form. If you do not understand any item therein, please ask for further details.
 - The **Terms of Service and Business** can be found on www.wcgplc.co.uk/business. If you require a printed copy of the Terms of Service and Business, please contact client.services@wcgplc.co.uk or 020 3100 8662.

For Office Use Only		
Reviewed by AE		Executive Notes
AE Name		
On-boarding approval where required (signature/date)		
On-boarding Name		

Walker Crips Investment Management

128 Queen Victoria Street, London EC4V 4BJ | 020 3100 8000 | client.services@wcgplc.co.uk | walkercrips.co.uk

Walker Crips Investment Management Limited 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.