# Application form for Pension investment

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



Europe Annual Kick-out Plan (HS594) (Kick-out from Year 1 and 65% Barrier)

Europe Step Down Kick-out Plan (HS595) (Kick-out from Year 1 and 65% Barrier)

## The closing date for applications is 4 July 2025.

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 has been completed in section 9.

Fundi	Funding the investment				
Please	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 member's designation reference and ensure this is specified in			
		Section 1 – 'Name of Scheme'			
	I am using proceeds fr	om a matured plan held with Walker Crips.			

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## **Application sections**

## Please ensure all of the following sections are fully completed

- 1 Scheme details
- 2 SIPP investment only
- 3 Scheme's bank details
- 4 Investment selection
- 5 Investment details
- 6 Personal financial circumstances of the beneficial owner of the SIPP
- Contact

### For any queries please contact:

Website	www.wcgplc.co.uk/wcs
Email	wcsi@wcgplc.co.uk
Telephone	020 3100 8880
Fax	020 3100 8822
Fax	020 3100 8822

# Address for all correspondence:

Financial advice and adviser charging

Trustee or Authority signatures

Declaration and authorisation

Financial adviser declaration

Addendum

Walker Crips Structured Investments 128 Queen Victoria Street London EC4V 4BJ

1. Scheme 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:	

### Account Name (Full name of the Scheme)

Scheme Trustee/Provider	
Full name	
Address	
	Postcode
Telephone	Email address
HMRC ref.	Plan ref.
VAT number	FCA Firm Reference
Scheme Administrator (If different to above)	
Full Name	
Address	
	Postcode
HMRC ref.	Plan ref.
VAT number	FCA Firm Reference
Type of pension scheme (please tick one box only)	
A self-invested personal pension scheme (SIPP)	
A small self-administered scheme (SSAS) Please provide LEI:	
Other (please specify)	
HMRC scheme reference number	

## 2. SIPP investment only - SIPP Member Details

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?				
3. Scheme's bank details				
Please provide details of the 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				
Account name				
Sort code				
Reference				

4. Investment selection				
Please confirm the Plan you wish to invest into.				
Europe Annual Kick-out Plan (HS594) (Kick-out from Year 1 and 65% Barrier)				
Europe Step Down Kick-out Plan (HS595) (Kick-out from Year 1 and 65% Barrier)				
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	f	(min. £10,000)		
Investment using Maturity Proceeds				
Matured Plan name		]		
i. Total amount of our maturity proceeds Full amount	(Please tick)			
Partial amount	f			
ii. Adviser charge deducted (if any)	f	]		
iii. We apply to subscribe the following net investment amount	f	(min. £10,000)		

6. Personal financial circumstances of the beneficial owner of the SIPP/SSAS Members				
Primary source of wealth (tick all that apply)				
Employment       Investment       Savings       Business ownership/sale       Property ownership/sale         Pension       Inheritance       Family trust       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       UK investment firm       Transfer from an unregulated firm (UK or overseas)         Overseas bank       Overseas investment firm       Internal transfer from existing Walker Crips account         Other				
Employment status				
Full time employment       Self employed       Homemaker       Retired         Part time employment       Unemployed       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				
7. 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.				
8. 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				

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 in writing giving the date of change at Walker Crips Structured Investments, 128 Queen Victoria Street, London EC4V 4BJ. Walker Crips Investment Management Limited will be entitled to rely on the previous list until they are informed to the contrary.

Signing authority Any one Any two Other (please specify)

#### First Trustee / SIPP Member

Company name					
Title (Mr/Mrs/Miss/Other)	Surname				
Full forenames					
Permanent residential/business address					
	Postcode				
Date of birth	Nationality				
Country of permanent residence	Dual Nationality (if applicable)				
Are you a US Person? Yes No	Tax Identification Number eg National Insurance number				
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.

Signed			
		Date	

#### Second Trustee

Company name				
Title (Mr/Mrs/Miss/Other)	Surname			
Full forenames				
Permanent residential/business address				
	Postcode			
Date of birth	Nationality			
Country of permanent residence	Dual Nationality (if applicable)			
Are you a US Person? Yes No	Tax Identification Number eg National Insurance number			
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): For full definition, please see PDMR question at page 6.

Signed

Date

## Third Trustee

Company name						
Title (Mr/Mrs/Miss/Other)	Surname					
Full forenames	Full forenames					
Permanent residential/business address						
	Postcode					
Date of birth	Nationality					
Country of permanent residence	Dual Nationality (if applicable)					
Are you a US Person? Yes No	Tax Identification Number eg National Insurance number					
As defined by the UK Market Abuse Regulation is the first applicant considered a person discharging anagerial 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 page 6.

Signed

Date

### Fourth Trustee

Company name				
Title (Mr/Mrs/Miss/Other)	Surname			
Full forenames				
Permanent residential/business address				
	Postcode			
Date of birth	Nationality			
Country of permanent residence	Dual Nationality (if applicable)			
Are you a US Person? Yes No	Tax Identification Number eg National Insurance number			
As defined by the UK Market Abuse Regulation is the first applicant considered a person discharging Messer approach and the stock approach				

\*Person Discharging Managerial Responsibilities (PDMR): For full definition, please see PDMR question at page 6.

Signed

Date

## 9. Declaration and authorisation

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;
- The pension scheme is registered 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;
- 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 scheme'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 7 and/or Section 10 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 5 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	Signed	
Authorised Signatory	Authorised Signatory	
Print name	Print name	
Date	Date	

## WALKERCRIPS Structured Investments

## Applications must be submitted via a financial adviser

Decision-maker details         Please confirm the individual who made the decision to invest in this Plan:         SIPP member       Second trustee         First trustee       Third trustee         Fourth trustee       Other (e.g. third party with outhonty over the account)         If you taked other please provide the following details:       Full         Full Rame (Forename(s) and Sumame)       Date of Birth         Date of Birth       Nationality         Target Market       Dual Nationality (if applicable)         Made Product Govername rules we are required to provide particular distribution information to the Issuer.         Please confirm the tollowing in meeting distributor obligations:       No         • Does the investor fail within the Target Market for which the Plan has been designed? Yes       No         It is important to recognise and support vulnerable dients. If you know your client is vulnerable, please tick this box or so that we can update airrecords.         Optimized of the investor, 1 declare that:       I to investor fail within the Key Information Dougment and Plan brochure;         It is important to recognise and support vulnerable dients. If you know your client is vulnerable, please tick this box or so that we can update airrecords.         It is chowed be investor with the Key Information Dougment and Plan brochure;         It is hopplication on behalf of the investor, 1 declare that:         It is upplication on behalf of the in	10. Financial adviser declaration (THIS SECTION	MUST BE COMPLETED IN FULL)				
SIPP member	Decision-maker details					
First trustee     Third trustee     Third trustee     Other (e.g. third party with authority over the account)      Fourth trustee     Other (e.g. third party with authority over the account)      Journame(s) and Surname(s)     Other (e.g. third party with authority over the account)      To uld with trustee     Other (e.g. third party with authority over the account)      To uld refriction 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:     Ones the investor fall within the Target Market for which the Plan has been designed? Yes No     In no lease 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     aur records.      Declaration      The Plan is compatible with the needs, characteristics and objectives of the investor;      The Plan is compatible with the needs, characteristics and objectives of the investor;      Now provided the investor with the Key Information Document and Phan brachure;      Niver I have provided the investor with the Key Information Document and Phan brachure;      Niver I have provided the investor with the Key Information Document and Phan brachure;      Niver I have provided the investor of the origonal recommendation. I have assessed the suitability of this product in relation to the     Investor with the Key Information Document and Phane fully disclosed any adviser charge, if     applicable, to the livestor (Carps will be poid after the start date of the Plan, subject to a fully completed     terms of Business argement being in place;      I have reliand a completed dative by Walker Crips will be poid after the start date of the Plan, subject to a	Please confirm the individual who made the decision to invest in this Plan:					
Grant trustee     Grant t	SIPP member	Second trustee				
If you licked other please provide the following details :         Full Name (Forename(s) and Surname)         Date of Birth         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 distributo obligations:         • Does the investor fall within the Target Market for which the Plan has been designed? Yes No         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 au records.         Declaration         It is submitting this application on behalf of the investor, I declare that:         I tacknowledge 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 a personal recommendation, I have assessed the suitability of this product in relation to the investor(s);         • The Plan is compatible with the needs, characteristics and objectives of the investor;         • The Neer I have provided the investor (starge 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 accordinace with type (Starge facilitated by Walker Crips will be paid after the start date of the Plan, subject to a fully completed Terms	First trustee	Third trustee				
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Postcode		Contact number				
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	Postcode	Email				

## Advance Notice that Walker Crips Investment Management (Walker Crips) selects BNY Pershing to provide Custody Services

Following a review of the services we offer to our clients, we are pleased to provide advance notice that we are enhancing the custody arrangements through which your cash and assets are safeguarded and administered. This addendum describes the changes, explains why we are making them, and informs how they will affect you.

#### Selection of new Custody Provider

As part of the Walker Crips service, clients' cash and investments that are managed or administered by Walker Crips are held safely by approved banks and custodians. We currently hold custody of cash and investments directly through WB Nominees Limited (WBNL), a Walker Crips company, and hold client money in client money bank accounts with approved credit institutions or banks.

After conducting a strategic review, we concluded that our clients would benefit from having their cash and investments being safeguarded by an internationally recognised custodian, and that our clients and the firm can benefit from the stability, efficiency and scalability that it brings.

After a thorough due diligence process, we have selected **Pershing Securities Limited** (known as BNY Pershing) to replace WBNL as the new custodian for our services. As custodian, BNY Pershing will also become the Individual Savings Account (ISA) and Junior ISA Manager for Walker Crips accounts.

Pershing Securities Limited's parent company, The Bank of New York Mellon Corporation (BNY), is one of the world's largest providers of custody services. BNY has been operating for over 230 years, and BNY Pershing has been operating for 80 years in the US and over 35 years in Europe, the Middle East and Africa. BNY Pershing's systems are robust, they have strong regulatory compliance expertise and they currently serve more than 50 wealth management companies in the UK and Ireland. By partnering with BNY Pershing, we are ensuring that your cash and investments are held safely by one of the world's most reputable custodians.

#### Transfer of client money

If you have any client money holdings on the transfer date relating to past or present activity on your account, we will transfer the relevant balances we hold to BNY Pershing. When your client money is transferred to BNY Pershing, it will be held by BNY Pershing for you as client money in a client money account and, upon such transfer, our fiduciary duty to protect your client money will be discharged.

The amounts transferred will be held by BNY Pershing under Financial Conduct Authority (FCA) client money rules and will continue to be protected and segregated as client money.

Shortly after the transfer date, we will send you a letter showing any client money balances we held for you that have been transferred to BNY Pershing.

BNY Pershing is also covered by the Financial Services Compensation Scheme (FSCS). Compensation may be available from the FSCS if BNY Pershing cannot meet its obligation to you. Your possible entitlement to compensation will depend upon the type of business and the circumstances of the claim. Further information about compensation arrangements is available from the FSCS, www.fscs.org.uk

#### How will the transfer affect me?

You will notice very little difference in the service you receive from us day to day whether BNY Pershing or Walker Crips is the custodian.

The service which we provide to you will continue to be provided by Walker Crips Structured Investments and will not change as a result of our appointment of BNY Pershing as custodian.

This means the level of service you receive from Walker Crips Structured Investments will remain the same.

We will handle the transition to BNY Pershing and you can rest assured that custody of your assets will remain safe and secure.

#### ISA/JISA Accounts and BNY Pershing becoming the ISA/JISA Manager

The ISA/JISA Manager is the firm that is approved by HMRC to manage ISA/JISA accounts in accordance with the relevant ISA/JISA Regulations.

It is our intention to transfer the role of ISA/JISA Manager to BNY Pershing. The individual service which we provide to you will continue to be provided by Walker Crips and will not change as a result of our appointment of BNY Pershing as ISA Manager.

On the transfer date, where you hold an ISA/JISA with us, we will transfer your ISA/JISA to BNY Pershing as part of our migration to BNY Pershing.

#### When will this transfer to BNY Pershing take place?

Our target transfer date is the weekend of **28 June 2025.** 

#### **Changes to our Terms and Privacy Notice**

As a result of the change in custodian, we have updated our Terms, which can be viewed at www.walkercrips.co.uk/businesstc. The most significant change relates to the introduction of BNY Pershing's role as custodian. As part of this change, you will now enter into a custody contract with BNY Pershing directly (which you authorise us to arrange on your behalf). To take these changes into account, we have deleted the previous "Appendix – Custody of Assets" of our current Terms which explained how we provide our custody and administration services. We have included BNY Pershing's Terms as Appendix 7 in our updated Terms, as effective from 28 June 2025.

We have also taken this opportunity to review and update our Terms. With the exception of the custody related changes, most other changes are stylistic and are intended to make the Terms clearer and easier to understand. However, we note:

• We have updated the wording explaining our investment services and how we provide them to you. This does not change what we do day to day but provides you with more information.

• We have explained that part of our services include arranging the custodian and that we have your permission to change the custodian from time to time.

• We have also updated our Privacy Notice, which can be viewed at www.walkercrips.co.uk/privacynotice. The main changes to this are to help set out how we use your personal data and your relevant rights.

We ask that you read these new Terms carefully. If you have any questions about the appointment of BNY Pershing as custodian, please contact a member of the Walker Crips Structured Investments Client Services team at wcsi@wcgplc.co.uk

## 11. Addendum (continued)

#### Declaration

This Application Form (including this Addendum) and our Terms of Service and Business, which taken together, set out the basis of your relationship with Walker Crips. We intend to rely on these documents and for your own benefit and protection, you should read these documents carefully before signing the Application Form. If you do not understand any item therein, please feel free to contact us for further details.

The Terms of Service and Business can be viewed at www.walkercrips.co.uk/businesstc. If you require a printed copy of the Terms of Service and Business, please contact wcsi@wcgplc.co.uk or 020 3100 8880.

• I/we confirm that I/we have read and accept both of Walker Crips' **Current** and **New** (effective 28/06/2025) Terms of Service and Business and Tariff Sheet and consent to the Order Execution Policy incorporated therein.

• I/we confirm that I/we understand and agree to the information in this Addendum and authorise Walker Crips to transfer my client money holdings and investments to Pershing Securities Limited (BNY Pershing) on the transfer date (which is expected to be 28 June 2025).

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

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.