

Application form Fension investment						
This	This application form is for investment into the following <b>Walker Crips</b> plans:					
	UK Defensive Growth Deposit Plan (SAN077)  UK Step Down Kick-out Deposit Plan (SAN079)					
	UK Growth Deposit Plan (S	SAN078)				
The c	closing date for applicatio	ns is 6 June 2025.				
				st proceeds from a matured plan held with Walker Crips. ion has been completed in section 10.		
Fund	ing the investment					
Please	e indicate how you will fui	nd this investment				
	I have attached a cheque	made payable to 'Walker (	Crips 1	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 from a matured plan held with Walker Crips.					
Application sections						
• •		ng sections are fully comp	lete	d		
	Scheme details	, ,	7	Financial advice and adviser charging		
2	SIPP investment only		8	Trustee or Authority signatures		
3	Scheme's bank details		9	Declaration and authorisation		
4	Investment selection		10	Financial adviser declaration		
5	Investment details		11	Addendum		
	Personal financial circumsto owner of the SIPP	ınces of the beneficial				
Contact						
For any queries plage contact:  Address for all correspondence:						

For any queries please contact: Address for all correspondence:

Website www.wcgplc.co.uk/wcsi Walker Crips Structured Investments

Email wcsi@wcgplc.co.uk 128 Queen Victoria Street

Telephone 020 3100 8880 London Fax 020 3100 8822 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 Number (FRN)			
Scheme Administrator (If different to above)				
Full Name				
Address				
	Postcode			
HMRC ref.	Plan ref.			
VAT number	FCA Firm Reference Number (FRN)			
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)				
LEI:				
HMRC scheme reference number				

Full forenames  Permanent residential address  Post code  Date of birth  Country of birth  Dual Nationality  Place of birth  Place of birth  Dual Nationality (if applicable)  Xe 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 othernative options available to you.  Additional country(les) of tax residency and Tax Identification Number(s) (if applicable)  Country  TIN  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.  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 moturity:  Bank/Building Society name  Account name	2. SIPP investment only - SIPP Member Details				
Permanent residential address  Post code  Date of birth  Telephone  Country of birth  Email address  Notionality  Place of birth  Dual Nationality (if applicable)  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.  Are you a US Person?  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.  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	Title (Mr/Mrs/Miss/Other)	Surname			
Permanent residential address  Post code  Date of birth  Telephone  Country of birth  Email address  Nationality  Place of birth  Dual Nationality (if applicable)  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 diternative options available to you.  Additional country(ies) of tax residency and Tax Identification Number(s) (if applicable)  Country  TIN  TIN  Yes No  Are you a US Person?  Yes No  Are you a US Person?  Yes No  Are you a US Person?  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					
Date of birth  Country of birth  Email address  Nationality  Place of birth  Dual Nationality (if applicable)  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)  Country  TIN  TIN  TIN  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.  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	[				
Country of birth  Email address  Nationality  Place of birth  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)  Country  Country  TIN  TIN  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.  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		Post code			
Nationality  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 Tox Identification Number(s) (if applicable)  Country  TIN  TIN  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.  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	Date of birth	Telephone			
Dual Nationality (if applicable)  Yes No Are you resident in the UK for tax purposes?  If yes, please provide your National Insurance Number	Country of birth	Email address			
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)  Country  TIN  TIN  TIN  TIN  TIN  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	Nationality	Place of birth			
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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	Yes No  Are you resident in the UK for tax purposes?  If yes, please provide your National Insurance Number				
during the investment term or following maturity:  Bank/Building Society name  Account name	3. Scheme's bank details				
Sort code					

4. Investment selection				
Please confirm the Plan you wish to invest into.				
UK Defensive Growth Deposit Plan (SAN077)  UK Step Down Kick-out Deposit Plan (SAN079)				
UK Growth Deposit Plan (SAN078)				
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)		
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 and sample signatures of all those who will be Authorised Signatories. <b>If you require more than four, please continue on a separate sheet of paper.</b> 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?  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)  Tax Identification Number eg National Insurance number				
Are you a US Person? Yes No					
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?					
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 Permanent residential/business address Postcode Date of birth Nationality Country of permanent residence Dual Nationality (if applicable) Tax Identification Number eg National Insurance number Are you a US Person? Yes No As defined by the UK Market Abuse Regulation is the first applicant considered a person discharging Yes No managerial responsibilities (PDMR)\*, or a person closely associated (PCA) with a PDMR? 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)  Tax Identification Number eg National Insurance number					
Are you α US Person? Yes No						
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					

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



# Applications must be submitted via a financial adviser

10. Financial adviser declaration (THIS SECTION MUST BE COMPLETED IN FULL)				
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 authority over the account)			
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 of	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 ha	as 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 kno	w 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 Pla	n applied for has been designed:			
The Plan is compatible with the needs, characteristics and objective				
I have provided the investor with the Key Information Document as				
• Where I have provided the investor with a personal recommendation investor's individual circumstances and investment objectives in ac	· · · · · · · · · · · · · · · · · · ·			
• 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			
	FCA number			
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@wcqplc.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	Signed Authorised	
Signatory	Signatory	
Print name	Print name	
Date	Date	