

Application form for Pension investment

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

- ☐ UK Annual Kick-out Plan (SAN087) ☐ UK & Europe Defensive Step Down Kick-out Plan (SAN089)
- ☐ UK Step Down Kick-out Plan (SAN088)

The closing date for applications is 1 August 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.

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 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

Please ensure all of the following sections are fully completed

- | | |
|--|---|
| 1 Scheme details | 7 Financial advice and adviser charging |
| 2 SIPP investment only | 8 Trustee or Authority signatures |
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| 6 Personal financial circumstances of the beneficial owner of the SIPP | |

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
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
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

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?

☐ ☐

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

Country

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

Sort code

Account number

Reference

4. Investment selection

Please confirm the Plan you wish to invest into.

- ☐ UK Annual Kick-out Plan (SAN087) ☐ UK & Europe Defensive Step Down Kick-out Plan (SAN089)
- ☐ UK Step Down Kick-out Plan (SAN088)

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
- ii. Adviser charge deducted (if any)
- iii. We apply to subscribe the following net investment amount (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. **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? <input type="checkbox"/> Yes <input type="checkbox"/> 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

*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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 | |
| Permanent residential/business address | |
| Postcode | |
| Date of birth | Nationality |
| Country of permanent residence | Dual Nationality (if applicable) |
| Are you a US Person? <input type="checkbox"/> Yes <input type="checkbox"/> 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

***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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 |

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 | <input type="text"/> | Signed Authorised Signatory | <input type="text"/> |
| Print name | <input type="text"/> | Print name | <input type="text"/> |
| Date | <input type="text"/> | Date | <input type="text"/> |
| Signed Authorised Signatory | <input type="text"/> | Signed Authorised Signatory | <input type="text"/> |
| Print name | <input type="text"/> | Print name | <input type="text"/> |
| Date | <input type="text"/> | Date | <input type="text"/> |

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:

- | | |
|---|---|
| <input type="checkbox"/> SIPP member | <input type="checkbox"/> Second trustee |
| <input type="checkbox"/> First trustee | <input type="checkbox"/> Third trustee |
| <input type="checkbox"/> Fourth trustee | <input type="checkbox"/> 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 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

| |
|--|
| |
|--|

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 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 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 9A;
- 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 Postcode | Contact number |
| | FCA number |
| | 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/business. 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/business. If you require a printed copy of the Terms of Service and Business, please contact [wcsl@wcgplc.co.uk](mailto: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 | <input type="text"/> | Signed Authorised Signatory | <input type="text"/> |
| Print name | <input type="text"/> | Print name | <input type="text"/> |
| Date | <input type="text"/> | Date | <input type="text"/> |
| Signed Authorised Signatory | <input type="text"/> | Signed Authorised Signatory | <input type="text"/> |
| Print name | <input type="text"/> | Print name | <input type="text"/> |
| Date | <input type="text"/> | Date | <input type="text"/> |