

## Application form for ISA Transfer Authority

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

- Japan Annual Kick-out Plan (HS519)  
(Kick-out from Year 1 and 50% Barrier)
- Japan Step Down Kick-out Plan (HS520)  
(Kick-out from Year 1 and 50% Barrier)

**The closing date for Stocks & Shares and Cash ISA transfers is 8 November 2024.**

This application form can **not** be used to invest proceeds from a matured plan held with Walker Crips.

### Application sections

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

- |   |                                  |   |                                       |
|---|----------------------------------|---|---------------------------------------|
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### Contact

**For any queries please contact:**

Website      [www.wcgplc.co.uk/wcsi](http://www.wcgplc.co.uk/wcsi)  
Email         [wcsi@wcgplc.co.uk](mailto:wcsi@wcgplc.co.uk)  
Telephone    020 3100 8880  
Fax            020 3100 8822

**Address for all correspondence:**

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

## 1. Personal 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 holder

Title (Mr/Mrs/Miss/Other)

Surname

Full forenames

Permanent residential address

Post code

Date of birth

Telephone

Nationality

Email address

Country of birth

Place of birth

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.

## 2. Bank details

Please provide the details of your 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

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Account number

Reference

### 3. Investment selection

Please confirm the Plan you wish to invest into.

- Japan Annual Kick-out Plan (HS519)  
(Kick-out from Year 1 and 50% Barrier)
- Japan Step Down Kick-out Plan (HS520)  
(Kick-out from Year 1 and 50% Barrier)

### 4. Investment details

Please indicate the type of ISA you are transferring

Cash ISA       Stocks & Shares ISA

i. Total amount being transferred in

£

ii. Adviser charge deducted (if any)

£

iii. I apply to transfer the following net investment amount

£

(min. £10,000)

### 5. Personal financial circumstances

#### Primary source of wealth

- Employment     Investment     Savings     Business ownership/sale     Property ownership/sale  
 Pension     Inheritance     Family trust     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

### 6. Financial advice and adviser charging

Firm name

Adviser name

#### Have you paid the adviser charges?

- Yes, I have paid the adviser charges separately.
- No, I have not paid the adviser charges and would like you to pay the amount detailed in section 4 to my financial adviser. Please note that the maximum charge we are able to facilitate is 4% of your total investment.

## 7. Applicant declaration

For your own benefit and protection, before signing this application form please ensure that you have been provided with the Key Information Document (KID) and have read the Plan brochure, including the risks associated with investment in the Plan and the Terms and Conditions under which the Plan will be managed.

If you require further information or if there is anything you do not understand, please speak to your financial adviser before signing this application form.

### **I declare that:**

- I have received the KID and carefully read the Plan brochure and accept the Terms and Conditions under which the Plan will be managed;
- I am 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 will inform Walker Crips immediately if I become a resident of the United States or a US Person;
- I agree to inform Walker Crips immediately should there be any change in my residence for tax purposes;
- the application form and this declaration have been completed to the best of my knowledge and belief and the information provided is true and complete.

### **I authorise Walker Crips Investment Management Limited (WCIM):**

- to purchase, hold and administer the Plan on my 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 investment in the Plan to my financial adviser, as detailed in Section 6 and/or Section 8 of this application form.

### **If I have subscribed to an ISA I confirm that:**

- I am 18 years of age or over. All subscriptions made, and to be made, belong to me;

- I have not subscribed, and will not subscribe, to more than the overall ISA subscription limit total in the same tax year;
- I am resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 28 of The Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties. I will inform WCIM if I cease to be so resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties;
- I understand that this ISA is subject to the terms and conditions within the brochure and agree thereto.

### **I authorise WCIM as Plan Manager to:**

- make on my behalf any claims to relief from tax in respect of ISA Investments;
- to hold, or on my written request, transfer or pay to me, as the case may be, my cash subscriptions, ISA investments, interest, dividends, rights or other proceeds in respect of such investments or any cash.

### **Adviser charges**

By signing this application, I confirm that:

- where I have requested Walker Crips to facilitate payment of my adviser charge to my financial adviser, I instruct you to deduct the adviser charge as indicated in section 4 and pay the deducted amount to my financial adviser.
- my adviser has fully explained their charges to me and I understand that, should I exercise my cancellation rights after the adviser charge has been paid, WCIM will not return any adviser charges to me. I will need to contact my financial adviser regarding any refund
- I understand that WCIM is simply facilitating adviser charges and any queries regarding these payments will need to be discussed with my financial adviser.

### **Account holder**

Signature

Date

**Applications must be submitted via a financial adviser**

**8. 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:

- Account holder
- Other (e.g. Power of Attorney)

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)	

**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 KID and Plan brochure;
- Where I have provided the investor with a personal recommendation, I have assessed the suitability of this product in relation to the investor's individual circumstances and investment objectives in accordance with COBS 9;
- This application form has been completed to the best of my knowledge and belief and I have fully disclosed any adviser charge, if applicable, to the investor(s);
- I understand that any adviser charge facilitated by Walker Crips will be paid after the start date of the Plan, subject to a fully completed Terms of Business agreement being in place;
- I have retained a completed Identity Verification Certificate (IDVC) and documentary evidence for all parties relevant to this application that meets or exceeds the standards set out in the JMLSG guidance. I have seen all original documents and those requiring a signature have been signed. I acknowledge that Walker Crips will rely upon this confirmation for the purposes of Regulation 38 of The Money Laundering Regulations 2017 and that the IDVC and relevant supporting documents will be provided to Walker Crips within two days of any request.

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

## 9. Existing ISA transfer request

I apply to transfer the following amount to Walker Crips Structured Investments

Please complete (a) or (b) as required. Approx. value

(a) I wish to transfer my 2024/25 tax year ISA

(b) I wish to transfer ISA(s) from previous tax years

Total transfer value

**The transfer to be in the form of cash.**

**If you are transferring more than one ISA, this form can be copied.**

### ISA Holder

### Existing ISA Manager

I hereby authorise you to sell the assets and to send the proceeds in cash, together with any interest, dividends, rights and cash within the Plan to Walker Crips Investment Management Limited, an HMRC Approved Plan Manager, and I authorise you to provide Walker Crips Investment Management Limited with all such relevant information relating to my Plan(s) as may be required. If you are not in a position to transfer my cash proceeds by **27 November 2024** please cancel my request and reinstate my ISA.

**Signature**

**Date**

All correspondence should be sent to: Walker Crips Structured Investments, Old Change House, 128 Queen Victoria Street, London, EC4V 4BJ.

The deadline for receiving the ISA transfer proceeds is on **27 November 2024**.