WALKERCRIPS
Alternative Edge

Application form for Pension investment

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

☐ US Growth Annual Kick-out Plan (NDX001)

The closing date for applications is 16 December 2026.

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 'Pershing Securities Limited'

☐ I am making a bank transfer to the following bank details:

Account Name	Pershing Securities Ltd Client Hub Account
Bank	Royal Bank of Scotland
Sort code	16-04-00
Account Number	31266302
Reference	Please use VK followed by your Walker Crips account number, for example: VK123456 D *(Note: The two spaces before "D" are intentional and important)* If you do not yet have a Walker Crips account number, it will be included in your Confirmation of Application & Cancellation Notice, which you will receive shortly. For any questions, please contact the Client Services Team on 020 3100 8880.

☐ 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
2 SIPP investment only
3 Scheme's bank details
4 Investment details
5 Personal financial circumstances of the beneficial owner of the SIPP or SSAS member
6 Financial advice and adviser charging
7 Trustee or Authority signatures
8 Declaration and authorisation
9 Financial adviser declaration

Contact

For any queries please contact:

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

Address for all correspondence:

Walker Crips Alternative Edge
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 details

New Investment

i. Total amount being sent (e.g. amount on cheque or amount paid by BACS) £

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)

5. Personal financial circumstances of the beneficial owner of the SIPP/SSAS Member

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

6. Financial advice and adviser charging

All applications must be submitted via a financial intermediary (e.g. an FCA regulated financial intermediary, investment manager or execution only broker). If you do not have a financial intermediary, please contact us before submitting an application.

☐ I/we have **not** received financial advice and am making this investment on an execution only basis

☐ I/we have received advice from a financial adviser

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 4 to my/our financial adviser. Please note that the maximum charge we are able to facilitate is 4% of your total investment.

7. 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 Alternative Edge, 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

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.

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

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.

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? ☐ Yes ☐ No

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.

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

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

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.

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

8. 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 Alternative Edge 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 6 and/or Section 9 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 4 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	

9. 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
- ☐ First trustee
- ☐ Second 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 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;
- Where the investor is making a non-advised investment, I confirm that I have assessed the appropriateness of this product in relation to the investor's investment knowledge and experience;
- 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. I authorise Walker Crips to carry out its own independent verification of the client's identity details.

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

Walker Crips Alternative Edge 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.