WALKERCRIPS
Structured Investments

Application form for Direct investment and/or Cash ISA investment

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

☐ UK Defensive Growth Deposit Plan (SAN161)

☐ UK Fixed Growth Deposit Plan (SAN163)

☐ UK Step Down Kick-out Deposit Plan (SAN162)

The closing date for applications is 18 December 2026.

If you wish to invest into more than one plan, please use a separate application form for each plan. This application form can be used for new investment and to invest proceeds from a matured plan held with Walker Crips.

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 don't yet have a Walker Crips account number, it will be included in your Confirmation of Application & Cancellation Notice, which you'll 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 Personal details
2 Bank details
3 Investment selection
4 Investment details
5 Personal financial circumstances
6 Financial advice and adviser charging
7 Applicant declaration
8 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 Structured Investments
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:

First applicant

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.

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.

Joint applicant (for direct investments ONLY)

Title (Mr/Mrs/Miss/Other)	Surname
Full forenames	
Nationality	Date of birth
Country of birth	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.

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 2.

2. Bank details

Please provide 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	☐☐–☐☐–☐☐	Account number	☐☐☐☐☐☐☐☐
Reference			

3. Investment selection

Please confirm the Plan you wish to invest into.

☐ UK Defensive Growth Deposit Plan (SAN161)

☐ UK Fixed Growth Deposit Plan (SAN163)

☐ UK Step Down Kick-out Deposit Plan (SAN162)

4. Investment details

New Investment

Choose investment type ☐ **Direct Investment** or ☐ **ISA Investment** (2026/27 Cash)

Direct Investment

i. Total amount being sent (e.g. amount on cheque)	£	
ii. Adviser charge deducted (if any)	£	
iii. I/We apply to subscribe the following net investment amount	£	(min. £10,000)

ISA Investment (2026/27 Cash)

i. Total amount being sent (e.g. amount on cheque)	£	
ii. Adviser charge deducted (if any)	£	
iii. I apply to subscribe the following amount to a Cash ISA Investment for the tax year 2026/27	£	(min. £10,000 max. £20,000)

Investment using Maturity Proceeds

Matured Plan name

Is the matured Plan a ☐ **Direct** or ☐ **Cash ISA**

i. Total amount of my/our maturity proceeds	Full amount ☐ (Please tick)	
	Partial amount £	
ii. Adviser charge deducted (if any)	£	
iii. I/We apply to subscribe the following net investment amount	£	(min. £10,000)
iv. I/We apply to subscribe the following net investment amount to a **2026/27 Cash ISA**	£	(min. £10,000)

5. Personal financial circumstances

First applicant

Primary source of wealth (tick all that apply)

- ☐ Employment
- ☐ Investment
- ☐ Savings
- ☐ Pension
- ☐ Inheritance
- ☐ Family trust
- ☐ Business ownership/sale
- ☐ Property ownership/sale
- ☐ 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
- ☐ Overseas investment firm
- ☐ Overseas bank
- ☐ Transfer from an unregulated firm (UK or overseas)
- ☐ Internal transfer from existing Walker Crips account
- ☐ Other: _____

Employment status

- ☐ Full time employment
- ☐ Part-time employment
- ☐ Self-employed
- ☐ Unemployed
- ☐ Homemaker
- ☐ Retired
- ☐ 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

Joint applicant

Primary source of wealth (tick all that apply)

- ☐ Employment
- ☐ Investment
- ☐ Savings
- ☐ Pension
- ☐ Inheritance
- ☐ Family trust
- ☐ Business ownership/sale
- ☐ Property ownership/sale
- ☐ 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
- ☐ Overseas investment firm
- ☐ Overseas bank
- ☐ Transfer from an unregulated firm (UK or overseas)
- ☐ Internal transfer from existing Walker Crips account
- ☐ Other: _____

Employment status

- ☐ Full time employment
- ☐ Part-time employment
- ☐ Self-employed
- ☐ Unemployed
- ☐ Homemaker
- ☐ Retired
- ☐ 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/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. 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/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 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 my/our 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 8 of this application form.

If I have subscribed to an ISA I confirm that:

I authorise Pershing Securities Limited, the ISA manager, to open a 2026/27 Cash ISA on my behalf for the tax year shown above and each subsequent tax year until further notice. I declare that:

- all subscriptions made and to be made, belong to me.
- I am 18 years of age or over;
- I have not subscribed and will not subscribe more than the overall ISA subscription limit total in the same tax year;
- I am resident and ordinarily resident in the UK 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 Pershing Securities Limited if I cease to be resident and ordinarily resident or to perform such duties or to be married to a person who performs such duties or in a civil partnership with a person who performs such duties;
- the information given within this form has been completed to the best of my knowledge;
- I understand that this ISA is subject to the terms and conditions within the brochure and agree thereto.

I authorise Pershing Securities Limited:

- to hold my cash subscriptions, ISA investments, interest, dividends and any other rights or proceeds in respect of these investments and any other cash.
- to make on my behalf any claims to relief from tax in respect of ISA investments.

I understand that Pershing Securities Limited will notify me if by reason of failing to meet the provisions of the ISA rules my account is or will become void.

I will inform Pershing Securities Limited of any change of circumstances affecting the information given in this form without delay.

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.

First applicant		**Joint applicant**	
Signature		Signature	
Date		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(s) who made the decision to invest in this Plan:

☐ First applicant ☐ Joint applicant

☐ 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)	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 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;
- 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 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.