

In Specie Transfer Form (Individual to Individual)

This form is for use where you wish to transfer some or all of your investments held with Walker Crips Structured Investments to somebody else.

Please return the completed form to Walker Crips Structured Investments at Old Change House, 128 Queen Victoria Street, London EC4V 4BJ or by email to wcsi@wcgplc.co.uk.

1. Transferor details

Please provide the following details for the account the investments will transfer from (the **'transferor'**).

Account Number	<input type="text"/>
Account Name (in full)	<input type="text"/>
Designation (if applicable)	<input type="text"/>

First account holder

<input type="text"/>	Title (Mr/Mrs/Miss/Other)	<input type="text"/>	Surname
<input type="text"/>			
Full forenames			
<input type="text"/>			
Permanent residential address			
<input type="text"/>		Post code	
<input type="text"/>	Date of birth	<input type="text"/>	Telephone
<input type="text"/>	Nationality	<input type="text"/>	Email address
<input type="text"/>	Country of birth	<input type="text"/>	Place of birth

Yes No	
Are you resident in the UK for tax purposes?	
If yes, please provide your National Insurance Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
If no, please note that we are unable to transfer structured investment plans to individuals who are not residents in the UK for tax purposes.	
Additional country(ies) of tax residency and Tax Identification Number(s) (if applicable)	
Country <input type="text"/>	TIN <input type="text"/>
Country <input type="text"/>	TIN <input type="text"/>
Yes No	
Are you a US Person?	

Joint account holder (where applicable)

Title (Mr/Mrs/Miss/Other)	Surname
Full forenames	
Nationality	Date of birth
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 you do not have a National Insurance Number we will need to contact you for further information depending on your nationality.

Additional country(ies) of tax residency and Tax Identification Number(s) (if applicable)

Country	TIN
Country	TIN

Yes No

Are you a US Person?

2. Transfer instruction

Please detail the investments you wish to transfer.

Plan Name	Units to be transferred

Please confirm whether you wish to transfer any cash held on the account:

Yes No All

£

Amount

£

3. Transferor signatures

I/we authorise and instruct Walker Crips to transfer the investments detailed in section 2 for nil consideration to the person(s) detailed in Section 4.

Please ensure ALL relevant signatories sign below.

Signature <input style="width: 300px; height: 40px;" type="text"/> Name <input style="width: 300px; height: 20px;" type="text"/> Date <input style="width: 300px; height: 20px;" type="text"/>	Signature <input style="width: 300px; height: 40px;" type="text"/> Name <input style="width: 300px; height: 20px;" type="text"/> Date <input style="width: 300px; height: 20px;" type="text"/>
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4. Transferee details

Please provide the following details for the person(s) receiving the transfer (the 'transferee'). If you are transferring investments to more than one account, please use separate instruction forms. Please note that where the transferee is not an existing Walker Crips account holder we will use this information to open an account for the purposes of receiving the transfer.

Existing Walker Crips account number (if applicable)

Existing Account name (if applicable)

Designation (if applicable)

First applicant

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 we are unable to transfer structured investment plans to individuals who are not residents in the UK for tax purposes.

Additional country(ies) of tax residency and Tax Identification Number(s) (if applicable)

Country	<input type="text"/>	TIN	<input type="text"/>
Country	<input type="text"/>	TIN	<input type="text"/>

Are you a US Person? Yes No If yes, please note that our structured investment plans are not available to US Persons and we are not therefore able to proceed with a transfer to a US Person.

Joint account holder (where applicable)

Title (Mr/Mrs/Miss/Other) Surname

Full forenames

Nationality Date of birth

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 we are unable to transfer structured investment plans to individuals who are not residents in the UK for tax purposes.

Additional country(ies) of tax residency and Tax Identification Number(s) (if applicable)

Country	<input type="text"/>	TIN	<input type="text"/>
Country	<input type="text"/>	TIN	<input type="text"/>

Are you a US Person? Yes No If yes, please note that our structured investment plans are not available to US Persons and we are not therefore able to proceed with a transfer to a US Person.

5. Personal financial circumstances

First applicant

Primary source of wealth

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

Primary source of funds

Select the option that best describes where the funds you will transfer to Walker Crips originate from

- UK bank Transfer from an unregulated firm (UK or overseas)
 UK investment firm
 Overseas investment firm Internal transfer from existing Walker Crips account
 Overseas bank
 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

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

Primary source of funds

Select the option that best describes where the funds you will transfer to Walker Crips originate from

- UK bank Transfer from an unregulated firm (UK or overseas)
 UK investment firm
 Overseas investment firm Internal transfer from existing Walker Crips account
 Overseas bank
 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. Transferee signatures

Where you are not an existing Walker Crips account holder we are required to verify your identity in compliance with the UK Anti-Money Laundering Regulations by asking you to provide the following documents:

For each transferee account holder, please provide a copy of **one document from section A** and **one document from section B**:

Account Holder 1

Section A

A copy of your passport

A copy of your driving licence

Section B - must be dated within 3 months of this application

Bank statement

Utility Bill

Income tax statement (or other government headed document, e.g. DWP, HMRC, local council)

Joint account holder

Section A

A copy of your passport

A copy of your driving licence

Section B - must be dated within 3 months of this application

Bank statement

Utility Bill

Income tax statement (or other government headed document, e.g. DWP, HMRC, local council)

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.

I/we declare that:

- I/we accept the in-specie transfer as detailed in section 2;
- 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(s);
- 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;
- this 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:

- to open a Walker Crips account on my behalf (where applicable);
- to undertake electronic identity and fraud prevention checks where appropriate, including where opening an account for the purpose of accepting the transfer;
- to hold and administer the Plan(s) on my/our behalf and in accordance with the Terms and Conditions of the Plan(s) as set out in the Plan brochure(s).

Signature	<input type="text"/>	Joint signature	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>