

Application form for Trust investment

This application form is for investment into the following **Societe Generale** plans:

- SG UK Kick-out Plan 22 (UK Four)
- SG UK Step Down Kick-out Plan 22 (UK Four)
- SG UK & US Step Down Kick-out Plan 22 (UK Four)
- SG UK & Europe Step Down Kick-out Plan 20 (UK Four)
- SG UK Defensive Growth Plan 9 (UK Four)
- SG UK Kick-out Plan 3 (UK Gilts)

The closing date for applications is Friday 1 April 2016.

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.

Please note that applications from trusts can only be accepted for direct investment.

Applications for trustee investments will only be accepted via a regulated UK or EU Intermediary.

Funding the investment

Please indicate how you will fund this investment

- I have attached a cheque made payable to 'Walker Crips Stockbrokers Limited'.
- I am making a bank transfer to the following bank details:
- | | |
|----------------|---|
| Account Name | Walker Crips Stockbrokers Limited |
| Bank | HSBC Bank plc |
| Sort code | 40-05-30 |
| Account Number | 40025232 |
| Reference | Please quote your surname and/or Walker Crips account number (if known) |
- 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 Trust details
- 2 Bank details
- 3 Investment selection
- 4 Investment details
- 5 Financial advice and adviser charging
- 6 Declaration and authorisation
- 7 Financial adviser declaration

Contact

For any application queries please contact:

Email wcsi@wcgplc.co.uk
Telephone 020 3100 8880
Fax 020 3100 8822

Address for all correspondence:

Walker Crips Structured Investments
Finsbury Tower
103–105 Bunhill Row
London
EC1Y 8LZ

1. Trust 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:

Name of trust (the account will be opened in this name)

Category of trust

Family Settlement Will trust Deceased Estate trust Accumulation and Maintenance
 Discretionary Bare Life Interest Other _____
 Charity Charity number

Name(s) of beneficiaries

Correspondence address

Company name

Address

Postcode

For the attention of

Please provide details of **all** trustees - continue on a separate sheet if necessary

First Trustee

Title (Mr/Mrs/Miss/Other)

Surname

Full forenames

Permanent residential/business address

Postcode

Date of birth

Nationality

Country of permanent residence

Capacity

Signed

Date

National Insurance Number

(You should be able to find your NI number on a payslip, Form P45 or P60, a letter from HMRC, a letter from the DWP or a pension order book.)

Second Trustee

Title (Mr/Mrs/Miss/Other)

Surname

Full forenames

Permanent residential/business address

Postcode

Date of birth

Nationality

Country of permanent residence

Capacity

Signed

Date

National Insurance Number

(You should be able to find your NI number on a payslip, Form P45 or P60, a letter from HMRC, a letter from the DWP or a pension order book.)

Third Trustee

Title (Mr/Mrs/Miss/Other)	Surname
Full forenames	
Permanent residential/business address	
	Postcode
Date of birth	Nationality
Country of permanent residence	Capacity
Signed Date	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"/> <input type="text"/> <input type="text"/>
	(You should be able to find your NI number on a payslip, Form P45 or P60, a letter from HMRC, a letter from the DWP or a pension order book.)

Fourth Trustee

Title (Mr/Mrs/Miss/Other)	Surname
Full forenames	
Permanent residential/business address	
	Postcode
Date of birth	Nationality
Country of permanent residence	Capacity
Signed Date	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"/> <input type="text"/> <input type="text"/>
	(You should be able to find your NI number on a payslip, Form P45 or P60, a letter from HMRC, a letter from the DWP or a pension order book.)

(You should be able to find your NI number on a payslip, Form P45 or P60, a letter from HMRC, a letter from the DWP or a pension order book.)

Signing authority Any one Any two Other (please specify)

2. Bank details

Please provide the details of your bank/building society account that you would like any payments to be made into, either during the investment term or following maturity:

Bank/Building Society name	<input type="text"/>	Account name	<input type="text"/>
Sort code	<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"/>	Account 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"/> <input type="text"/>
Reference	<input type="text"/>		

6. Declaration and authorisation

We, the Trustees/Authorised Signatories of this Trust, request Walker Crips Stockbrokers Limited (WCSB) to arrange for the purchase of the Plan(s) on our behalf, in accordance with the Plan brochure.

We declare that:

I/We have read the Terms and Conditions of the Plan and accept the Terms and Conditions under which my/our investment 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.

I/We are not prohibited under legal, regulatory provisions or the terms of a Trust from investing in this Plan. In particular, 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 you immediately if I/we become a resident of the United States or a US Person.

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 Stockbrokers Limited (WCSB):

To purchase the Plan in accordance with this application and understand and agree that any investment in the Plan will be allocated in accordance with my/our instructions.

By signing, I/we confirm that I/we have read, understood and agreed to be bound by this declaration, the information supporting this application form, the brochure relating to the Plan and the Terms and Conditions used and disclosed.

Money laundering regulations

Under the regulations, there is a legal requirement to prove the identity of investors. Please submit documentary evidence of the existence of the Trust.

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 WCSB in writing giving the date of change at: Walker Crips Structured Investments, Finsbury Tower, 103–105 Bunhill Row, London EC1Y 8LZ. (WCSB will be entitled to rely on the previous list until they are informed to the contrary).

Adviser charges

By signing this application I/we can confirm that I/we am/are in agreement with the adviser charge being deducted as indicated in section 2 and paid 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, WCSB 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 WCSB 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

7. Financial adviser declaration (THIS SECTION MUST BE COMPLETED IN FULL)

I acknowledge that it is my sole responsibility to evaluate all of the product information provided to me and, where I have provided advice and made a personal recommendation to the investor(s) in accordance with the FCA Handbook, I confirm that I have the requisite knowledge and experience as to be deemed competent and capable of assessing the suitability of this product in relation to my client's circumstances and investment objectives.

I confirm that I have assessed the capability of my client to understand and evaluate the risks and merits of this product and have determined that the product is a suitable investment for my client.

I declare that 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 being facilitated will be paid after the start date of the Plan subject to a fully completed Terms of Business agreement being in place.

I confirm that the details listed in Section 1 have been obtained by me. 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 17 of The Money Laundering Regulations 2007 and that the IDVC and relevant supporting documents will be provided on request.

I confirm that I have determined that my client has satisfied all the relevant requirements to be accepted as an investor into this product.

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