

In Specie Transfer Form (Pension/Platform) - no change in beneficial owner

This form is for use where you wish to transfer some or all of your investments from one Pension Scheme Trustee/Platform Provider to another.

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

Account Name (in full)

Designation (if applicable)

2. Transfer instruction

Please detail the investments you wish to transfer.

| Plan Name | Units to be transferred |
|----------------------|-------------------------|
| <input type="text"/> | <input type="text"/> |

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 above investments to the Pension Trustee/Platform Provider detailed in Section 4.

Please ensure ALL relevant trustees/signatories for the existing account sign below.

| | | | |
|-----------|----------------------|-----------|----------------------|
| Signature | <input type="text"/> | Signature | <input type="text"/> |
| Name | <input type="text"/> | Name | <input type="text"/> |
| Date | <input type="text"/> | Date | <input type="text"/> |

4. Transferee details

Please provide the following details for the Pension Scheme Trustee/Platform Provider receiving the transferred assets (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 set up an account.

| | |
|---|----------------------|
| Existing Walker Crips account number (if applicable) | <input type="text"/> |
| Existing Account name (if applicable) | <input type="text"/> |
| Designation (if applicable) | <input type="text"/> |

Scheme Trustee/Platform Provider Details

| Type of scheme | SIPP | SSAS | Corporate | Trust | Platform |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> |
| Full name | <input type="text"/> | | | | |
| Designation (if applicable) | <input type="text"/> | | | | |
| Address | <input type="text"/> | | | | |
| | <input type="text"/> | Postcode | <input type="text"/> | | |
| Contact name | <input type="text"/> | | | | |
| Telephone | <input type="text"/> | | | | |
| Email address | <input type="text"/> | | | | |
| HMRC Ref. (if applicable) | <input type="text"/> | | | | |
| FCA Firm Reference Number (FRN) | <input type="text"/> | | | | |

Where a financial adviser is attached to the transferee account, please detail below:

| | |
|---------------------------------|----------------------|
| Adviser company name | <input type="text"/> |
| Adviser name | <input type="text"/> |
| FCA Firm Reference Number (FRN) | <input type="text"/> |

SIPP Accounts Only

SIPP Member Details

Title

Full forename(s)

Surname

Date of birth

Nationality

National Insurance
Number

Platform/SSAS/Corporate/Trust Accounts Only

LEI

| | | | | | | | | | | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Scheme/Provider 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

5. Transferee signatures

We declare that:

- We accept the in-specie transfer as detailed in section 2;
- We are not, and 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);
- We will inform Walker Crips immediately if we become a resident of the United States or a US Person;
- We agree to inform Walker Crips immediately should there be any change in our residence for tax purposes;
- This form and this declaration have been completed to the best of 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 our 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 our behalf and in accordance with the Terms and Conditions of the Plan(s) as set out in the Plan brochure(s).

Please ensure **ALL** relevant trustees/authorised signatories sign below:

| | | | |
|-----------|----------------------|-----------|----------------------|
| Signature | <input type="text"/> | Signature | <input type="text"/> |
|-----------|----------------------|-----------|----------------------|

| | | | |
|------|----------------------|------|----------------------|
| Name | <input type="text"/> | Name | <input type="text"/> |
|------|----------------------|------|----------------------|

| | | | |
|------|----------------------|------|----------------------|
| Date | <input type="text"/> | Date | <input type="text"/> |
|------|----------------------|------|----------------------|

| | | | |
|-----------|----------------------|-----------|----------------------|
| Signature | <input type="text"/> | Signature | <input type="text"/> |
|-----------|----------------------|-----------|----------------------|

| | | | |
|------|----------------------|------|----------------------|
| Name | <input type="text"/> | Name | <input type="text"/> |
|------|----------------------|------|----------------------|

| | | | |
|------|----------------------|------|----------------------|
| Date | <input type="text"/> | Date | <input type="text"/> |
|------|----------------------|------|----------------------|

Signing authority: Any one above Any two above Other