READY TO APPLY? – Easy how to guide below

There are THREE (3) parts to the Application to Invest. Please ensure you complete all THREE (3) parts as detailed below:

PART ONE

- 1. Please complete each section
- 2. Have <u>all</u> persons associated with the investment entity <u>sign</u> at the bottom of page 3:

PART TWO

- Please select what type of entity is making this Application to Invest, i.e.
 - Individual

Joint IndividualCompany

TrustPartnership

- Company
- 2. Complete **only** the Part Two section that corresponds to your particular investment entity

PART THREE

- 1. Refer to 'Are you a Wholesale Investor' diagram found at the rear of the Information Memorandum, to see which Investor Certificate you need to complete as part of your application to Invest.
- 2. If you are investing more than **\$750,000** upon acceptance of your application, you do <u>not</u> need an Investor Certificate for this investment:

Otherwise, you need to complete:

- Certificate A <u>or</u>
- Certificate B and Certificate C (confirming the contents of Certificate B)

Anti-Money Laundering and Countering Financing of Terrorism Act 2009 (AML Act)

To help the New Zealand government fight the funding of terrorism and money laundering activities, the law requires all financial institutions to obtain, verify and record information that identifies each person who completes an application to Invest. MyFarm is required to comply with these regulations.

What does this mean for you? We may ask for a range of identity or address verification documents as well as written evidence of the individuals who have effective control or who benefit from the investment entity, including in some cases, evidence of the initial and subsequent funding of the entity. We may ask to see the originals of some of this documentation or require you to obtain copies "certified" by a professional we trust. **Please contact our team:** (investments@myfarm.co.nz) or free phone 0800 693 276 to discuss any of these requirements.

Bio-Verification of identity information

Syndex Biometric Verification is MyFarm's primary tool to verify your identity This verification process is only available to NZ Passport or NZ Driver's Licence holders who reside in New Zealand. The Bio-verification process is done through an online link and is immediate, removing the need for certified documents.

If you do not complete this process the certified original copies of the following required documents must be provided.

Identification and Address Verification Requirements

OPTION TWO

Provide one of the following:

- Current New Zealand Passport
- Current international passport
- □ New Zealand firearms license

OPTION THREE

Provide one of the following:

- □ New Zealand driver license
- □ International driver license

Plus, one of:

- New Zealand birth certificate
- Overseas birth certificate
- New Zealand certificate of citizenship
- □ Citizenship certificate issued by a foreign Government
- Current credit card, debit card or Eftpos card signed by you and issued by a registered New Zealand bank and a bank statement issued by a registered New Zealand bank dated, within the previous 12 months





- □ Rates notice
- Utility bill (e.g. electricity or telephone account)
- Bank Statement dated within the last 3 months

AND

Bank documents: Copy of one of the following:

- Bank Statement dated within the last 3 months
- Deposit Slip

<u>Note:</u> The statement/deposit slip must match the account details you provide in part one of the Application Form.

APPLICATION FORM: Applicant Information & Signatures

Only to be completed by persons investing no less than \$50,000 and who fall within Schedule 1, clause (3)(2)(a) -(c) or (3)(3)(a)-(b)(ii) (inclusive) of the Financial Markets Conduct Act 2013

AGInvest Trading Limited (trading as MyFarm Investments) ("MyFarm"), PO Box 91, Feilding To:

Re: WAIRAU VALLEY VINEYARDS LIMITED PARTNERSHIP: This is a Secondary Market Offer to wholesale investors of Units representing partnership capital in Wairau Valley Vineyards Limited Partnership ("The Partnership", or "Wairau Valley Vineyards"), a Limited Partnership formed to purchase two recently developed vineyards (Kowhai and Walkers) totalling 46 canopy hectares (cha). Both properties are located in the Wairau Valley on State Highway 63, Walkers at 3211 and Kowhai at 2765 respectively.

Please complete the form using block capital letters.

IMPORTANT: Please email completed form (Parts One, Two and Three) and supporting documentation to: investments@myfarm.co.nz.

Once acknowledged please ensure the original of the emailed application and ALL required original/certified documentation is (as soon as possible) to be posted to: AGInvest Trading Limited, PO Box 91, Feilding, 4740, OR couriered to: AGInvest Trading Limited, Level 1, 8 Manchester Square, Feilding, New Zealand.

1. CONTACT DETAILS

For all the correspondence regarding Wairau Valley Vineyards Limited Partnership:

Applicant Name (Investment Owner/Entity)						
Primary Contact (One Individual):						
Investment Owner/Entity details:						
Postal Address:		Physical Address (if different from Postal):				
Po	ostcode:		Postcode:			
Home Phone:		Mobile Phone:				
Email (we must have an email for the main	contact):					

2. NUMBER OF UNITS APPLIED FOR

The Unit price is \$1.00 per Unit. Applications must be for a minimum of 50,000 Units.

Of the amount applied for 65% (\$0.65 per Unit) is payable on application. The remaining 35% (\$0.35 per Unit) will be used to settle Kowhai and will be subject to a call notice period of 15 business days.

Number of Units applied for:		Total Investment:	\$
	Deposit payment due: (65% of Total Investment)	\$

3. PAYMENT DETAILS

Full deposit payn	nent is required on application to the	MyFarm Underwrite F	Fund LP as this transaction is a secondary market unit transfer.
Direct credits to:	MyFarm UF1 LP	Bank/Branch: ANZ	, Cnr The Square & Broadway Avenue, Palmerston North 1393
Bank Account:	<mark>06-0746-0730712-00</mark>	Swift Code:	ANZBNZ22
Reference:	WVVLP + [YOUR INVESTMENT ENTI	TY NAME]	

Please ensure that any and all bank fees are added to your payment, particularly if funds are being transferred from outside New Zealand. MyFarm reserves the right to reject any application if payment is not made on the due date.

4. DEDUCTION OF WITHHOLDING TAX RATE ON INTEREST PAYMENTS

Please circle one. If exempt from Resident Withholding Tax, please attach a copy of Certificate of Exemption): Non notification will be taken as 45%.

Exempt 10.5%	17.5% 28%	30% 33%	39%	Resident Country: NRWT Rate:					
5. BANK ACCOUNT DETAI									
Bank account details MUST be	completed and must matc	h Investment Owner/Entity.	(Joint Individuals providing	two bank accounts, go to Part Two)					
Account Name(s):									
Account Number:									
Account Number.	bank branch	account numb	er	suffix					
Compulsory	Bank Swift Code:								
Information for	Information for Account/IBAN Number:								
Overseas Bank Accounts	Bank Account Name:								

Please note: Bank account details are to be for the same Owner/Entity as named in this Application to Invest.

6. ANTI MONEY LAUNDERING (AML) AUTHORITY

I/We agree to co-operate with MyFarm and the Partnership in complying with any and all of their obligations relating to the AML and any corresponding regulations including, but not limited to, providing them with such further information that they may require in order to discharge their obligations under the AML. I/We consent to the disclosure of the information contained in this Application (and of any further information that may be required by MyFarm and/or the Partnership) to third parties for that purpose. MyFarm reserves the right to reject any Application without completed AML requirements.

7. FINANCIAL MARKETS CONDUCT ACT 2013

The investing entity is (or is controlled by) an entity which (Tick ONE of the following):

- a is an "investment business" as defined in Schedule 1, cl 37 of the FMCA. Certificate A (1. i)
 - meets the investment criteria specified in Schedule 1, clause 38 of the FMCA. Certificate A (1. ii)
 - is "large" as defined in Schedule 1, clause 39 of the FMCA. Certificate A (1. iii)
 - is an "eligible investor" as defined in Schedule 1, clause 41 of the FMCA. Certificates B and C

<u> 0R</u>

The investing entity is:

b

С

d

е

is investing a minimum of NZD \$750,000 upon acceptance in accordance with Schedule 1, clause 3(3)(b)(i) or (ii) of the FMCA. An Investor Certificate is not required.

If e above applies I/We confirm that I/We understand that -

- the usual legal rules that require information to be given to investors for offers of financial products do not apply if the amount invested upfront by me/us (plus any other investments I/we have already made in those financial products) is \$750,000 or more; and
- I/We may not receive a complete and balanced set of information about this investment; and
- I/We have fewer legal protections for this investment; and
- this investment is not suitable for retail investors; and
- I/We have been advised to ask questions, read all documents carefully, and seek independent financial advice.

Before any subscription can be considered for acceptance by Wairau Valley Vineyards LP in respect of this Offer, Wairau Valley Vineyards LP and MyFarm must be satisfied that the correct certificates forming part of the application have been completed.

8. PLEASE READ THIS BEFORE SIGNING

I/We confirm that:

- a) I/We have received a copy of the Wairau Valley Vineyards LP Information Memorandum dated 23 May 2022.
- b) Investment decisions are very important, and it has been made clear to me/us that I/we am/are free to take such other professional advice as is necessary. I/We have been provided with all the relevant information required to make the investment decision and have taken any advice that is appropriate.
- c) I/We acknowledge and accept the Disclaimers and Declarations of Interest as set out in the Wairau Valley Vineyards LP IM dated 23 May 2022.
- d) I/We accept that I/We must make full payment totalling NZ \$1.00 per Unit (100% of investment) as follows:
 - i. Deposit payment of NZ \$0.65 per Unit (65% of investment) due upon application.
 - ii. Remaining payment of NZ \$0.35 per Unit (35% of investment) will be used to settle Kowhai and will be subject to a call notice period of 15 business days.
- e) I/We confirm that the owner/entity, who takes up the investment, can make these payments as detailed above.
- f) I/We acknowledge and agree that the owner/entity will become bound as a Limited Partner under the Limited Partnership Agreement, as set out in the IM.
- g) The owner/entity undertakes to enter into a Deed of Adherence, whereby the owner/entity will become bound to the Limited Partnership Agreement.
- h) I/We acknowledge that the completed application once submitted to MyFarm, cannot be withdrawn without authorisation by MyFarm.
- i) I/We acknowledge that MyFarm reserves the right to accept any application and reject any application subject to its discretion.
- j) I/We accept that if the owner/entity does not make full payment by the due date advised they will be charged, and interest will accrue at 13% (or such greater rate as specified in any relevant contract for which the funds are required) on all outstanding funds from the due date until payment or otherwise.
- k) Under the terms of the Unsolicited Electronic Messages Act 2007, I/we provide my/our consent to receiving commercial electronic messages for the purpose of that Act.
 I) I/We acknowledge that Sharp Tudhope does not act for the Investing owner/entity in connection with this investment.

9. DECLARATION AND SIGNATURE - ALL APPLICANTS TO COMPLETE

- a) I/We hereby apply for the number of Units shown above and agree to accept such Units on and subject to the terms and conditions set out in the Wairau Valley Vineyards Information Memorandum dated 23 May 2022, and on the terms set out in the Application instructions.
- b) I/We understand that Wairau Valley Vineyards LP and MyFarm will hold personal information in respect of me/us in relation to my/our investment Wairau Valley Vineyards LP. I/We understand that I/We may request to see and, if necessary, request the correction of the personal information.
- c) I/We declare that all the details and statements made by me/us in this Application Form are complete and accurate.

Signature of Applicant:	Date:
Signature of Applicant:	Date:

PLEASE HAVE ALL APPLICANTS SIGN ABOVE

If the Application is signed under Power of Attorney (POA), a copy and a Certificate of Non-Revocation of POA and must be provided to MyFarm and both the grantor and the attorney will be required to comply with AML regulations.

APPLICATION FORM: Entity/Applicant Details



Individual Joint Individuals		Trust Compa	iny		Partn	ership			
10. INDIVIDUAL									
EACH Applicant will need	to provide:								
. For documentary veri This verification proce	fication MyFarn ss is only avail	n has adopted the Syndex Bi able to NZ Passport or NZ D need for certified documents.						ation	
		cation process as per the r ndex link to initiate the pro		above, plea	se ensure you ii	nclude yo	ur mobile p	hone numbe	r and email
Alternatively, if you will apply:	do not have a	NZ Driver's Licence and he	old a foreign p	oassport OF	R if you are resid	ent outsi	de of New Z	ealand, the fo	ollowing proce
Personal Identification – a	a certified cop	y is required of one of the fol	lowing:						
Passport	OR	NZ Firearms License		OR	NZ Driver's Licen	se			
	is a true copy	r of the original, locument is the same perso	on reflected in	the docum	ient. Please refe	er to the 'H	low to Appl	ly' section for	r more
i. <u>Address Verificatior</u>	 Utility (e IRD tax Insurar Bank si 	or certified copy (dated within electricity, water, telephone, go notice or statement nee policy document tatement from a registered ba	gas) statement ank		quired of one of th	ne following	g:		
The supplied docume		ment issued by a NZ Govern ne Applicant's name, current		e certified w	ithin 3 months of	receipt of a	application.		
iii. IRD Details – a copy	of an IRD tax i	notice or statement confirmin bers between Limited Partn	g the name an	d IRD numb	er of the Investme	ent Owner	/Entity. Th		enue Departm
	Bank pre-print	one of the following is require ed deposit slip < printed statement, stamped		e name and	bank account nu Bank statem IRD paymen	ent from a	registered b		ity:
		authorised bank officer.			into paymon			L	
Please fill out ALL areas a	and answer Al	L questions.							
APPLICANT – Individ									
Legal FIRST Names(s		Legal FAMI	I Y Name				mber * Req	uired	
	1								
Date of Birth	Diago of		Country o	f Diuth.		A #0.1/01	Now 7a	aland Citize	
Date of Dirth	Flace OI	Birth (Town/City):	Country of	DI DILUI.		Circle			ян <u>с</u>
						one	Y	/es	No
Email * Required									
Address: Flat/Apartme	ent No:		Street:						
RD/PO Box No./Subur	b :		Town/City:						
Postcode:			Country: (if not New Z	Zealand)					
Phone (mobile) * Requ i	red:		Phone (hom						
If you hold dual Citizenshi	p, please speci	ify which Countries you hold	Citizenship for:						
Politically Exposed P	erson (PEP)	- PLEASE COMPLETE						Circ	cle one
Have you, or an immediate	family member,	, held a public office position e.	g. diplomat, high	h level judicia	l or military or mini	sterial posi	tion?	Yes	No
If yes, please specify:									

11. JOINT INDIVIDUAL

EACH Applicant will need to provide:

	For documentary v	erification MyFarm has	adopted the Syndex Bio-	verification process as ou	ur primary identification tool.	
--	-------------------	------------------------	-------------------------	----------------------------	---------------------------------	--

This verification process is only available to NZ Passport or NZ Driver's Licence holders who reside in New Zealand. The Bio-verification process is immediate removing the need for certified documents.

If you are eligible for the Bio-verification process as per the requirements above, please ensure you include your mobile phone number and email address so we can forward the Syndex link to initiate the process.

Alternatively, if you do not have a NZ Driver's Licence and hold a foreign passport OR if you are resident outside of New Zealand, the following process will apply:

OR

NZ Driver's License

Personal Identification - a certified copy is required of one of the following:

OR

Passport

- The Certifier must confirm that: The document is a true copy of the original, 1.
- The person presenting the document is the same person reflected in the document. Please refer to the 'How to Apply' section for more 2. information.

ij. Address Verification – an original or certified copy (dated within the last 12 months) is required of one of the following:

NZ Firearms License

- Utility (electricity, water, telephone, gas) statement
- IRD tax notice or statement
- Insurance policy document



The supplied document must state the Applicant's name, current address and be certified within 3 months of receipt of application.

IRD Details - a copy of an IRD tax notice or statement confirming the name and IRD number of the Investment Owner / Entity. The Inland Revenue Department iii. automates the linking of IRD numbers between Limited Partnership entities and the unitholders invested in those Limited Partnerships.

% Share Income to be Attributed to EACH Applicant V.

We have been advised that each party in a "Joint Individual" ownership is required to provide their individual IRD numbers, along with the % of the investment returns that is to be attributed to them.

This % and the IRD number of EACH Applicant will be provided to the syndicate accountant in order to complete the annual filing of the syndicate's tax return. It is our recommendation you contact your own Accountant or Tax Adviser to confirm how your investment returns are to be taxed and what information should be provided to the syndicate accountant on your behalf, in order to file the syndicate's annual tax return.

APPLICANT 1 Individual [Details:												
Legal FIRST Names(s)		Legal FA	MILY Name	IRD Number *Required									
Share of Income (%):			IRD document confirming na		١	Yes							
APPLICANT 2 Individual I	Details:												
Legal FIRST Names(s)		Legal FA	MILY Name	ed									
Share of Income (%):	IRD document confirming name and number:						ſes						

Bank Account Details - a copy of the one of the following is required to confirm the name and bank account number of EACH account that investment iv. returns are to be paid to:

- Bank pre-printed deposit slip
 - Online or bank printed statement, stamped and
- Bank statement from a registered bank
- IRD payment statement

signed by an authorised bank officer

If investment returns are being paid to one JOINT bank account, please ensure this information is provided in Part One. If Investment Returns are to be paid to EACH Joint Individual separately, please complete BOTH boxes below:

APPLICANT 1 Bank Account Details: *Required																		
Account Name(s):													% R	eturn:				
Account Number:																		
		bank		e	branch account number						 				Suffix	<		

APPLICANT 2 Bank Account Details: *Required											
Account Name(s):				% Return:							
Account Number:											
	bank	branch	account number	· · · · · · · · · · · · · · · · · · ·	suffix						

JOINT INDIVIDUAL CONTINUED:

Please complete an "Individual Details" box for EACH Applicant. Please fill out ALL areas and answer ALL questions.

APPLICANT 1 Individu	APPLICANT 1 Individual Details:											
Legal FIRST Names(s)			Legal FAM	ILY Na	ime							
Date of Birth	Place of Birth (Town/City):			Cou	ntry of Birth:	New Zealand Citi	zen? (Circle d	one)				
						Yes	No					
Email *Required												
Address: Flat/Apartment No:					Street:							
RD/PO Box No./Suburb	:				Town/City:							
Postcode:					Country: (If not New Zealand)							
Phone (mobile) * Requir	<mark>ed</mark> :				Phone (home/work):							
If you hold dual Citizensl	hip, please sp	becify whic	h Countries y	/ou hol	d Citizenship for:							
Politically Exposed Pe	rson (PEP) -	- PLEASE	COMPLETE				Circle	one				
Have you, or an immediate family member, held a public office position e.g. diplomat, high level judicial or military or ministerial position? Yes							No					
If yes, please specify:							_					

APPLICANT 2 Individu	<mark>al Details</mark> :							
Legal FIRST Names(s)			Legal FAMI	ILY Na	me			
Date of Birth	Place of Bi	irth (Town	/City):	Cou	ntry of Birth:	New Zealand Citiz	en? (Circle o	one)
						Yes	No	1
Email * Required								
Address: Flat/Apartmen	it No:				Street:			
RD/PO Box No./Suburb:					Town/City:			
Postcode:					Country: (If not New Zealand)			
Phone (mobile) * Requir e	<mark>ed</mark> :				Phone (home/work):			
If you hold dual Citizensl	nip, please sp	ecify whic	h Countries y	ou hol	d Citizenship for:			
Politically Exposed Per	rson (PEP) –	PLEASE	COMPLETE				Circle	one
Have you, or an immediate fa	neld a public	office position e	e.g. diplo	omat, high level judicial or military or minis	terial position?	Yes	No	
If yes, please specify:								

12. TRUST

 EACH Trustee will need to provide: For documentary verification MyFarm has adop This verification process is only available to NZ process is immediate removing the need for cer If you are eligible for the Bio-verification pro can forward the Syndex link. Alternatively, if Zealand, the following process will apply: 	Passport or NZ Driver's L tified documents. cess as per the requirer	icence holders whe	o reside in Ne ase provide y	ew Zeal your m e	and. T obile p	⁻ he Bio-ve Dhone nui	nber a	and em			
Personal Identification - a certified copy is require	d of one of the following:										
Passport OR NZ	Firearms License	OR	NZ Driver's l	License	!]				
The Certifier must confirm that: 1. The document is a true copy of the origina 2. The person presenting the document is th		d in the documen	t. Please rei	fer to th	ne 'Ho	w to Appl	y' sec	tion for	more	inforn	nation.
IRD tax notice or sInsurance policy dBank statement from	vater, telephone, gas) sta tatement	itement	equired of on	e of the	follow	ing:					
The supplied document must state the Applicant's na		be certified within 3	months of re	eceipt of	f applic	ation.					
 Please provide the following documents for the Tree Certified Copy of <u>Trust Deed</u> Certified Copy of <u>Deed (s) of Retirement ar</u> <u>Appointment of Trustee (s)</u> (if applicable) 	d/or •	Copy of a <u>Trust ba</u> account number. Copy of a <u>Trust IR</u> Original or Certifiec electricity, rates) st dated within the las	D statement Copy of veri atement shov	confirm ification wing the	ning the of <u>Tru</u> Trust	e Trust IRI <u>st addres</u> or Trustee	D num <u>s</u> – i.e e(s) Na	ber. . a utility ime(s) a	/ (telep and ad	ohone, dress,	
 Letter (on letterhead) from the Trust Account - particularly: Identify the individuals who are the ii. When the Trust performed its first iii. Identify the source of any income iv. The confirmation of the source of the Please complete BOTH sections. "Trust Details" 	e settlor(s), and the origin transaction where did the hat the trust is receiving. unds for this specific tran	of the settlor's wea e funds come from saction.	lth. in respect to t	that Tra	nsactio	on)
Please fill out ALL areas and answer ALL question		Section for ALL	Tustees inci	luunig ((ii app			porate	Tusic	e.	
Trust Details:											
Trust Name				Trust	t IRD I	Number:	*Req	uired			
Address: Flat/Apartment No:	S	Street:									
RD/PO Box No./Suburb:	Т	Fown/City:									
Postcode:	C	Country: (If not Ne	ew Zealand))							
Trust Accountant: (Name and Email address)										

Address: Flat/Apartment No:		Street:						
RD/PO Box No./Suburb:		Town/City:						
Postcode:		Country: (If not New Zealand))					
Trust Accountant: (Name and Ema	ail address)							
Trust Lawyer: (Name and Email ac	ldress)							
Trust Beneficiaries (Including all Please state the Full Name and Date of								
Full Name – Use additional page if r	equired			Da	ate of	Birth		

Trustee Details – Please complete Corporate Trustee Details on page 9 Please print extra of this page for additional individual Trustees as required.

TRUSTEE ONE – Individual Details											
Legal FIRST Names(s)	Legal FAMILY Name	Number									
Date of Birth	Place of Birth (Town/City):	Country of	f Birth:	Are	you a Nev	v Ze	aland	Citize	n?		
									No		
Email *Required											
Address: Flat/Apartment No:			Street:								
RD/PO Box No./Suburb:			Town/City:								
Postcode:			Country (If r	not NZ):						
Phone (mobile) * Required :			Phone (hom	ne/wor	k):						
If you hold dual Citizenship, please	specify which Countries you hold Citi										
Politically Exposed Person (PEP)	- PLEASE COMPLETE				C	ircle c	one				
Have you, or an immediate family member	, held a public office position e.g. diplomat, I	al position?			Ye	s	No	0			
If yes, please specify:											

TRUSTEE TWO – Individual Details										
Legal FIRST Names(s)	Legal FAMILY Name			IRD	Number					
Date of Birth	Place of Birth (Town/City):	Country of	f Birth:	Are	you a Nev	w Ze	aland	Citizen	?	
									Ν	0
Email *Required										
Address: Flat/Apartment No:			Street:							
RD/PO Box No./Suburb:			Town/City:							
Postcode:			Country (If r	not NZ	:):					
Phone (mobile) * Required :			Phone (hon	ne/wor	'k):					
If you hold dual Citizenship, please	specify which Countries you hold C	itizenship for:								
Politically Exposed Person (PEP)	- PLEASE COMPLETE							Ci	cle o	ne
Have you, or an immediate family member	, held a public office position e.g. diplomat	t, high level judicia	I or military or m	iinisteria	al position?			Yes		No
If yes, please specify:										

TRUSTEE THREE – Individual Details							
Legal FIRST Names(s)	Legal FAMILY Name			IRD Number			
Date of Birth	Place of Birth (Town/City):	Country of	Birth:	Are you a Ne	w Zealand C	itizen?	
				Circle one	Yes		No
Email * Required							
Address: Flat/Apartment No:			Street:				
RD/PO Box No./Suburb:			Town/City:				
Postcode:			Country (If r	not NZ):			
Phone (mobile) * Required :			Phone (hom	ne/work):			
If you hold dual Citizenship, please s	specify which Countries you hold Citi	zenship for:					
Politically Exposed Person (PEP)	- PLEASE COMPLETE					Circle	one
Have you, or an immediate family member	, held a public office position e.g. diplomat,	high level judicia	l or military or m	inisterial position?		Yes	No
If yes, please specify:							

Corporate Trustee Details: Please print additional pages (or use page 10) for ALL Directors and >25% Shareholders

Corporate Trustee/Trustee Compar	ny Name				Con	npany	Numb	er			
Country of incorporation: (Circle if applicable)	New	Zealand	Australia		Cor	npany	/ IRD I	No:			
Other (please specify country of incorporation)											
Address: Flat/Apartment No:			Street:								
RD/PO Box No./Suburb:			Town/City:								
Postcode:			Country (if not NZ)								
List the Directors of the Corporate	Trustee wl	no are to be reco	rded as the primary "A	uthor	rised	Perso	ns" fo	r this	Trust		
Legal FIRST Names(s)		Legal FAMILY	Name	Ema	ail Ad	dress					

Please have ALL Directors and Shareholders who own >25% complete a Director/Shareholder Box (print extra pages as required)

DIRECTOR – Individual	Details:												
Legal FIRST Names(s)			Legal FA	MILY Na	ime	IR	D Nun	nber					
Date of Birth	Place of	Birth (Town	/City):	Count	try of Birth:	Ar	e you	a Nev	v Zeala	and C	itizen	?	1
						C	Circle o	one		Yes		١	No
Email * Required				•									
Address: Flat/Apartmen	t No:				Street:								
RD/PO Box No./Suburb:					Town/City:								
Postcode:					Country: (if not NZ)								
Phone (mobile) *Require	<mark>d</mark>				Phone (home/work)								
If you hold dual Citizensh				•	l Citizenship for:								
Politically Exposed Per	son (PEP)	- PLEASE	COMPLET	Έ							Ci	ircle o	one
Have you, or an immediate fa	mily member,	, held a public o	office position	n e.g. diploi	mat, high level judicial or military or	r minis	sterial p	osition?			Yes	6	No
If yes, please specify:													
DIRECTOR / >25% SHA	REHOLDE	R – Individ	ual Details	:									
DIRECTOR / >25% SHA Legal FIRST Names(s)	REHOLDE	<mark>R – Individ</mark> i	ual Details Legal FA		ime	IR	D Nun	nber					
	REHOLDE	<mark>R – Individ</mark> i			Ime	IRI	D Nun	nber					
		R – Individu Birth (Town	Legal FA	MILY Na	ime try of Birth:				v Zeala	and C	Citizen	?	
Legal FIRST Names(s)			Legal FA	MILY Na		Ar		a Nev	v Zeala	and C Yes	Citizen		No
Legal FIRST Names(s)			Legal FA	MILY Na		Ar	e you	a Nev	v Zeala		Citizen		No
Legal FIRST Names(s) Date of Birth	Place of I		Legal FA	MILY Na		Ar	e you	a Nev	v Zeala		Citizen'		No
Legal FIRST Names(s) Date of Birth Email *Required	Place of I		Legal FA	MILY Na	try of Birth:	Ar	e you	a Nev	v Zeala		itizen		No
Legal FIRST Names(s) Date of Birth Email *Required Address: Flat/Apartmen	Place of I		Legal FA	MILY Na	try of Birth: Street:	Ar	e you	a Nev	v Zeala		Citizen		No
Legal FIRST Names(s) Date of Birth Email *Required Address: Flat/Apartment RD/PO Box No./Suburb:	Place of I		Legal FA	MILY Na	try of Birth: Street: Town/City:	Ar	e you	a Nev	v Zeala		Citizen'		No
Legal FIRST Names(s) Date of Birth Email *Required Address: Flat/Apartment RD/PO Box No./Suburb: Postcode: Phone (mobile) *Require If you hold dual Citizensh	Place of I t No: d:	Birth (Town	Legal FA /City):	Count Count	try of Birth: Street: Town/City: Country (if not NZ): Phone: (home/work):	Ar	e you	a Nev	v Zeala			1	
Legal FIRST Names(s) Date of Birth Email *Required Address: Flat/Apartmen RD/PO Box No./Suburb: Postcode: Phone (mobile) *Require	Place of I t No: d:	Birth (Town	Legal FA /City):	Count Count	try of Birth: Street: Town/City: Country (if not NZ): Phone: (home/work):	Ar	e you	a Nev	v Zeala				
Legal FIRST Names(s) Date of Birth Email *Required Address: Flat/Apartmen RD/PO Box No./Suburb: Postcode: Phone (mobile) *Require If you hold dual Citizensh Politically Exposed Per	Place of I t No: d: iip, please s son (PEP)	Birth (Town	Legal FA /City): n Countries COMPLET	MILY Na	try of Birth: Street: Town/City: Country (if not NZ): Phone: (home/work):		e you Circle o	a Nev				ircle o	

13. COMPANY

i.

EACH DIRECTOR/>25% SHAREHOLDER will need to provide:

For documentary verification MyFarm has adopted the Syndex Bio-verification process as our primary identification tool.

This verification process is only available to NZ Passport or NZ Driver's Licence holders who reside in New Zealand. The Bio-verification process is immediate removing the need for certified documents.

If you are eligible for the Bio-verification process as per the requirements above, please provide your mobile phone number and email address so we can forward the Syndex link.

Alternatively, if you do not have a NZ Driver's Licence and hold a foreign passport OR if you are resident outside of New Zealand, the following process will apply:

Personal Identification - a certified copy is required of one of the following:

Passport		OR	NZ Firearms License		OR	NZ Driver's License	
ii. <u>Address Verifi</u>	cation – ar ■	•	or certified copy (dated wit electricity, water, telephone			hs) is required of one of t	he following:
	•	IRD tax	notice or statement				
	•	Insurar	nce policy document				
	•	Bank s	tatement from a registered	bank			
	•	A docu	ment issued by a NZ Gove	rnment ag	ency		
The supplied docume	nt must sta	te the App	olicant's name, current add	ress and b	e certified	within 3 months of recei	pt of application.
Please provide the fo	ollowing d	ocument	s for the Company:				

- Original or Certified Copy of <u>Company Address</u> i.e. a utility (electricity, rates) statement showing the Company Name and address, dated within the last 12 months and certified within 3 months of receipt of application
- Copy of a <u>Company IRD statement</u> confirming the Companies IRD number
- Copy of a <u>Company Bank statement</u> from a registered bank confirming the Company bank account number
- Copy of a <u>Company Certificate of Incorporation</u>

If Requested

- Copy of Company Constitution and/or Incorporation documents
- Letter (on letterhead) from the Company Accountant or Lawyer confirming the Company's "source of wealth or funds"

Complete BOTH sections – "Company Details" and a "Company Director or Shareholder Details" section for ALL Directors and Shareholders owning 25% or more of the Company (Beneficial Owners). Please fill out all areas and answer all questions.

Company Details:											
Company Name:				Con	npany	Numb	er				
Country of incorporation: (please circle if applicable)	New Zealand		Australia	Con	npany	IRD N	0. * Re	quired			
Other (please specify country of incorporation)											
Address: Flat/Apartment No:		Street	:								
RD/PO Box No./Suburb:		Town/	'City:								
Postcode:		Count	ry (if not NZ):								
Company Accountant: (Name and E	Email address)										
Company Lawyer: (Name and Email	address)										
List ALL Company Directors plus ALL	Shareholders who own	25% or more	e of the Company.								
If any >25% Shareholder is a Trust	or Company, please co	omplete the	ir details in the requ	ired se	ection						
Full Name - Use another page if required			Relationship to the Company					F	Percent	tage ⊦	leld

DIRECTOR ONE – Individual	Details:												
Legal FIRST Names(s)			Legal FAN	AILY Name	IRD	Num	ber						
Date of Birth	Place of B	irth (Town/	City):	Country of Birth:	Are	you a	New	Zeal	and	Citize	n?		
					Circ	cle one	Э	γ	′es		١	No	
Email *Required:													
Address: Flat/Apartment No:				Street:									
RD/PO Box No./Suburb:				Town/City:									
Postcode:				Country (if not NZ):									
Phone (mobile) * Required :				Phone (home/work):									
If you hold dual Citizenship, ple	ease specify	which Count	tries you hole	d Citizenship for:									
Politically Exposed Person (0	Circle	one	;			
Have you, or an immediate family member, held a public office position e.g. diplomat, high level judicial or military or ministerial position? Yes								Ν	lo				
If yes, please specify:													

DIRECTOR TWO – Individua	l Details:										
Legal FIRST Names(s)			Legal FAI	MILY Name	IRD	Numb	ber				
Date of Birth	Place of B	irth (Town/	City):	Country of Birth:	Are	you a	New	Zeala	nd Cit	izen?	
					Circ	cle one	;	Ye	S	N	0
Email *Required:											
Address: Flat/Apartment No:				Street:							
RD/PO Box No./Suburb:				Town/City:							
Postcode:				Country (if not NZ):							
Phone (mobile) * Required :				Phone (home/work):							
If you hold dual Citizenship, ple	ease specify	which Count	tries you hol	d Citizenship for:							
Politically Exposed Person (PEP) – PLE	LETE							Circle	one	
Have you, or an immediate family m	ember, held a p	oublic office po	sition e.g. diplo	omat, high level judicial or military o	r ministe	erial pos	ition?			Yes	No
If yes, please specify:											

>25% SHAREHOLDER – Indi	vidual Deta	<mark>ils:</mark>											
Legal FIRST Names(s)			Legal FAMILY Name			IRD Number							
Date of Birth	Place of Birth (Town/City):			Country of Birth:	Are	you a	a New	Zeal	and (Citizer	?		
					Cire	cle one	е	Y	′es		Ν	0	
Email *Required:													
Address: Flat/Apartment No:				Street:									
RD/PO Box No./Suburb:				Town/City:									
Postcode:				Country (if not NZ):									
Phone (mobile) * Required :				Phone (home/work):									
If you hold dual Citizenship, ple	If you hold dual Citizenship, please specify which Countries you hold Citizenship for:												
Politically Exposed Person (PEP) – PLEASE COMPLETE Circle o					one								
Have you, or an immediate family member, held a public office position e.g. diplomat, high level judicial or military or ministerial position? Yes					s	No	2						
If yes, please specify:												•	

14. PARTNERSHIP

EACH **Partner** will need to provide: i. For documentary verification N

For documentary verification MyFarm has adopted the Syndex Bio-verification process as our primary identification tool. This verification process is only available to NZ Passport or NZ Driver's Licence holders who reside in New Zealand. The Bio-verification process is immediate removing the need for certified documents.

If you are eligible for the Bio-verification process as per the requirements above, please provide your mobile phone number and email address so we can forward the Syndex link.

Alternatively, if you do not have a NZ Driver's Licence and hold a foreign passport OR if you are resident outside of New Zealand, the following process will apply:

Personal Identification - a certified co	py is rec	quired of one	of the following:
------------------------------------------	------------------	----------------------	-------------------

	Passport		OR	NZ Firearms License		OR	NZ D	river's License		
i.	Address Verificati ■	<u>on</u> – ar	Utility (or certified copy (dated wit electricity, water, telephone			ths <u>) is re</u>	equired of one of t	he following:	
	:			a notice or statement ace policy document						
	:			tatement from a registered ment issued by a NZ Gove		gency	-			
	The supplied	docum	ent must s	tate the Applicant's name,	current ad	ddress and	d be cer	tified within 3 mor	nths of receipt of	application.

Please provide the following documents for the Partnership:

- Certified Copy of <u>Partnership Agreement</u>
- Copy of a <u>Partnership Bank statement</u> from a registered bank confirming the Partnership bank account number
- Certified Copy of any other <u>Deed (s) or Agreement(s)</u> that gives authority for other persons/entities to act on behalf of the Partnership
- Original or Certified Copy of verification of <u>Partnership Address</u> i.e. a utility (telephone, electricity, rates) statement showing the Partnership or Partner (s) Name (s) and address and be dated within the last 12 months and certified within 3 months of receipt of application

If requested:

Letter (on letterhead) from the Partnership Accountant or Lawyer confirming the Partnership's "source of wealth or funds"

Complete BOTH sections – "Partnership Details" and a "Partner Details" section for ALL Partners. If the Partners are one or more Trust (s) or Company (ies) please use the relevant sections of the application form, i.e. Trust (s) (pages 6 - 8) or Company (ies) or (pages 9 - 10). Please fill out ALL areas and answer ALL questions

Partnership Details													
Partnership Name					Registration Number								
Partnership Trading Name	e (if differen	t)				IRE) Nur	nber * F	Requir	ed			
Place of Registration	Circl New Ze	le ONE (if a aland	applicable) Australia		her (please specify untry of registration)								
Address: Flat/Apartment N	No:			Str	reet:								
RD/PO Box No./Suburb:	D/PO Box No./Suburb: Town/City:		wn/City:										
Postcode:				Со	ountry (if not NZ):								
Partnership Accountant:	(Name and	d Email ado	lress)										
Partnership Lawyer: (Nar	me and Em	ail address)										
List ALL Partners and the	eir percenta	ige % owne	ership of the Partne	rship)								
If any >25% Partner is a	a Trust or (Company,	please complete t	heir	details in the relevant s	sectio	on of	this A	pplica	tion Fe	orm		
Full Name - Use another page if required							Pe	ercenta	ige He	ld			

PARTNER ONE – Individual Deta	<mark>ils:</mark>										
Legal FIRST Names(s)	Legal FAMILY Name				RD Number						
Date of Birth	Place of Birth (Town/City):	Country	of Birth:	Are	you a New	Zealand	Citizen	?			
				C	ircle one	Yes		No			
fEmail * Required:		-									
Address: Flat/Apartment No:			Street:								
RD/PO Box No./Suburb:			Town/C	ity:							
Postcode:			Country	(if not NZ):							
Phone (mobile) * Required			Phone ((home/work):							
•	ase specify which Countries you ho	old Citizenshi	p for:								
Politically Exposed Person (P	· ·						Circ	le one			
Have you, or an immediate family me	mber, held a public office position e.g. dip	lomat, high leve	el judicial or m	ilitary or ministeri	al position?		Yes	No			
If yes, please specify:											
PARTNER TWO – Individual Deta				Ĺ							
Legal FIRST Names(s)	Legal FAMILY Name			IR	D Number						
Date of Birth	Place of Birth (Town/City):	Country of	of Birth:		e you a Nev		Citizen				
				C	rcle one	Yes		No			
Email *Required:											
Address: Flat/Apartment No:			Street:								
RD/PO Box No./Suburb:			Town/C	City:							
Postcode:				y (if not NZ):							
Phone (mobile) * Required			Phone (home/	work):							
•	ase specify which Countries you ho	old Citizenshi	p for:								
Politically Exposed Person (P	EP) – PLEASE COMPLETE						Circle	e one			
Have you, or an immediate family me	mber, held a public office position e.g. dip	lomat, high leve	el judicial or m	ilitary or ministeri	al position?		Yes	No			
If yes, please specify:											
PARTNER THREE – Individual De	etails										
Legal FIRST Names(s)	Legal FAMILY Name			IRD Numbe	r , , ,						
Date of Birth	Place of Birth (Town/City):	Country of	of Birth:	Are you a N	lew Zealand	I Citizen?					
				Circle	one	Yes		No			
Email *Required:											
Address: Flat/Apartment No:		Str	eet:								
RD/PO Box No./Suburb:		To	wn/City:								
Postcode:		Со	untry (if not	NZ):							
Phone (mobile) * Required		Ph	one (home/	work):							
•	ase specify which Countries you ho	old Citizenshi	p for:								
Politically Exposed Person (P	•						Circ	le one			
Have you, or an immediate family me	mber, held a public office position e.g. dip	lomat, high leve	el judicial or m	ilitary or ministeri	al position?		Yes	No			
If yes, please specify:											

INVESTOR CERTIFICATES

PART THREE

PLEASE COMPLETE AN INVESTOR CERTIFICATE FOR EACH ENTITY

Please read the instructions below carefully to ensure that you provide all of the documentation required to meet the requirements of Schedule 1, clauses 3(2)(a) - (c) or (3)(3)(a)- (b)(ii) (inclusive) of the Financial Markets Conduct Act 2013 ("FMCA").

Before any subscription can be considered (as AGAINST received) for acceptance by MyFarm (the Offeror) in respect of the Secondary Market offer of Units in Wairau Valley Vineyards Limited Partnership, the investing party (and potentially their financial or legal adviser) will be required to complete one of the following Certificates:

Full details of the requirements for a "Wholesale Investor" and an "Eligible Investor" are more fully explained in the Information Memorandum.

CERTIFICATE A		
Certificate A (1. i)	Certificate A (1. ii)	Certificate A (1. iii)
An "Investment Business"	Meets "Investment Criteria"	A "Large" Investor
Schedule 1, Clause 3(2)(a) FMCA Act	Schedule 1, Clause 3(2)(b) FMCA Act	Schedule 1, Clause 3(2)(c) FMCA Act
	 a. In the last 2 years owns a portfolio of "specified financial products" of \$1 m+ 	 a. In the last 2 years owned/controlled net assets of \$5 m+
	 In the last 2 years carried out transactions to acquire \$1 m+ of "specified financial products" 	 b. In the last 2 years had turnover of \$5 m+
	NB: Excludes Category 2 products	



CERTIFICATE B

"Eligible Investor" Schedule 1, Clause 3(3)(a)

Has experience in buying and selling financial products sufficient to assess:

- a. The merits and risks of the investment
- b. The information required to assess the investment
- c. The adequacy of the information provided by MyFarm

CERTIFICATE C

Completed by either:

- Chartered accountant
- Lawyer
- Financial advisor
- Confirms the certification made in completed Certificate B
- Confirms the investor has been sufficiently advised of the consequences of completing Certificate B
- Confirms there is no reason to believe the contents of Certificate B are incorrect

If you have any doubts about your eligibility for this offer or the certificates required, please contact our team: (investments@myfarm.co.nz).

• Please note: If you have invested with MyFarm within the last two years you may not need to provide a Wholesale Investor Certificate. Please contact MyFarm (investments@myfarm.co.nz) to confirm if the Wholesale Investor Certificate utilised for your most recent MyFarm investment is current and able to be used for Wairau Valley Vineyards LP.

AND

• For all **new applicants** MyFarm will require a valid Wholesale Investor certificate to be completed and approved.

14. CERTIFICATE A (1. i – iii inclusive) – <u>WHOLESALE INVESTOR CERTIFICATE</u>

This certificate is required to verify that the investor meets the respective eligibility requirements as a "Wholesale Investor" under Schedule 1, clause 3(2)(a) - (c) of the FMCA and accordingly confirm that neither MyFarm nor Wairau Valley Vineyards LP are required to make disclosures in respect of this offer under Part 3 of the FMCA.

In relation to the offer by MyFarm of Secondary	Market Units in Wairau Valley Vineyard	s Limited Partnership ("the
financial product" on offer and "the transaction"), that:	

1) I/WE,_

("the Investor")

HEREBY CERTIFY THAT I am/we are a Wholesale Investor under Schedule 1, clause 3(2) of the FMCA of the following kind (tick one of the following):

i. 📙 Sc	n.1, Clause 3(2)(a): .	An "investment business'	" as defined in Schedule	1, cl 37 of the FMCA
---------	------------------------	--------------------------	--------------------------	----------------------

ii. 🗌 Sch. 1, Clause 3(2)(b): I/We meet the investment criteria specified in Schedule 1, clause 38 of the FMCA

iii. Sch. 1, Clause 3(2)(c): A "large" investor as defined in Schedule 1, clause 39 of the FMCA.

Full definitions of each of the exclusions above can be found in the Wairau Valley Vineyards LP IM dated 23 May 2022.

2) The grounds on which I/we claim that one of the above applies is (a brief description is mandatory):

THIS SECTION MUST BE	E COMPLETED							
3) I/We do understand the consequences of certifying myself or ourselves to be a Wholesale Investor.								
Signed at:	this	day of	2022.					
Signature:			(the Investor)					

WARNING:

The law normally requires people who offer financial products to give information to investors before they invest. This information is designed to help investors make an informed decision.

If you are a wholesale investor, the usual rules do not apply to offers of financial products made to you. As a result, you may not receive a complete and balanced set of information. You will also have fewer other legal protections for these investments. Ask questions, read all documents carefully, and seek independent financial advice before committing yourself.

Offence

It is an offence to give a certificate knowing that it is false or misleading in a material particular. The offence has a penalty of a fine not exceeding \$50,000

15. CERTIFICATE B – ELIGIBLE INVESTOR CERTIFICATE

This certificate requires the completion of Certificate C – Confirmation of Certification on the following page.

This Certificate and Confirmation (in the form of Certificate C on the following page) is required to verify that the investor meets the eligibility requirements as an "Eligible Investor" under Schedule 1, clause 3(3)(a) of the FMCA and accordingly confirm that neither MyFarm nor Wairau Valley Vineyards LP are required to make disclosure in respect of this offer under Part 3 of the FMCA.

Full definitions of "Eligible investor" can be found in the Wairau Valley Vineyards LP IM dated 23 May 2022, including the financial products which qualify.

In relation to the offer by MyFarm of Secondary Market Units in Wairau Valley Vineyards Limited Partr Financial Product" on offer and "the transaction")	nership ("the							
I/We,	("the Investor")							
 CERTIFY THAT: 1. I/We have previous experience in acquiring or disposing of financial products* that allows me/us to assess: a. The merits of the transaction, including assessing the value and the risks of the financial products involved; and b. My/Our own information needs in relation to the transaction; and c. The adequacy of the information provided by MyFarm as the Offeror 2. I/We do understand the consequences of certifying myself/ourselves to be an Eligible Investor. 3. The grounds for this certification are (a brief description is mandatory). 								
THIS SECTION MUST BE COMPLETED								
Signed at:day of2022.								
Signature:(the Ir	nvestor)							

*A debt or equity security, a managed investment product or a derivative.

WARNING:

The law normally requires people who offer financial products to give information to investors before they invest. This information is designed to help investors make an informed decision.

If you are a wholesale investor, the usual rules do not apply to offers of financial products made to you. As a result, you may not receive a complete and balanced set of information. You will also have fewer other legal protections for these investments. Ask questions, read all documents carefully, and seek independent financial advice before committing yourself.

Offence

It is an offence to give a certificate knowing that it is false or misleading in a material particular. The offence has a penalty of a fine not exceeding \$50,000.

CERTIFICATE B WILL NOT BE ACCEPTED WITHOUT CERTIFICATE C

16. CERTIFICATE C - CONFIRMATION OF CERTIFICATION

This certificate and confirmation are required to verify that the investor meets the eligibility requirements as an "Eligible Investor" under Schedule 1, clause 3(3)(a) of the FMCA and accordingly confirm that neither MyFarm Limited (as Offeror), nor WAIRAU VALLEY VINEYARDS LIMITED PARTNERSHIP (as Issuer) are required to make disclosure in respect of this offer under Part 3 of the FMCA.

Please Note: by signing this Certificate C you are confirming that you have sighted the investor's information used in Certificate B and that you have advised the investor in respect of these certificates.

 I.________as a financial advisor/ chartered accountant/ lawyer

 Certify that I have considered ________("the Investor")

 grounds for his/her/their certification and I:

 1. Am satisfied that the Investor has been sufficiently advised of the consequences of the certification, and:

 2. Have no reason to believe that the certification is incorrect or that further information or investigation is required as to whether or not the certification is correct.

 Signed at: ________this ______this ______day of ______2022.

 Signature:

 (Confirming Certifier: financial adviser/ chartered accountant/ lawyer) (please circle)

WARNING:

The law normally requires people who offer financial products to give information to investors before they invest. This information is designed to help investors make an informed decision.

If you are a wholesale investor, the usual rules do not apply to offers of financial products made to you. As a result, you may not receive a complete and balanced set of information. You will also have fewer other legal protections for these investments.

Ask questions, read all documents carefully, and seek independent financial advice before committing yourself.

Offence

It is an offence to give a certificate knowing that it is false or misleading in a material particular. The offence has a penalty of a fine not exceeding \$50,000.