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 4:

PART TWO

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

Joint Individual

Trust

Company

- Partnership
- 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 or
- 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

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

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 <u>Address verification:</u> Copy of **one** of the following: Provide one of the following: Rates notice □ Current New Zealand Passport Utility bill (e.g. electricity or telephone account) □ Current international passport Bank Statement dated within the last ☐ New Zealand firearms license 3 months **OPTION THREE AND** Provide one of the following: □ New Zealand driver license Bank documents: Copy of one of the following: Bank Statement dated within the last □ International driver license Plus, one of: 3 months □ New Zealand birth certificate Deposit Slip □ Overseas birth certificate Note: The statement/deposit slip must match the □ New Zealand certificate of citizenship account details you provide in part one of the ☐ Citizenship certificate issued by a foreign Application Form. Government ☐ Current credit card, debit card or Eftpos

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.

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

PART ONE

Re: RIMU DAIRIES LIMITED PARTNERSHIP:

This is an offer to wholesale investors of Units representing partnership capital in Rimu Dairies Limited Partnership ("The Partnership", or "Rimu Dairies LP"), a Limited Partnership formed to purchase a 171.9 ha dairy farm property located at 45 Rimu Seaward Downs Road, Southland and acquire shares in Fonterra Co-operative Group (FCG) and LIC (Livestock Improvement Corporation).

Please complete the form using block capital letters.

<u>IMPORTANT</u>: Please <u>email</u> 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 <u>ALL required</u> original/certified documentation is (as soon as possible) to be <u>posted</u> to: AGInvest Trading Limited, PO Box 91, Feilding, 4740, *OR* <u>couriered to</u>: AGInvest Trading Limited, Level 1, 8 Manchester Square, Feilding, New Zealand.

 For all the correspondence regarding Rimu Dairies Lim	nited Partnership:		
Applicant Name (Investment Owner/Entity):			
Primary Contact (One Individual):			
Investment Owner/Entity details:			
Postal Address:		Physical Address (if different from Postal):	

Postcode:

Postcode:

Postcode:

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, a deposit payment of 25% (\$0.25 per Unit) is payable on application or no later than 6 April 2023. The remaining 75% of funds (\$0.75 per Unit) is payable 19 May 2023.

Number of Units applied for:		Total Investment:	\$
	Deposit payment due: (25% of Total Investment)	\$

3. PAYMENT DETAILS

1. CONTACT DETAILS

Full deposit payment is required on application, or no later than 6 April 2023.

Direct credits to: Sharp Tudhope Trust Account Bank/Branch: ANZ, Cnr Spring and Grey Streets, Tauranga

Bank Account: 06-0433-0020939-00 Swift Code: ANZBNZ22

Reference: RDLP + [YOUR INVESTMENT ENTITY 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%.

							Non-	Resident Country:	
Exempt	10.5%	17.5%	28%	30%	33%	39%			
	101010	1110,0				,	Resident	NRWT Rate:	

5. BANK ACCOUNT DETAILS

Bank account details MUST be completed and must match Investment Owner/Entity. (Joint Individuals providing two bank accounts, go to Part Two)

Darik account details MOST be	e completed and mus i	, match investment	Owner/Entity.	(John Hulviduais pr	Oviding two bank acc	Julius, yo lo ra	ait iwoj	
Account Name(s):								
Account Number:	bank brar	nch	account number	er	suffix			
Compulsory Information for	Bank Swift Code: Account/IBAN Num	nber:						
Overseas Bank Accounts	Bank Account Nam	ne:						

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):

" as defined in Schedule 1, cl 37 of the FMCA. Certificate A (1. i)	а
ia specified in Schedule 1, clause 38 of the FMCA. Certificate A (1.	b
dule 1, clause 39 of the FMCA. Certificate A (1. iii)	С
defined in Schedule 1, clause 41 of the FMCA. Certificates B <u>and</u> C	d
defined in Schedule 1, clause 41 of the FMCA. Certificates B an	d

<u>OR</u>

The investing entity is:

,	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 <u>not</u> 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 Rimu Dairies LP in respect of this Offer, Rimu Dairies 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 Rimu Dairies LP Information Memorandum dated 7 March 2023.
- 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 Rimu Dairies LP Information Memorandum dated 7 March 2023.
- d) I/We accept that I/We must make full payment totalling NZ \$1.00 per Unit (100% of investment) as follows:
 - i. A deposit payment of 25% (\$0.25 per Unit) is payable on application, or no later than 5pm 6 April 2023.
 - ii. The remaining 75% of funds (\$0.75 per Unit) is payable on 19 May 2023.
- 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.
- l/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 agree that the terms of the Limited Partnership Agreement as disclosed to us will take effect from the date on which the Transaction becomes unconditional and from that date I/We, together with all other applicants, will be bound by the Limited Partnership Agreement as if I/We had signed it. I/We agree to sign the Limited Partnership Agreement without amendment when requested to do so.

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 Rimu Dairies LP Information Memorandum dated 7 March 2023, and on the terms set out in the Application instructions.
- b) I/We understand that Rimu Dairies LP and MyFarm will hold personal information in respect of me/us in relation to my/our investment Rimu Dairies 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 Trust Partnership Joint Individuals Company PART TWO 10. INDIVIDUAL **EACH Applicant** 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 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: <u>Personal Identification</u> – a certified copy is required of one of the following: OR NZ Firearms License OR **Passport** NZ Driver's License The Certifier must confirm that: The document is a true copy of the original, The person presenting the document is the same person reflected in the document. Please refer to the 'How to Apply' section for more information. <u>Address Verification</u> – an original or **certified copy** (dated within the last 12 months) is required of **one** of the following: Utility (electricity, water, telephone, gas) statement IRD tax notice or statement Insurance policy document Bank statement from a registered bank A document issued by a NZ Government agency 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 automates the linking of IRD numbers between Limited Partnership entities and the unitholders invested in those Limited Partnerships. Bank Account Details - a copy of one of the following is required to confirm the name and bank account number of the Investment Owner / Entity: Bank pre-printed deposit slip Bank statement from a registered bank Online or bank printed statement, stamped and IRD payment statement signed by an authorised bank officer. Please fill out ALL areas and answer ALL questions. **APPLICANT – Individual Details** Legal FIRST Names(s) **Legal FAMILY Name** IRD Number *Required Date of Birth Place of Birth (Town/City): Country of Birth: Are you a New Zealand Citizen? Circle Yes No one Email *Required Street: Address: Flat/Apartment No: RD/PO Box No./Suburb: Town/City: Country: Postcode: (if not New Zealand) Phone (mobile) *Required: Phone (home/work): If you hold dual Citizenship, please specify which Countries you hold Citizenship 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 judicial or military or ministerial position? Yes Nο

If yes, please specify:

11. JOINT INDIVIDUAL

Account Name(s):

Account Number:

bank

branch

EACH Applicant will need to provide:

	For documentary verifica This verification process removing the need for ce	is only available	to NZ Pas											-verifica	ation pro	ocess	is imm	ediate	
	If you are eligible for the address so we can forward						ents abo	ve, ple	ease e	nsure	you ii	nclude y	our mo	bile ph	one nu	ımbe	r and e	mail	
	Alternatively, if you do will apply:	not have a NZ I	Driver's L	icence an	d hold	a forei	ign pass	port C	OR if y	ou ar	e resid	lent outs	ide of	New Ze	ealand,	the fo	ollowin	g proces	SS
Pers	sonal Identification – a ce	ertified copy is r	equired of	f one of the	e follow	ving:													
	Passport	OR	NZ F	Firearms L	icense			OR		NZ Dı	river's l	License							
	The Certifier must conf 1. The document is 2. The person prese information.	a true copy of t			erson	reflecte	ed in the	docu	ment.	Pleas	se refe	er to the	'How to	o Apply	r' secti	on foi	r more		
i.	Address Verification -			py (dated v y, water, te					equire	d of o ı	ne of th	ne followi	ng:						
				or stateme															
				y documer t from a re		d hank													
				ued by a N			nt agency	/											
	The supplied document r			•			•		within	3 mon	nths of	receipt of	applica	ation.					
ii.	IRD Details – a copy of automates the linking																enue D)epartme	ent
٧.	% Share Income to be	Attributed to F	ACH Ann	nlicant															
,.	We have been advised t				owners	hip is re	equired to	o provi	ide the	ir indiv	vidual I	IRD numb	oers, al	ong witl	h the %	of the	e invest	ment	
	returns that is to be attrib		الترب المستحدثات	المالية المسمد المالية	المصللة علاما		t					عطلا ملما.		:::	مريم مال	al:	,	- L 14:-	
	This % and the IRD num our recommendation you																		;
	provided to the syndicate	accountant on	your beha	ılf, in order	to file t	he synd	dicate's a	annual	tax ret	turn.									
AF	PPLICANT 1 Individua	l Details:																	
Le	gal FIRST Names(s)			Legal F	AMIL	Y Nam	ne				IRD N	Number	*Requ	<mark>iired</mark>					
Sh	nare of Income (%):				IR	D doc	ument	confi	rming	nam	ne and	l numbe	er:		Yes				
AF	PPLICANT 2 Individua	l Details:			·									•					
Le	gal FIRST Names(s)			Legal F	AMIL	Y Nam	ne				IRD N	<mark>Number</mark>	*Requ	<mark>iired</mark>	1	1		, ,	
01	(0/)				ID	D I		· · · · · ·											
5r	nare of Income (%):				IK	D doc	ument	contil	rming	nam	ie and	d numbe	er:		Yes				
v.	Bank Account Details - returns are to be paid to		one of the	e following	g is red	quired t	to confir	m the	name	and I	bank a	ccount r	numbe	r of EA	CH acc	ount	that in	vestmen	ıt
		nk pre-printed d										nent from	_	tered ba	ank				
		nline or bank prin			ped an	ıd			•	IRD p	aymen	nt stateme	ent						
	If investment returns a If Investment Returns a		one JOI	NT bank a										One.					
AF	PLICANT 1 Bank Acc	ount Details:	*Reguire	ed ed															
_	count Name(s):												%	Return	:				
	count Number:																		
			bank		bran	ch			- 6	accou	nt num	ber					Suff	ix	
A F	DDI ICANT 2 Rank Acc	aunt Datailau	*Doguire																

suffix

% Return:

account number

JOINT INDIVIDUAL CONTINUED:

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

APPLICANT 1 Individu	<mark>al Details</mark> :										
Legal FIRST Names(s)			Legal FAM	ILY Na	ame						
Date of Birth	Place of B	irth (Towr	/City):	Cou	ntry of Birth:	New Zealand Citize	en? (Circle one)				
						Yes	No	ı			
Email *Required											
Address: Flat/Apartmer	nt 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 Citizens	hip, please sp	ecify which	h Countries y	ou hol	d Citizenship for:						
Politically Exposed Pe	rson (PEP) -	- PLEASE	COMPLETE	1			Circle	one			
Have you, or an immediate fa	amily member, I	held a public	office position e	e.g. diplo	omat, high level judicial or military or minis	sterial position?	Yes	No			
If yes, please specify:											
APPLICANT 2 Individu	<mark>al Details</mark> :										
Legal FIRST Names(s)			Legal FAM	ILY Na	ame						
Date of Birth	Place of B	irth (Towr	/City):	Cou	ntry of Birth:	New Zealand Citize	en? (Circle o	ne)			
						Yes	No	ı			
Email *Required											
Address: Flat/Apartmer	nt No:				Street:						
RD/PO Box No./Suburb	:				Town/City:						
Postcode:											
Phone (mobile) *Requir	<mark>ed</mark> :				Phone (home/work):						
If you hold dual Citizens	ecify which	h Countries y	ou hol	d Citizenship for:							
Politically Exposed Pe	rson (PEP) -	- PLEASE	COMPLETE				Circle	one			
Have you, or an immediate fa	amily member, I	held a public	office position e	e.g. diplo	omat, high level judicial or military or minis	sterial position?	Yes	No			
If yes, please specify:											

12. TRUST

EACH Trustee will need to provide:

Full Name – Use additional page if required

i. For documentary verification MyFarm has adopted the Syndex I This verification process is only available to NZ Passport or NZ removing the need for certified documents.	Bio-verification process as our primary identification tool. Driver's Licence holders who reside in New Zealand. The Bio-verification process is imme	ediate
	requirements above, please provide your mobile phone number and email addres e a NZ Driver's Licence and hold a foreign passport OR if you are resident outside	
Personal Identification – a certified copy is required of one of the fo	ollowing:	
Passport OR NZ Firearms Licens	e OR NZ Driver's License	
The Certifier must confirm that: 1. The document is a true copy of the original, 2. The person presenting the document is the same person	reflected in the document. Please refer to the 'How to Apply' section for more info	ormatio
ii. Address Verification – an original or certified copy (dated w		
 Utility (electricity, water, telephone) IRD tax notice or statement 	gas) statement	
Insurance policy document	-	
Bank statement from a registered	pank	
A document issued by a NZ Government.		
The supplied document must state the Applicant's name, current addr	ess and he certified within 3 months of receipt of application	
Please provide the following documents for the Trust:	ess and be certified within 5 months of receipt of application.	
Certified Copy of <u>Trust Deed</u>	Copy of a <u>Trust bank statement</u> from a registered bank confirming the Trust bank.	ank
 Certified Copy of <u>Deed (s) of Retirement and/or</u> <u>Appointment of Trustee (s)</u> (if applicable) 	 account number. Copy of a <u>Trust IRD statement</u> confirming the Trust IRD number. Original or Certified Copy of verification of <u>Trust address</u> – i.e. a utility (telephor electricity, rates) statement showing the Trust or Trustee(s) Name(s) and address dated within the last 12 months and certified within 3 months of receipt of applications. 	SS,
 Letter (on letterhead) from the Trust Accountant or Lawyer or - particularly: 	infirming the Trust's "source of wealth or funds" – (section 23 of the AML/CFT Act 20	09)
iii. Identify the source of any income that the trust is reiv. The confirmation of the source of funds for this special	e did the funds come from in respect to that Transaction eceiving.	
Trust Details:		
Trust Name	Trust IRD Number: *Required	
Address: Flat/Apartment No:	Street:	
RD/PO Box No./Suburb:	Town/City:	
Postcode:	Country: (If not New Zealand)	
Trust Accountant: (Name and Email address)		
Trust Lawyer: (Name and Email address)		
Trust Beneficiaries (Including all children and grandchild	Iren at the time of application):	

Date of Birth

TRUSTEE ONE – Individual Details										
Legal FIRST Names(s)	Legal FAMILY Name			IRD	Numb	er				
Date of Birth	Place of Birth (Town/City):	Country o	f Birth:	Are	you a	New	Zealan	d Citiz	en?	
				Cir	cle one	Э	Ye	S		No
Email *Required			•							
Address: Flat/Apartment No:			Street:							
RD/PO Box No./Suburb:			Town/City:							
Postcode:			Country (If I	not NZ	<u>'</u>):					
Phone (mobile) *Required:			Phone (hon	ne/wor	k):					
If you hold dual Citizenship, please	specify which Countries you hold Ci	itizenship for:								
Politically Exposed Person (PEP)	- PLEASE COMPLETE							- '	Circle	e one
Have you, or an immediate family member	r, held a public office position e.g. diplomat	, high level judicia	al or military or m	ninisteria	al positio	n?		Ye	2 S	No
If yes, please specify:										
TRUSTEE TWO – Individual Details										
Legal FIRST Names(s)	Legal FAMILY Name			IRD	Numb	er				
Date of Birth	Place of Birth (Town/City):	Country o	f Birth:	Are	you a	New	Zealan	d Citiz	en?	
				Cir	cle one	Э	Ye	S		No
Email *Required		-								
Address: Flat/Apartment No:			Street:							
RD/PO Box No./Suburb:			Town/City:							
Postcode:			Country (If I	not NZ	"):					
Phone (mobile) *Required:			Phone (hon	ne/wor	k):					
If you hold dual Citizenship, please	specify which Countries you hold Ci	itizenship for:								
Politically Exposed Person (PEP)	- PLEASE COMPLETE								Circle	e one
Have you, or an immediate family member	r, held a public office position e.g. diplomat	, high level judicia	al or military or m	ninisteria	al positio	on?		Y	es	No
If yes, please specify:									_	
TRUSTEE THREE – Individual Details	•									
Legal FIRST Names(s)	Legal FAMILY Name			IRD	Numb	er				
Date of Birth	Place of Birth (Town/City):	Country o	f Birth:	Are	you a	New	Zealan	d Citiz	en?	
				Cir	cle one	Э	Ye	S		No
Email *Required		- 1								
Address: Flat/Apartment No:			Street:							
RD/PO Box No./Suburb:			Town/City:							
Postcode:			Country (If I	not NZ	'):					
Phone (mobile) *Required:			Phone (hon	ne/wor	k):					
If you hold dual Citizenship, please	specify which Countries you hold Ci	itizenship for:							_	
Politically Exposed Person (PEP)	- PLEASE COMPLETE								Circle	e one
Have you, or an immediate family member	r, held a public office position e.g. diplomat	, high level judicia	al or military or m	ninisteria	al positio	on?		Y	es	No
If yes, please specify:										

Corporate Trustee/Trus			Comp	any in	umbe	:r								
Country of incorporation: (Circle if applicable)		New	Zealand		Australia		Comp	any II	RD No	0:				
Other (please specify coincorporation)	untry of													
Address: Flat/Apartmen	t No:				Street:							l		
RD/PO Box No./Suburb:					Town/City:									
Postcode:					Country (if not NZ)									
List the Directors of the	Cornorate	Trustee w	ho are to h	ne recor	· · · · · ·	uthor	ised Pe	rsons	" for	this ⁻	- 			
Legal FIRST Names(s)	Corporate	Trustee W	Legal FA				il Addr		, 101	uno	· ruot			
Please have <mark>ALL Directo</mark>	<mark>rs and Sha</mark>	<mark>reholders v</mark>	<mark>who own ></mark>	25% coı	<mark>mplete a Director/Sha</mark>	reholo	<mark>ler Box</mark>	(print	extra p	oages	as requ	uired)		
DIRECTOR – Individua	Details:													
Legal FIRST Names(s)			Legal FA	MILY N	ame		IRD	Numb	er					
Date of Birth	Place of E	Birth (Town	/City):	Coun	try of Birth:		Are y	ou a	New	Zeala	nd Cit	izen?		
							Circ	de one)		Yes		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	• •			•	d Citizenship for:							-		
Politically Exposed Per Have you, or an immediate fa					amat high lavel judicial or m	ilitan, o	r ministor	ial paci	tion?			<u>Cir</u> Yes	cle or	ne No
If yes, please specify:	inly member,	neia a public	onice position	re.g. uipio	ornat, nigri level judicial or m	ilitary O	ministen	iai posi	uon?			162		INO
	DELIGI DE		15 (11											
DIRECTOR / >25% SHA Legal FIRST Names(s)	KEHULDE	<u>K – Inaivia</u>	Legal FA		ame		IRD	Numb	er					
													T	T
Date of Birth	Place of E	Birth (Town	/City):	Coun	try of Birth:		Are y	ou a	New 2	Zeala	nd Cit	izen?		
							Circ	cle one)		Yes		No)
Email *Required				1								<u> </u>		
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	ip, please s	pecify which	n Countries	you hold	d Citizenship for:									
Politically Exposed Per													cle or	
Have you, or an immediate fa	mily member,	held a public	office position	n e.g. diplo	omat, high level judicial or m	ilitary o	r minister	ial posi	tion?			Yes		No
If yes, please specify:														

13. COMPANY

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

i. 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:

Pers	<u>Personal Identification</u> – a certified copy is required of one of the following:										
	Passport		OR	NZ Firearms License		OR	NZ Driver's Lic	cense			
i.	Address Verific	ation – an ■	•	certified copy (dated wit			s) is required o	f one of the	following:		
		•	IRD tax n	otice or statement			П				
		•	Insurance	e policy document							
		•	Bank stat	ement from a registered	bank						
		-	A docume	ent issued by a NZ Gove	rnment ag	ency	П				

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

Please provide the following documents for the Company:

- Original or Certified Copy of Company Address –
 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:					Company Number								
Country of incorporation: (please circle if applicable)	New Zealand		Australia	Com	Company IRD No. *Required								
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	of the Company.										
If any >25% Shareholder is a Trust	or Company, please c	omplete the	r details in the red	quired se	ection								
Full Name - Use another page if required		Relationship to the	ne Compa	ny			P	ercen	tage F	leld			

DIRECTOR ONE – Individual	Details:	LacalEA	MII V Nama	IDD 4	lumak an				
Legal FIRST Names(s)		Legal FA	MILY Name	IKU	lumber				
D-tf D: ()	Disco (D) (L) (T	10:t)	O		Are you a New Zealand (
Date of Birth	Place of Birth (Town	/City):	Country of Birth:		Circle one			No No	
Constitute and the second				Circie	e one	Ye	S		INO
Email *Required:			011						
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	<u> </u>		old Citizenship for:					0:	l
Politically Exposed Person (Have you, or an immediate family me			Nomat high loval judicial or militan	, or ministori	al position?			Yes	le one
	ember, neid a public office p	osition e.g. dip	mornat, riigir ieverjuuldai oi miiitarj	y or ministen	ai position?			168	INU
If yes, please specify:									
DIRECTOR TWO – Individua	I Details:								
Legal FIRST Names(s)	- Dotalloi	Legal FA	MILY Name	IRD N	lumber				
Date of Birth	Place of Birth (Town	/City):	Country of Birth:	Are y	ou a New	Zeala	nd C	itizen?	
				Circle	e one	Ye	s		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 Cour	ntries you ho	old Citizenship for:						
Politically Exposed Person (PEP) – PLEASE COMF	PLETE						Circ	le one
Have you, or an immediate family me	ember, held a public office p	osition e.g. dip	olomat, high level judicial or military	y or ministeria	al position?			Yes	No
If yes, please specify:									
>25% SHAREHOLDER – Indi	ividual Details:	l a mal EA	MII V Name	IDD A	lahan				
Legal FIRST Names(s)		LegairA	AMILY Name	ו טאו	lumber			T	
Date of Birth	Place of Birth (Town	/Cityle	Country of Birth:	Arov	ou a New	, Zoolo	nd C	itizon?	
Date of Biltii	Flace of Biltil (Town	/City).	Country of Birtin.		e one	Ye		luzen:	No
Email *Required:				Ollon	3 0110	1 10			110
Address: Flat/Apartment No:			Street:						
RD/PO Box No./Suburb:									
Postcode:			Town/City: Country (if not NZ):						
Phone (mobile) *Required:			Phone (home/work):						
If you hold dual Citizenship, ple	ages aposify which Cour	atrica vou ba	,						
Politically Exposed Person (old Citizeriship for.					Circ	le one
Have you, or an immediate family me	•		olomat, high level judicial or militan	y or ministeria	al position?			Yes	No
If yes, please specify:		<u> </u>						1	

14. PARTNERSHIP

EACH Partner will need to provide:

i. 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:

Pers	Personal Identification – a certified copy is required of one of the following:										
	Passport		OR	NZ Firearms License		OR	NZ Driver's License				
ii.	Address Verificat		Utility (ele IRD tax n Insurance Bank stat	certified copy (dated with extricity, water, telephone office or statement expolicy document extrement from a registered ent issued by a NZ Government from a registered ent i	, gas) state bank	ement	s) is required of one of th	ne following:			

The supplied document must state the Applicant's name, current address and be certified within 3 months 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 (if different)					IRD Number *Required								
Place of Registration Circle ONE (if applicable)			Oth	her (please specify									
·	New Ze	•	Australia	COL	untry of registration)								
Address: Flat/Apartment No:				Street:									
RD/PO Box No./Suburb:				Town/City:									
Postcode:		Со	Country (if not NZ):										
Partnership Accountant:	(Name and	Email add	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	their	details in the relevant s	sectio	n of t	his Ap	plicat	ion F	orm		
Full Name - Use another page if required							Pe	rcenta	ge He	ld			

PARTNER ONE – Individual Deta	1				1								
Legal FIRST Names(s)	Legal FAMILY Name					IRD N	umb	er					
Date of Birth	Place of Birth (Town/City):	Cou	ıntry o	f Birth:		<u>_</u>	Are you a New Zealaı		Zealan	land Citizen?		?	
						Circl	e one	Э	Y	es		No)
Email *Required:													
Address: Flat/Apartment No:				Street:									
RD/PO Box No./Suburb:				Town/City	<i>/</i> :								
Postcode:				Country (i	if not NZ)):							
Phone (mobile) *Required	(mobile) *Required Phone (home/work):												
If you hold dual Citizenship, plea	ase specify which Countries you ho	old Citize	nship f	or:									
Politically Exposed Person (F	PEP) - PLEASE COMPLETE										Circ	cle o	ne
Have you, or an immediate family me	mber, held a public office position e.g. dip	olomat, hig	h level ju	udicial or milita	ary or mini	sterial po	osition	1?			Yes		No
If yes, please specify:													
PARTNER TWO – Individual Deta	ails												
Legal FIRST Names(s)	Legal FAMILY Name					IRD N	lumb	oer					
Date of Birth	Place of Birth (Town/City):	Coun	try of I	Birth:		Are y	ou a	New	Zealaı	nd C	itizer	1?	
						Circle	e one)	Yes	3		No	
Email *Required:													
Address: Flat/Apartment				Street:									
No:													
RD/PO Box No./Suburb:		Town/City:											
Postcode:				Country ((if not NZ)):							
Phone (mobile) *Required				(home/wo	ork):								
If you hold dual Citizenship, plea	ase specify which Countries you ho	old Citize	nship f	or:	•								
Politically Exposed Person (F	PEP) - PLEASE COMPLETE										Circl	e on	е
Have you, or an immediate family me	mber, held a public office position e.g. dip	olomat, hig	h level ju	udicial or milita	ary or mini	sterial po	osition	1?		Y	'es	!	No
If yes, please specify:													
PARTNER THREE – Individual D	etails												
Legal FIRST Names(s)	Legal FAMILY Name				IRD Nur	nber							
Date of Birth	Place of Birth (Town/City):	Coun	try of I	Birth:	Are you	a New	v Zea	land	Citizer	n?			
					Cir	cle one)		Ye	S		No)
Email *Required:													
Address: Flat/Apartment No:			Stree	t:									
RD/PO Box No./Suburb:			Town	/City:									
Postcode:				try (if not N	IZ):								
Phone (mobile) *Required			Phon	e (home/wo	ork):								
If you hold dual Citizenship, plea	ase specify which Countries you ho	old Citize	nship f	or:									
Politically Exposed Person (F											Circ	le or	1e
Have you, or an immediate family me	mber, held a public office position e.g. dip	olomat, hig	h level ju	udicial or milita	ary or mini	sterial po	osition	1?			Yes		No
If yes, please specify:												•	

INVESTOR CERTIFICATES

PLEASE COMPLETE AN INVESTOR CERTIFICATE FOR EACH ENTITY

PART THREE

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 offer of Units in Rimu Dairies 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 (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+
	b. In the last 2 years carried out transactions to acquire \$1 m+ of "specified financial products" NB: Excludes Category 2 products	b. In the last 2 years had turnover of \$5 m+

OR

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

AND

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 Rimu Dairies LP.
- For all <u>new applicants</u> MyFarm will require a valid Wholesale Investor certificate to be completed and approved.

14. CERTIFICATE A (1. i – iii inclusive) – WHOLESALE INVESTOR CERTIFICATE

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 Rimu Dairies 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 Units in Rimu Dairies 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. Sch.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 Rimu Dairies LP IM dated 7th March 2023.								
2) The grounds on which I/we claim that one of the above applies is (a brief description is mandatory):								
THIS SECTION MUST BE COMPLETED								
3) I/We do understand the consequences of certifying myself or ourselves to be a Wholesale Investor.								
Signed at:								
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 Rimu Dairies 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 Rimu Dairies LP IM dated 7th March 2023, including the financial products which qualify.

In relation to the offer by MyFarm of Units in Rimu Dairies Limited Partnership ("the Financial Product" on offer and "the transaction")									
I/We,		("the Investor")							
a. The merits of the transaction involved; andb. My/Our own information ne	iring or disposing of financial products* that allows on, including assessing the value and the risks of t eeds 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:f	thisday of	2023.							
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.

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

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 and Issuer), nor Rimu Dairies Limited Partnership 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.

l,	as a financial advisor/ chartered ac	countant/ lawyer							
Certify that I have considered("the Investor") grounds for his/her/their certification and I:									
 Am satisfied that the Investor has been sufficiently advised of the consequences of the certification, and: 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	day of 2023	3.							
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.