# 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 all persons associated with the investment entity sign 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** Address verification: 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) Bank Statement dated within the last Current international passport 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: □ International driver license Bank Statement dated within the last 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: TERRA VERDE INVESTMENTS LIMITED PARTNERSHIP:

This is an offer to wholesale investors of Units representing partnership capital in Terra Verde Investments Limited Partnership ("The Partnership", or "Terra Verde Investments LP", or "Terra Verde"), a Limited Partnership formed to purchase a diverse portfolio of properties to become permanent forests, with geographic spread and varying ages of plantation.

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.

Applicant Nam	e (Investme	ent Owner/E	Entity):											
Primary Contac	ct (One Ind	vidual):												
Investment Ow	ner/Entity o	details:												
Postal Address	<b>3</b> :					Physical	Address	(if diff	erent fro	m Postal)	:			
			Postcode	<u> </u>							Postco	ode:		
Home Dhone						Mahila D	hanai	1						
Home Phone:						Mobile P	none:							
Email (we mus	t have an e	mail for the	main contac	t):										
f the amount a 1% of funds (\$						it) is paya	ble on a	pplica	tion, or	no later t	nan 21st	June	2023.	The rem
Number of Unit	ts applied fo	or:				Total In	vestmen	t:	\$					
			Denosit	payment d	ne. ( <b>60</b> %	of Total I	nvestme	ent)	\$					
			Бороок	paymont a	uo. ( <b>00</b> /			,,,,	<u> </u>					
PAYMENT DET ull deposit pay		مرم لمحراريم	annliantian	ov no lete	u than Or	let luna Of	กวว							
Direct credits to						nch: ANZ,		ing ar	nd Grey	Streets,	Taurang	а		
ank Account:	06-0433	-0020939-0	00	S		e: ANZBN		Ŭ	,		Ŭ			
leference: <mark>TVIL</mark> lease ensure t					r navme	nt. particı	ılarly if f	unds	are beir	ng transfe	erred fro	m out	side N	ew Zeala
lyFarm reserve	-			-			_			.9				
EDUCTION O	F WITHHO	LDING TA	X RATE ON	INTERES	PAYME	ENTS								
Please circle one.	If exempt fi	om Resider	t Withholding	g Tax, pleas	e attach	a copy of (	Certificate	of Ex	emption	: Non notif	ication will	be tak	en as 4	5%.
	10.50/	47.50/	000/	000/			000/	Non-		Resident	Country:			
Exempt	10.5%	17.5%	28%	30%	339	<b>%</b>	39%	Resi		NRWT R				
BANK ACCOU	NT DETAIL	.S												
ank account deta		completed a	ind <mark>must mat</mark>	<mark>ch Investm</mark>	ent Own	<mark>er/Entity.</mark> (	Joint Indiv	<u>viduals</u>	providing	two bank	accounts,	go to F	Part Two	o)
Account Name(	s):									, , ,			, ,	
Account Number	er:													
		bank	branch		acco	ount numbe	er			suffix				
		Bank Swift	Code:											
Compulso Information			AN Number											

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

Bank Account Name:

Overseas Bank

**Accounts** 

#### 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):

а		is an "investment business" as defined in Schedule 1, cl 37 of the FMCA. Certificate A (1. i)
b		meets the investment criteria specified in Schedule 1, clause 38 of the FMCA. Certificate A (1. ii)
С		is "large" as defined in Schedule 1, clause 39 of the FMCA. Certificate A (1. iii)
d		is an "eligible investor" as defined in Schedule 1, clause 41 of the FMCA. Certificates B and C
ive	stina e	ntity is:

OR

The i

,	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 Terra Verde Investments LP in respect of this Offer, Terra Verde Investments 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 Terra Verde Investments LP Information Memorandum dated 10th May 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.
- I/We acknowledge and accept the Disclaimers and Declarations of Interest as set out in the Terra Verde Investments LP Information Memorandum dated 10th May 2023.

#### d) I/We accept that I/We must make full payment totalling NZ \$1.00 per Unit (100% of investment) as follows:

- A deposit payment of 60% (\$0.60 per Unit) is payable on application, or no later than 5pm 21st June 2023.
- The remaining 40% of funds (\$0.40 per Unit) is payable 1st September 2023
- e) I/We confirm that the owner/entity, who takes up the investment, can make these payments as detailed above.
- 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 f) IM.
- The owner/entity undertakes to enter into a Deed of Adherence, whereby the owner/entity will become bound to the Limited Partnership g) Agreement.
- h) I/We acknowledge that the completed application once submitted to MyFarm, cannot be withdrawn without authorisation by MyFarm.
- I/We acknowledge that MyFarm reserves the right to accept any application and reject any application subject to its discretion.
- 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
- 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/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.
- m) I/We acknowledge that Sharp Tudhope does not act for me/us in connection with this investment.

- n) I/We agree that funds paid by me/us to Sharp Tudhope for the purposes of this Application will be held in the Sharp Tudhope trust account and I/we irrevocably authorize Sharp Tudhope to disperse of these funds as follows:
  - (i) to me/us in accordance with our written instructions (and subject to compliance with AML requirements) if the transaction described in the Terra Verde Investments LP IM dated 10 May 2023 ("Limited Partner Transaction") does not become unconditional and is cancelled; or
  - (ii) to or for the benefit of the party nominated to complete settlement of the Limited Partner Transaction in accordance with the instructions of MyFarm if the Limited Partner Transaction becomes unconditional. The amount of any overpayment not exceeding \$25.00 may be paid as miscellaneous revenue; or
  - (iii) in accordance with joint written instructions from me/us and MyFarm
- o) 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 Terra Verde Investments LP Information Memorandum dated 10 May 2023, and on the terms set out in the application instructions.
- p) I/We understand that Terra Verde Investments LP and MyFarm will hold personal information in respect of me/us in relation to my/our investment Terra Verde Investments LP. I/We understand that I/we may request to see and, if necessary, request the correction of the personal information.
- q) I/We declare that all the details and statements made by me/us in this application form are complete and accurate.
- r) I/We agree to co-operate with MyFarm and the Partnership in complying with any and all of their obligations relating to Anti Money Laundering (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 requirement.

#### 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 Terra Verde Investments LP Information Memorandum dated 10th May 2023, and on the terms set out in the Application instructions.
- b) I/We understand that Terra Verde Investments LP and MyFarm will hold personal information in respect of me/us in relation to my/our investment Terra Verde Investments 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: Personal Identification – a certified copy is required of one of the following: **Passport** NZ Firearms License OR 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. Address Verification – 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 No Yes one Email \*Required Address: Flat/Apartment No: Street: 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 Yes Have you, or an immediate family member, held a public office position e.g. diplomat, high level judicial or military or ministerial position? Nο

If yes, please specify:

## 11. JOINT 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: **Passport** OR NZ Firearms License OR 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. Address Verification – 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 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 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 FAMILY Name IRD Number \*Required Share of Income (%): IRD document confirming name and number: Yes **APPLICANT 2 Individual Details:** Legal FIRST Names(s) Legal FAMILY Name **IRD Number \*Required** Share of Income (%): IRD document confirming name and number: Yes 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 returns are to be paid to: 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. 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:

<u></u>	•	1 37	•										
APPLICANT 1 Bank Acc	APPLICANT 1 Bank Account Details: *Required												
Account Name(s):				% Return:									
Account Number:													
	bank	branch	account number		Suffix								
APPLICANT 2 Bank Acc	ount 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	<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:					Country: (If not New Zealand)			
Phone (mobile) *Required:  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:					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				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

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.	io-verification process as our primary identification tool. river's Licence holders who reside in New Zealand. The Bio-verification process is	s immediate
	requirements above, please provide your mobile phone number and email a e a NZ Driver's Licence and hold a foreign passport OR if you are resident o	
Personal Identification – a certified copy is required of one of the fo	lowing:	
Passport OR NZ Firearms Licens	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 mo	re informatio
ii. Address Verification – an original or certified copy (dated w		
<ul> <li>Utility (electricity, water, telephone)</li> <li>IRD tax notice or statement</li> </ul>	gas) statement	
Insurance policy document	-	
Bank statement from a registered	ank	
A document issued by a NZ Government is		
The complied decompart must state the Applicant's name assurant additional	on and be contified within 2 months of receipt of application	
The supplied document must state the Applicant's name, current addr Please provide the following documents for the Trust:	ss and be certified within 3 months of receipt of application.	
Certified Copy of <u>Trust Deed</u>	<ul> <li>Copy of a <u>Trust bank statement</u> from a registered bank confirming the Trust bank statement.</li> </ul>	rust bank
<ul> <li>Certified Copy of <u>Deed (s) of Retirement and/or</u> <u>Appointment of Trustee (s)</u> (if applicable)     </li> </ul>	<ul> <li>account number.</li> <li>Copy of a <u>Trust IRD statement</u> confirming the Trust IRD number.</li> <li>Original or Certified Copy of verification of <u>Trust address</u> – i.e. a utility (tel electricity, rates) statement showing the Trust or Trustee(s) Name(s) and a dated within the last 12 months and certified within 3 months of receipt of a statement showing the Trust or Trustee(s) Name(s) and a dated within 12 months and certified within 3 months of receipt of a statement showing the Trust or Trustee(s) Name(s) and a statement showing the Trust or Trust showing the Trust showing</li></ul>	address,
<ul> <li>Letter (on letterhead) from the Trust Accountant or Lawyer of - particularly:</li> </ul>	nfirming the Trust's "source of wealth or funds" – (section 23 of the AML/CFT A	Act 2009)
<ul><li>iii. Identify the source of any income that the trust is re</li><li>iv. The confirmation of the source of funds for this special</li></ul>	e did the funds come from in respect to that Transaction ceiving.	stee.
Trust Details:		
Trust Name	Trust IRD Number: *Required	
		T
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	ren 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	<del>2</del> 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	ː):					
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	rporate Trustee/Trustee Company Name							oany i	odmur	er				
Country of incorporation: (Circle if applicable)		New	Zealand		Australia		Com	pany	IRD N	0:				
Other (please specify cou incorporation)	untry of													
Address: Flat/Apartment	No:				Street:									
RD/PO Box No./Suburb:					Town/City:									
Postcode:					Country (if not NZ)									
List the Directors of the	Corporate	Trustee w	ho are to b	e recor	ded as the primary "A	uthor	ised P	erson	s" for	this	<b>Trust</b>			
Legal FIRST Names(s)			Legal FA	AMILY N	ame	Ema	il Add	ress						
Please have ALL Directo	rs and Sha	<mark>reholders v</mark>	vho own >	25% co	mplete a Director/Sha	reholo	der Bo	<b>x</b> (print	extra	pages	as requ	uired)		
DIRECTOR - Individual	Details:													
Legal FIRST Names(s)			Legal FA	MILY N	ame		IRD	Numl	oer				1	
Date of Birth	Place of I	Birth (Town	/City):	Coun	try of Birth:		Are	you a	New	Zeala	nd Cit	izen?		
							Circle one				Yes		No	
Email *Required														
Address: Flat/Apartment	: No:				Street:									
RD/PO Box No./Suburb:					Town/City:									
Postcode:					Country: (if not NZ)									
Phone (mobile) *Require	d				Phone (home/work)									
If you hold dual Citizensh	• •			•	d Citizenship for:									
Politically Exposed Per									0				cle on	
Have you, or an immediate fa	mily member,	held a public o	office position	n e.g. diplo	omat, high level judicial or m	ilitary oi	r ministe	erial pos	sition?			Yes		No
If yes, please specify:														
DIRECTOR / >25% SHA	REHOLDE	<mark>R – Individ</mark>					IDD	Monari						
Legal FIRST Names(s)			Legal FA	WILY N	ame		IKU	Numb	oer			<del></del>	1	Т
Date of Birth	Diago of I	Pirth /Town	/Cityly	Coun	tm, of Dirth.		Aro	VOU 0	Now	Zaala	nd Cit	izon?		
Date of Birtii	Place Oi i	Birth (Town	/City).	Cour	try of Birth:			cle on				izen :	Nia	
Email *Danwing d							CII	CIE OI	ie –		Yes		No	
Email *Required	Mar				Chroat									
Address: Flat/Apartment	( INO:				Street:									
RD/PO Box No./Suburb:  Postcode:					Town/City:  Country (if not NZ):									
Phone (mobile) *Require	<mark>d</mark> :				Phone: (home/work)	:								
If you hold dual Citizensh	_	pecify which	Countries	vou hole	, ,									
Politically Exposed Per	• •			•	a State Horning Tol.							Circ	cle on	e
Have you, or an immediate fa					omat, high level judicial or m	ilitary o	r ministe	rial pos	sition?			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	onal Identification	<u>n</u> – a <b>cert</b> i	ified copy is	s required of <b>one</b> of the f	following:				
	Passport		OR	NZ Firearms License		OR	NZ Driver's	License	
i.	Address Verific	<u>ation</u> – an ■	•	certified copy (dated wite certicity, water, telephone			s) is required	l of <b>one</b> of th	ne following:
			IRD tax n	otice or statement					
		•	Insurance	e policy document					
		•	Bank stat	ement from a registered	bank				
		•	A docume	ent issued by a NZ Gove	rnment ag	ency			

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. *				<del>lequired</del>					
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	n 25% or more	e of the Company.											
If any >25% Shareholder is a Trust	or Company, please o	complete the	ir details in the req	quired se	ection									
Full Name - Use another page if required	1		Relationship to th	e Compa	iny			P	ercen	tage F	leld			

DIRECTOR ONE – Individual	Details:	Lander	AMIL V Nove s	IDD 1	ا برامول				
Legal FIRST Names(s)		Legal FA	AMILY Name	IKUN	lumber				
Dete et D' "	Diagonal CD1 (17	(O:4.)	O					<u> </u>	
Date of Birth	Place of Birth (Town	i/City):	Country of Birth:		ou a New			itizen?	No
Consil *Domina de				Circie	e one	Ye	S		No
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:					Circ	la ana
Politically Exposed Person ( Have you, or an immediate family m	•		olomat high level judicial or militan	v or ministeri	al nosition?			Yes	le one No
If yes, please specify:	erriber, rield a public office p	osition e.g. dip	biomat, mgm lever judicial or military	y or ministen	ai position?			163	INO
ii yes, piease specily.									
DIRECTOR TWO – Individua	I Details:								
Legal FIRST Names(s)	- Dotalioi	Legal FA	AMILY Name	IRD N	lumber				
Date of Birth	Place of Birth (Town	/City):	Country of Birth:	Are y	ou a New	Zeala	nd Ci	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 Cou	ntries you ho	old Citizenship for:						
Politically Exposed Person (				•				Circ	le one
Have you, or an immediate family m	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 – Ind Legal FIRST Names(s)	ividual Details:	Logol EA	AMILY Name	IDDA	lumber				
Legal FIRST Names(s)		LegairA	AMILI NAITE	ואטוי	lumber		Т		
Date of Birth	Place of Birth (Town	/City):	Country of Birth:	Δre v	ou a New	, Zealai	ad Ci	itizen?	
Date of Birtin	Trace of Birti (Town	i/Oity).	Country of Birth.		e one	Ye		1112611:	No
Email *Required:				011011	3 0110	1			
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 Cou	ntrias vou ho	,						
Politically Exposed Person (			ouzononipior.					Circ	le one
Have you, or an immediate family m			olomat, high level judicial or military	y or ministeria	al position?			Yes	No
If yes, please specify:								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:

Personal Identification – a certified copy is required of one of the following:											
	Passport		OR	NZ Firearms License		OR	NZ D	river's License			
ii.	Address Verifica	tion – an	original or	certified copy (dated wit	hin the las	t 12 month	s) is re	equired of <b>one</b> of the	e following:		
		•	•	ectricity, water, telephone				, ,	- · · · · · · · · · · · · · · · · · · ·		
	•	•	IRD tax r	notice or statement							
	!	•	Insurance	e policy document							
		•	Bank sta	tement from a registered	bank						
	,	•	A docum	ent issued by a NZ Gove	rnment ag	ency					
	The supplied	d docume	ent must sta	ate the Applicant's name,	current ad	dress and	be cer	ı tified within 3 month	ns 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	Circl	e ONE (if applicable)		Oth	Other (please specify									
·	New Ze	aland	Australia	col	untry of registration)									
Address: Flat/Apartment N	No:			Str	reet:									
RD/PO Box No./Suburb:			To	wn/City:										
Postcode:				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 tl	his Ap	plicat	ion F	orm			
Full Name - Use another page if required								Percentage Held						

PARTNER ONE – Individual Deta												
Legal FIRST Names(s)	Legal FAMILY Name	Legai FAMILY Name			IRD N	umber	1					
Date of Birth	Place of Birth (Town/City):	Birth (Town/City): Country of Birth:		<u>_</u>	Are you a New Zealand			Citizen?				
					Circl	e one		Yes	6	١	No	
Email *Required:												
Address: Flat/Apartment No:			Street									
RD/PO Box No./Suburb:				City:								
Postcode:			Count	ry (if not NZ)	):							
Phone (mobile) *Required			Phone	one (home/work):								
If you hold dual Citizenship, plea	ase specify which Countries you ho	old Citizens	ship for:									
Politically Exposed Person (P	PEP) - PLEASE COMPLETE									Circle one		
Have you, or an immediate family me	mber, held a public office position e.g. dipl	lomat, high le	evel judicial or	military or min	isterial p	osition?			Ye	S	No	
If yes, please specify:												
PARTNER TWO – Individual Deta	nils											
Legal FIRST Names(s)	Legal FAMILY Name				IRD N	Numbe	r					
Date of Birth	Place of Birth (Town/City):	Country	y of Birth:		Are y	ou a N	lew Z	ealand	Citize	n?		
					Circle	e one		Yes		N	0	
Email *Required:		1										
Address: Flat/Apartment			Street	t:								
RD/PO Box No./Suburb:			Town	/City:								
Postcode:			try (if not NZ	<u>'</u> ):								
Phone (mobile) *Required			Phone		•							
If you hold dual Citizenship, plea	l ase specify which Countries you ho	old Citizens		e/work):								
Politically Exposed Person (P		01020110	5111 <b>p</b> 101.						Cir	cle o	ne	
Have you, or an immediate family me	mber, held a public office position e.g. dipl	lomat, high le	evel judicial or	military or min	isterial p	osition?			Yes		No	
If yes, please specify:												
DADTNED TUDEE Individual D	4.11.											
PARTNER THREE – Individual De Legal FIRST Names(s)	Legal FAMILY Name			IRD Nu	mber							
										$\top$	T	
Date of Birth	Place of Birth (Town/City):	Country	y of Birth:	Are you	ı a Nev	v Zeala	nd C	itizen?	,	$\perp$		
	, (		,		rcle one			Yes		ŀ	No	
Email *Required:												
Address: Flat/Apartment			Street:									
No:												
RD/PO Box No./Suburb:  Postcode:			Town/City: Country (if no	ot NZ)·								
Phone (mobile) *Required			Phone (home	•								
	See specify which Countries you be		•	o, morry.								
If you hold dual Citizenship, please specify which Countries you hold Citizenship for:  Politically Exposed Person (PEP) – PLEASE COMPLETE  Circle or							one					
	nber, held a public office position e.g. diplomat, high level judicial or military or minister					osition?			Yes		No	
If yes, please specify:											1	

# **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 Terra Verde Investments 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			
	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 Terra Verde Investments LP.
- For all new applicants 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 AGInvest Trading Limited (trading as MyFarm), nor Terra Verde Investments 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 <b>Terra Verde Investments Limited Partnership</b> ("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. Chause 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 Terra Verde Investments LP IM dated 10th May 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 AGInvest Trading Limited (trading as MyFarm), nor Terra Verde Investments 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 Terra Verde Investments LP IM dated 10th May 2023, including the financial products which qualify.

In relation to the offer by MyFarm of Units in <b>Terra Verde Investments Limited Partnership</b> ("the Financial Product" on offer and "the transaction")									
We,("the Investor	r")								
<ul> <li>I/We have previous experience in acquiring or disposing of financial products* that allows me/us to assess:</li> <li>a. The merits of the transaction, including assessing the value and the risks of the financial products</li> </ul>									
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									
<ol> <li>I/We do understand the consequences of certifying myself/ourselves to be an Eligible Investor.</li> <li>The grounds for this certification are (a brief description is mandatory).</li> </ol> THIS SECTION MUST BE COMPLETED									
signed at:thisday of2023.									
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.

 $<sup>^{\</sup>star}\!\text{A}$  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 AGInvest Trading Limited (trading as MyFarm) (as Offeror and Issuer), nor Terra Verde Investments 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.

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:											
	<ol> <li>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.</li> </ol>										
Signed at:											
Signed at.	Signed at:thisday of2023.										
Signatura											
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.