

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 **not** 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.

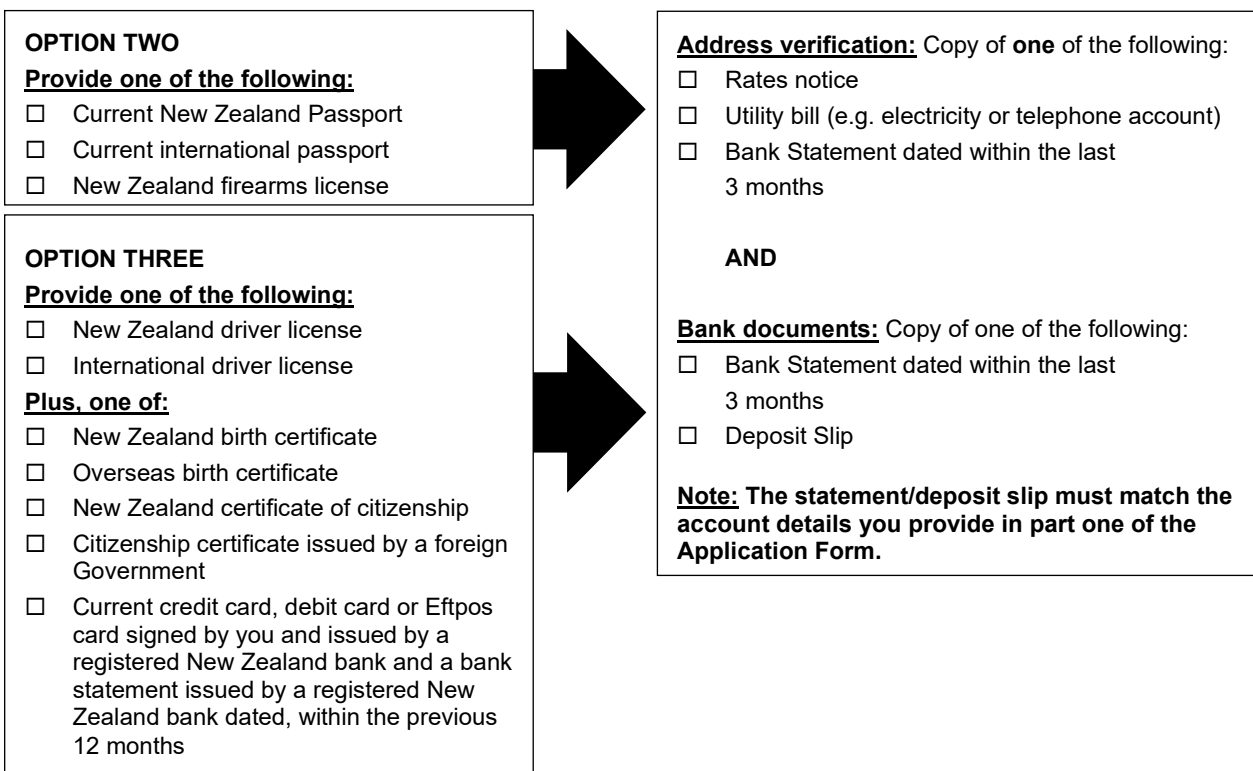
Please contact our team: (investments@myfarm.co.nz) or free phone 0800 693 276 to discuss any of these requirements.

Bio-Verification of identity information

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



APPLICATION FORM: Applicant Information & Signatures PART ONE

Only to be completed by persons investing no less than \$20,000 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

Re: **MYFARM KIWIFRUIT FUND LIMITED PARTNERSHIP**

This is an offer to wholesale investors of Units representing partnership capital in the MyFarm KiwiFruit Fund Limited Partnership ("The Partnership", or "KiwiFruit Fund LP", or "the Fund"), a Limited Partnership formed to own 17 kiwifruit orchards located within New Zealand's key growing regions, and for the Partnership to accumulate further Zespri shares to add to the Fund's existing 1.2 million Zespri share portfolio.

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.

1. CONTACT DETAILS

For all the correspondence regarding the MyFarm KiwiFruit Fund Limited Partnership:

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

2. NUMBER OF UNITS APPLIED FOR

The Unit price is **\$1.00 per Unit**. Applications must be for a **minimum of 20,000 Units** and the size of an investment can be increased in multiples of 1,000 (\$1,000) thereafter.

Of the amount applied for 100% is payable on application, or no later than Thursday 29th August 2024.

Number of Units applied for:		Total Investment:	\$
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3. PAYMENT DETAILS

Full payment is required on application, or no later than 29th August 2024.

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: **MKFLP + [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%.

Exempt	10.5%	17.5%	28%	30%	33%	39%	Non-Resident	Resident Country:	
								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)

Account Name(s):									
Account Number:									
	bank	branch	account number				suffix		
Compulsory Information for Overseas Bank Accounts	Bank Swift Code:								
	Account/IBAN Number:								
	Bank Account Name:								

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

6. ANTI MONEY LAUNDERING (AML) AUTHORITY

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

7. FINANCIAL MARKETS CONDUCT ACT 2013

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

- a is an “investment business” as defined in Schedule 1, cl 37 of the FMCA. **Certificate A (1. i)**
- b meets the investment criteria specified in Schedule 1, clause 38 of the FMCA. **Certificate A (1. ii)**
- c 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**

OR

The investing entity is:

- e 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 the 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 MyFarm KiwiFruit Fund LP in respect of this Offer, MyFarm KiwiFruit Fund 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 MyFarm KiwiFruit Fund LP Information Memorandum dated 24 July 2024.
- 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 MyFarm KiwiFruit Fund LP Information Memorandum dated 24 July 2024.
- d) **I/We accept that I/We must make full payment totalling NZ \$1.00 per Unit (100% of investment) on application, or no later than Thursday 29 August 2024.**
- e) I/We confirm that the owner/entity, who takes up the investment, can make these payments as detailed above.
- f) I/We acknowledge and agree that the owner/entity will become bound as a Limited Partner under the Limited Partnership Agreement, as set out in the IM.
- g) The owner/entity undertakes to enter into a Deed of Adherence, whereby the owner/entity will become bound to the Limited Partnership Agreement.
- h) I/We acknowledge that the completed application once submitted to MyFarm, cannot be withdrawn without authorisation by MyFarm.
- i) I/We acknowledge that MyFarm reserves the right to accept any application and reject any application subject to its discretion.
- j) I/We accept that if the owner/entity does not make full payment by the due date advised they will be charged, and interest will accrue at 13% (or such greater rate as specified in any relevant contract for which the funds are required) on all outstanding funds from the due date until payment or otherwise.
- k) Under the terms of the Unsolicited Electronic Messages Act 2007, I/we provide my/our consent to receiving commercial electronic messages for the purpose of that Act.
- l) 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 MyFarm KiwiFruit Fund LP - IM dated 24 July 2024 ("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 MyFarm KiwiFruit Fund LP Information Memorandum dated 24 July 2024, and on the terms set out in the application instructions.
- p) I/We understand that MyFarm KiwiFruit Fund LP and MyFarm will hold personal information in respect of me/us in relation to my/our investment in MyFarm KiwiFruit Fund 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 MyFarm KiwiFruit Fund LP Information Memorandum dated 24 July 2024, and on the terms set out in the Application instructions.
- b) I/We understand that MyFarm KiwiFruit Fund LP and MyFarm will hold personal information in respect of me/us in relation to my/our investment in the MyFarm KiwiFruit Fund 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:
Signature of Applicant:	Date:
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

PART TWO

Individual
 Joint Individuals

Trust
 Company

Partnership

10. INDIVIDUAL

EACH Applicant 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 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 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.

- ii. **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.

- iii. **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.

- iv. **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 signed by an authorised bank officer.
- IRD payment statement

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 one	Yes	No	
Email *Required						
Address: Flat/Apartment No:		Street:				
RD/PO Box No./Suburb:		Town/City:				
Postcode:		Country: (if not New Zealand)				
Phone (mobile) *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	No
If yes, please specify:						

11. JOINT INDIVIDUAL

EACH Applicant 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 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 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.

- ii. **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.

- iii. **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.

- v. **% 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				

- iv. **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
- Online or bank printed statement, stamped and signed by an authorised bank officer.
- Bank statement from a registered bank
- IRD payment statement

If investment returns are being paid to one JOINT bank account, please ensure this information is provided in Part One.

If Investment Returns are to be paid to EACH Joint Individual separately, please complete BOTH boxes below:

APPLICANT 1 Bank Account Details: *Required									
Account Name(s):					% Return:				
Account Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	bank	branch	account number		Suffix				

APPLICANT 2 Bank Account Details: *Required									
Account Name(s):					% Return:				
Account Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	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 Individual Details:				
Legal FIRST Names(s)		Legal FAMILY Name		
Date of Birth	Place of Birth (Town/City):	Country of Birth:	New Zealand Citizen? (Circle one)	
			Yes	No
Email *Required				
Address: Flat/Apartment No:		Street:		
RD/PO Box No./Suburb:		Town/City:		
Postcode:		Country: (If not New Zealand)		
Phone (mobile) *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 No
If yes, please specify:				

APPLICANT 2 Individual Details:				
Legal FIRST Names(s)		Legal FAMILY Name		
Date of Birth	Place of Birth (Town/City):	Country of Birth:	New Zealand Citizen? (Circle one)	
			Yes	No
Email *Required				
Address: Flat/Apartment No:		Street:		
RD/PO Box No./Suburb:		Town/City:		
Postcode:		Country: (If not New Zealand)		
Phone (mobile) *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 No
If yes, please specify:				

12. TRUST

EACH **Trustee** 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 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 information.

- ii. **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.

Please provide the following documents for the Trust:

- Certified Copy of **Trust Deed**
- Certified Copy of **Deed (s) of Retirement and/or Appointment of Trustee (s)** (if applicable)
- Letter (on letterhead) from the Trust Accountant or Lawyer confirming the **Trust's "source of wealth or funds"** – (section 23 of the AML/CFT Act 2009) - particularly:
 - i. Identify the individuals who are the settlor(s), and the origin of the settlor's wealth.
 - ii. When the Trust performed its first transaction where did the funds come from in respect to that Transaction
 - iii. Identify the source of any income that the trust is receiving.
 - iv. The confirmation of the source of funds for this specific transaction.
- Copy of a **Trust bank statement** from a registered bank confirming the Trust bank account number.
- Copy of a **Trust IRD statement** confirming the Trust IRD number.
- Original or Certified Copy of verification of **Trust address** – i.e. a utility (telephone, 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 application.

Please complete BOTH sections. "Trust Details" and a "Trustee Details" section for ALL Trustees including (if applicable) the Corporate Trustee. Please fill out ALL areas and answer ALL questions.

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 grandchildren at the time of application): <i>Please state the Full Name and Date of Birth of ALL Beneficiaries – AML/CFT Act 2009 – *Required</i>			
Full Name – Use additional page if required			Date of Birth

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

TRUSTEE ONE – Individual Details						
Legal FIRST Names(s)	Legal FAMILY Name		IRD Number			
Date of Birth	Place of Birth (Town/City):	Country of Birth:	Are you a New Zealand Citizen?			
			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) *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	No
If yes, please specify:						

TRUSTEE TWO – Individual Details						
Legal FIRST Names(s)	Legal FAMILY Name		IRD Number			
Date of Birth	Place of Birth (Town/City):	Country of Birth:	Are you a New Zealand Citizen?			
			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) *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	No
If yes, please specify:						

TRUSTEE THREE – Individual Details						
Legal FIRST Names(s)	Legal FAMILY Name		IRD Number			
Date of Birth	Place of Birth (Town/City):	Country of Birth:	Are you a New Zealand Citizen?			
			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) *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	No
If yes, please specify:						

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

Corporate Trustee/Trustee Company Name			Company Number					
Country of incorporation: (Circle if applicable)	New Zealand	Australia	Company IRD No:					
Other (please specify country of incorporation)								
Address: Flat/Apartment No:		Street:						
RD/PO Box No./Suburb:		Town/City:						
Postcode:		Country (if not NZ)						
List the Directors of the Corporate Trustee who are to be recorded as the primary "Authorised Persons" for this Trust								
Legal FIRST Names(s)			Legal FAMILY Name			Email Address		

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

DIRECTOR – Individual Details:						
Legal FIRST Names(s)		Legal FAMILY Name		IRD Number		
Date of Birth	Place of Birth (Town/City):	Country of Birth:	Are you a New Zealand Citizen?			
			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) *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	No
If yes, please specify:						

DIRECTOR / >25% SHAREHOLDER – Individual Details:						
Legal FIRST Names(s)		Legal FAMILY Name		IRD Number		
Date of Birth	Place of Birth (Town/City):	Country of Birth:	Are you a New Zealand Citizen?			
			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) *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	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:

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

Passport OR NZ Firearms License OR NZ Driver's Licence

- ii. **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.

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 **Company IRD statement** confirming the Companies IRD number
- Copy of a **Company Bank statement** from a registered bank confirming the Company bank account number
- Copy of a **Company Certificate of Incorporation**

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	Company IRD No. *Required
Other (please specify country of incorporation)			
Address: Flat/Apartment No:		Street:	
RD/PO Box No./Suburb:		Town/City:	
Postcode:		Country (if not NZ):	
Company Accountant: (Name and Email address)			
Company Lawyer: (Name and Email address)			
List ALL Company Directors plus ALL Shareholders who own 25% or more of the Company.			
<i>If any >25% Shareholder is a Trust or Company, please complete their details in the required section</i>			
Full Name - Use another page if required	Relationship to the Company		Percentage Held

DIRECTOR ONE – Individual Details:										
Legal FIRST Names(s)			Legal FAMILY Name			IRD Number				
Date of Birth	Place of Birth (Town/City):		Country of Birth:		Are you a New Zealand Citizen?					
					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) *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	No	
If yes, please specify:										

DIRECTOR TWO – Individual Details:										
Legal FIRST Names(s)			Legal FAMILY Name			IRD Number				
Date of Birth	Place of Birth (Town/City):		Country of Birth:		Are you a New Zealand Citizen?					
					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) *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	No	
If yes, please specify:										

>25% SHAREHOLDER – Individual Details:										
Legal FIRST Names(s)			Legal FAMILY Name			IRD Number				
Date of Birth	Place of Birth (Town/City):		Country of Birth:		Are you a New Zealand Citizen?					
					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) *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	No	
If yes, please specify:										

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 Driver's Licence

- ii. **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.

Please provide the following documents for the Partnership:

- Certified Copy of **Partnership Agreement**
- Copy of a **Partnership Bank statement** from a registered bank confirming the Partnership bank account number
- Certified Copy of any other **Deed (s) or Agreement(s)** that gives authority for other persons/entities to act on behalf of the Partnership
- Original or Certified Copy of verification of **Partnership Address** – 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)		Other (please specify country of registration)
	New Zealand	Australia	
Address: Flat/Apartment No:		Street:	
RD/PO Box No./Suburb:		Town/City:	
Postcode:		Country (if not NZ):	
Partnership Accountant: (Name and Email address)			
Partnership Lawyer: (Name and Email address)			
List ALL Partners and their percentage % ownership of the Partnership			
If any >25% Partner is a Trust or Company, please complete their details in the relevant section of this Application Form			
Full Name - Use another page if required			Percentage Held

PARTNER ONE – Individual Details:										
Legal FIRST Names(s)	Legal FAMILY Name				IRD Number					
Date of Birth	Place of Birth (Town/City):	Country of Birth:			Are you a New Zealand Citizen?					
					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) *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	No	
If yes, please specify:										
PARTNER TWO – Individual Details										
Legal FIRST Names(s)	Legal FAMILY Name				IRD Number					
Date of Birth	Place of Birth (Town/City):	Country of Birth:			Are you a New Zealand Citizen?					
					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) *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	No	
If yes, please specify:										
PARTNER THREE – Individual Details										
Legal FIRST Names(s)	Legal FAMILY Name				IRD Number					
Date of Birth	Place of Birth (Town/City):	Country of Birth:			Are you a New Zealand Citizen?					
					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) *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	No	
If yes, please specify:										

PLEASE COMPLETE AN INVESTOR CERTIFICATE FOR EACH ENTITY

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

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

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

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

OR

CERTIFICATE B
<p>“Eligible Investor” Schedule 1, Clause 3(3)(a)</p> <p>Has experience in buying and selling financial products sufficient to assess:</p> <p>a. The merits and risks of the investment</p> <p>b. The information required to assess the investment.</p> <p>c. The adequacy of the information provided by MyFarm.</p>

AND

CERTIFICATE C
<ul style="list-style-type: none"> ▪ Completed by either: <ul style="list-style-type: none"> – 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 the MyFarm KiwiFruit Fund 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 the MyFarm KiwiFruit Fund 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 the **MyFarm KiwiFruit Fund 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 MyFarm KiwiFruit Fund LP IM dated 24 July 2024.

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
<p>3) I/We do understand the consequences of certifying myself or ourselves to be a Wholesale Investor.</p> <p>Signed at: _____ this _____ day of _____ 2024.</p> <p>Signature: _____ (the Investor)</p>

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 the MyFarm KiwiFruit Fund 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 MyFarm KiwiFruit Fund LP IM dated 24 July 2024, including the financial products which qualify.

In relation to the offer by MyFarm of Units in the **MyFarm KiwiFruit Fund Limited Partnership** (“the Financial Product” on offer and “the transaction”)

I/We, _____ (“the Investor”)

CERTIFY THAT:

1. I/We have previous experience in acquiring or disposing of financial products* that allows me/us to assess:
 - a. The merits of the transaction, including assessing the value and the risks of the financial products involved; and
 - b. My/Our own information needs in relation to the transaction; and
 - c. The adequacy of the information provided by MyFarm as the Offeror
2. I/We do understand the consequences of certifying myself/ourselves to be an Eligible Investor.
3. The grounds for this certification are **(a brief description is mandatory)**.

THIS SECTION MUST BE COMPLETED

Signed at: _____ this _____ day of _____ 2024.

Signature: _____ (the Investor)

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

WARNING:

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

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

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

Offence

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

CERTIFICATE B WILL NOT BE ACCEPTED WITHOUT CERTIFICATE C

16. CERTIFICATE C – CONFIRMATION OF CERTIFICATION

This certificate and confirmation are required to verify that the investor meets the eligibility requirements as an "Eligible Investor" under Schedule 1, clause 3(3)(a) of the FMCA and accordingly confirm that neither AGInvest Trading Limited (trading as MyFarm) (as Offeror and Issuer), nor the MyFarm KiwiFruit Fund 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.

<p>I, _____ as a <i>financial advisor/ chartered accountant/ lawyer</i></p> <p>Certify that I have considered _____ ("<i>the Investor</i>") grounds for his/her/their certification and I:</p> <ol style="list-style-type: none">1. Am satisfied that the Investor has been sufficiently advised of the consequences of the certification, and:2. Have no reason to believe that the certification is incorrect or that further information or investigation is required as to whether or not the certification is correct.
<p>Signed at: _____ this _____ day of _____ 2024.</p>
<p>Signature:</p> <p>(Confirming Certifier: financial adviser/ chartered accountant/ lawyer) (<i>please circle</i>)</p>

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.