# **READY TO APPLY? – Easy how to guide below**

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

# PART ONE

- 1. Please complete each section.
- 2. Have <u>all</u> persons associated with the investment entity <u>sign</u> at the bottom of page 5.

# PART TWO

1.

- Complete only the section that corresponds to your particular investment entity.
- Individual, refer to page 6
- Joint Individuals, refer to pages 7 8
- Partnership, refer to pages 9 10
- Company, refer to pages 11 13
- Trust, refer to pages 14 16

# PART THREE

- 1. Refer to the 'Are you a Wholesale Investor' diagram found at the rear of the Information Memorandum, to see which Investor Certificate you need to complete.
- 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 (refer to page 18) or
- Certificate B and Certificate C (refer to pages 19 20)

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

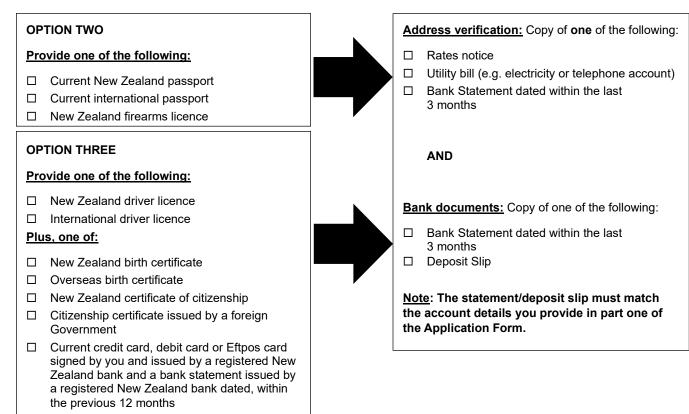
To help the New Zealand government fight the funding of terrorism and money laundering activities, the law requires all financial institutions to obtain, verify and record information that identifies each person who completes an application to Invest. MyFarm is required to comply with these regulations.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

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, 4740

# Re: MYFARM SOLAR FUND LIMITED PARTNERSHIP

This is an offer to wholesale investors of Units representing partnership capital in MyFarm Solar Fund Limited Partnership ("The Partnership", or "Solar Fund LP", or "MSFLP"), a Limited Partnership formed to provide investors the opportunity to invest in a portfolio of solar farms throughout New Zealand.

# 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. ENTITY TYPE

Please select what type of entity is making this Application to Invest:												
Individual	Joint Individual	Partnership	Company	Trust								

# 2. CONTACT DETAILS

For all correspondence regarding MyFarm Solar Fund Limited Partnership:

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

# 3. NUMBER OF UNITS APPLIED FOR

The Unit price is \$1.00 per Unit. Applications must be for a minimum of 50,000 Units and the size of an investment can be increased in multiples of 10,000 (\$10,000) thereafter.

Of the amount applied for, the first capital call of 20% (\$0.20 per Unit) is payable no later than 10 July 2025.

The remaining 80% will be called progressively, with a minimum of 20 working days' notice given prior to each capital call.

Number of Units applied for: Total	nvestment: \$
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# 4. PAYMENT DETAILS

# First capital call (20%) is required no later than 10 July 2025.

Sharp Tudhope Trust Account
ANZ, Cnr Spring and Grey Streets, Tauranga
06-0433-0020939-00
ANZBNZ22
MSFLP + [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.

# 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:																	
Account Number:																	
Bank Branch								Account Number Su								Suffix	
Compulsory																	
Information for Overseas Bank																	
	Bank A	Accoun	t Nam	e:													

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

# 6. 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

<u> 0R</u>

The investing entity is:

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

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

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

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

# 7. SOURCE OF FUNDS

In line with AML compliance requirements, MyFarm requires your confirmation as to the source of funds for this specific investment. Please provide a detailed description as to where the funds are originating from for this investment to acquire units in the MyFarm Solar Fund Limited Partnership:

# 8. 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.

# 9. PLEASE READ THIS BEFORE SIGNING

# I/We confirm that:

- a) I/We have received a copy of the MyFarm Solar Fund LP Information Memorandum dated 5<sup>th</sup> June 2025.
- 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 Solar Fund LP Information Memorandum dated 5<sup>th</sup> June 2025.
- d) I/We accept that I/We must make payment totalling NZ \$1.00 per Unit (100% of investment) as follows:
  - i. A first capital call of 20% (\$0.20 per Unit) payable on 10 July 2025.
  - ii. The remaining 80% will be called progressively, with a minimum of 20 working days' notice given prior to each capital call.
- e) I/We confirm that the owner/entity, who takes up the investment, can make these payments as detailed above.
- f) I/We acknowledge and agree that the owner/entity will become bound as a Limited Partner under the Limited Partnership Agreement, as set out in the IM.
- g) The owner/entity undertakes to enter into a Deed of Adherence, whereby the owner/entity will become bound to the Limited Partnership Agreement.
- h) I/We acknowledge that the completed application once submitted to MyFarm, cannot be withdrawn without authorisation by MyFarm.
- i) I/We acknowledge that MyFarm reserves the right to accept any application and reject any application subject to its discretion.
- j) I/We accept that if the owner/entity does not make full payment by the due date advised they will be charged, and interest will accrue at 13% (or such greater rate as specified in any relevant contract for which the funds are required) on all outstanding funds from the due date until payment or otherwise.
- k) Under the terms of the Unsolicited Electronic Messages Act 2007, I/we provide my/our consent to receiving commercial electronic messages for the purpose of that Act.
- I) I/We 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:
  - to me/us in accordance with our written instructions (and subject to compliance with AML requirements) if the transaction described in the MyFarm Solar Fund LP - IM dated 5<sup>th</sup> June 2025 ("Limited Partner Transaction") does not become unconditional and is cancelled; or
  - 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 proceeds. The amount of any overpayment not exceeding \$25.00 may be paid as miscellaneous revenue; or
  - (iii) in accordance with written instructions from me/us.
- 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 Solar Fund LP Information Memorandum dated 5<sup>th</sup> June 2025, and on the terms set out in the application instructions.
- p) I/We understand that MyFarm Solar Fund LP and MyFarm will hold personal information in respect of me/us in relation to my/our investment in MyFarm Solar 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.

# 10. 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 Solar Fund LP Information Memorandum dated 5<sup>th</sup> June 2025, and on the terms set out in the Application instructions.
- b) I/We understand that MyFarm Solar Fund LP and MyFarm will hold personal information in respect of me/us in relation to my/our investment in MyFarm Solar 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.

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

PLEASE HAVE ALL APPLICANTS SIGN ABOVE. Please refer to the signing instructions below:

# A. An Individual or Joint Individuals:

This Application must be signed by each individual.

# B. Company:

This Application must be signed by at least two directors unless you are a sole Director.

C. Trust or Partnership of Trusts:

This Application must be signed by all trustees on behalf of the trust or trusts. Where a trustee is a trustee company, a sole director or at least two directors of the company must sign.

D. Partnership:

This Application must be signed by all partners to the partnership.

# E. Limited Partnership:

This Application must be signed by the general partner(s) for and on behalf of the limited partner.

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



# 11. INDIVIDUAL

Applicant will need to provide:

#### i. Identity and Address 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. A text or email will be sent to you with a link to do the biometric verification. When you open the link, written and voice prompts will guide you through the process.

Alternatively, if you are not eligible for the biometric verification or unable to do the biometric verification, please post the following to the MyFarm postal address at PO Box 91, Feilding, 4740:

- 1. A certified copy of current Passport; and
- 2. A certified copy of proof of address (bank statement or utility bill showing your name and address).

#### Please take note of the following certification requirements:

- Copies must be certified by a Justice of the Peace, Chartered Accountant, Lawyer, Notary Public, Person with legal authority to take Statutory Declarations in NZ, NZ Police Member etc.
- Certifications must not be older than 3 months as at the date that it is received by MyFarm.
- The Certification must state that the certifying party can verify that the document is a true copy of the original document and that the person in the Identity Document is the same person that is presenting the document.

#### ii. 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.

#### iii. Bank Account Details:

It is a requirement that the Investment Entity is the owner of the bank account. Please provide a copy of bank statement or bank issued document showing the account name and number.

In the event that the applicant does not have an individual bank account number and are providing details for a joint bank account, please provide the following information for the joint account owner:

Relationship to Applicant:	
Full name:	
Phone (mobile):	
Email:	

Identity verification will be completed on the joint account owner as set out in point i. above.

#### Please fill out ALL areas and answer ALL questions:

APPLICANT – Individu	al Details										
Legal FIRST Name(s):					Legal FAMILY Name:						
Physical Address:					Postal Address (if diff	erent from Physical):					
	I	Postcode	:			Postcod	e:				
Phone (mobile) *Requi	ired:	Phone	(home/v	work):		IRD Number *Required:					
Date of Birth:		Place	of Birth (	Town/0	City):	Country of Birth:					
Are you a New Zealand	d Citizen?	If you hold dual Citizenship, please specify which Countries you hold Citizenship for:									
Yes	No										
If you are not a New Ze hold a Resident / Perm		Yes	No	Pleas	lease include a copy of your Resident / Permanent Resident Visa with your application.						
Politically Exposed Per Have you, or an immediate	· · ·	olic office p	position e.	g. diplor	nat, high level judicial or mili	itary or ministerial position?	Yes	No			
If yes, please specify:											

# 12. JOINT INDIVIDUALS

EACH Applicant will need to provide:

#### i. Identity and Address 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. A text or email will be sent to you with a link to do the biometric verification. When you open the link, written and voice prompts will guide you through the process.

Alternatively, if you are not eligible for the biometric verification or unable to do the biometric verification, please post the following to the MyFarm postal address at PO Box 91, Feilding, 4740:

- 1. A certified copy of current Passport; and
- 2. A certified copy of proof of address (bank statement or utility bill showing your name and address).

#### Please take note of the following certification requirements:

- Copies must be certified by a Justice of the Peace, Chartered Accountant, Lawyer, Notary Public, Person with legal authority to take Statutory Declarations in NZ, NZ Police Member etc.
- Certifications must not be older than 3 months as at the date that it is received by MyFarm.
- The Certification must state that the certifying party can verify that the document is a true copy of the original document and that the person in the Identity Document is the same person that is presenting the document.

#### ii. IRD Details

A copy of an IRD tax notice or statement confirming the name and IRD number of each Applicant. The Inland Revenue Department automates the linking of IRD numbers between Limited Partnership entities and the unitholders invested in those Limited Partnerships.

#### iii. % Share Income to be Attributed to EACH Applicant

Each party in a "Joint Individual" ownership is required to provide their individual IRD number, along with the % of the investment returns that is to be attributed to each partner. 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.

#### iv. Bank Account Details

# A copy of 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 signed by an authorised bank officer.
- 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:

k Account D	etails:														
Bank Branch					Account Number								Suffix		
	k Account D			k Account Details:											

APPLICANT 2 - Bank Account Details:																	
Account Name(s):																	
Account Number:																	
	Bank			Brand	ich				Account Number							Suffix	
Compulsory																	
Information for Overseas Bank																	
Accounts																	

# JOINT INDIVIDUAL CONTINUED:

APPLICANT 1 – Individual De	<u>etails</u>											
Share of Income (%):												
Legal FIRST Name(s):					Legal FAMILY Name:							
Physical Address:					Postal Address (if diffe	rent from Physical):						
		Postcod	le:			Pos	tcode:					
Phone (mobile) *Required:					Phone (home/work):							
Email *Required:												
IRD Number * Required:												
Date of Birth:		Place	of Birt	h (Town/0	/City): Country of Birth:							
Are you a New Zealand Citize	en?	lf you	ı hold dı	ual Citize	nship, please specify whic	h Countries you hold Citi	zenship fo	r:				
Yes	No											
If you are not a New Zealand hold a Resident / Permanent		Yes	No	Please ii	e include a copy of your Resident / Permanent Resident Visa with your application.							
Politically Exposed Person (P Have you, or an immediate family		olic office	position	n e.g. diplor	nat, high level judicial or milita	ry or ministerial position?	Yes	No				
If yes, please specify:												

APPLICANT 2 - Individ	dual De	tails_							
Share of Income (%)	:								
Legal FIRST Name(s):						Legal FAMILY Name:			
Physical Address:						rent from Physical):			
			Postcoc	le:			Pos	tcode:	
Phone (mobile) *Requi	ired:					Phone (home/work):			
Email *Required:									
IRD Number * Require	d:								
Date of Birth:			Place	of Birt	h (Town/0	City):	Country of Birth:		
Are you a New Zealand	d Citize	n?	lf you	ı hold dı	ual Citizei	nship, please specify whic	h Countries you hold Citi	zenship for	r:
Yes		No							
If you are not a New Zealand Citizen, do you hold a Resident / Permanent Resident Visa?				No	No Please include a copy of your Resident / Permanent Resident Visa with your application.				
Politically Exposed Per Have you, or an immediate			olic office	position	ı e.g. diplor	nat, high level judicial or milita	ry or ministerial position?	Yes	No
If yes, please specify:		·		•	U I		· · ·		L

# 13. PARTNERSHIP

EACH **Partner** will need to provide:

#### Identity and Address 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. A text or email will be sent to you with a link to do the biometric verification. When you open the link, written and voice prompts will guide you through the process.

Alternatively, if you are not eligible for the biometric verification or unable to do the biometric verification, please post the following to the MyFarm postal address at PO Box 91, Feilding, 4740:

- 1. A certified copy of current Passport; and
- 2. A certified copy of proof of address (bank statement or utility bill showing your name and address).

# Please take note of the following certification requirements:

- Copies must be certified by a Justice of the Peace, Chartered Accountant, Lawyer, Notary Public, Person with legal authority to take Statutory Declarations in NZ, NZ Police Member etc.
- Certifications must not be older than 3 months as at the date that it is received by MyFarm.
- The Certification must state that the certifying party can verify that the document is a true copy of the original document and that the person in the Identity Document is the same person that is presenting the document.

#### Please submit the following documents for the Partnership with the Application Form:

- i. Copy of Partnership Agreement.
- ii. Copy of any other Deed (s) or Agreement(s) that gives authority for other persons/entities to act on behalf of the Partnership.
- iii. Copy of a Bank statement from a registered bank confirming the Partnership bank account number.
- iv. 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.
- v. A copy of an <u>IRD tax notice or statement</u> 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.
- vi. Letter (on letterhead) from the Partnership Accountant or Lawyer confirming the Partnership's "source of wealth or funds."

APPLICANT - I	Partnership Det	ails			
Partnership Na	me:			Partnership Trading Name (if different):	
Country of Reg	istration (circle	ONE, if applica	ble):	·	
New Zealand	Australia	Other	If other, please specify	y country of registration:	
Physical Addre	ess:			Postal Address (if different from Physic	al):
			Postcode:		Postcode:
IRD Number:					
Partnership Ac					
(Name and Ema Partnership La					
(Name and Ema					
		centage % owne	ership of the Partnership	<b>)</b> :	
Name of Partne	er:				Percentage Held:

# PARTNERSHIP CONTINUED:

If any >25% Partner is a Trust or Company, please complete their details in the relevant section of this Application Form (refer to pages 11 and 14).

PARTNER – Individual D	PARTNER – Individual Details									
Legal FIRST Name(s):					Legal FAMILY Name:					
Physical Address:					Postal Address (if diffe	rent from Physical):				
		Postcod	e:			Pos	tcode:			
Phone (mobile) *Require	d:				Phone (home/work):					
Email *Required:										
IRD Number * Required:										
Date of Birth:		Place	of Birt	h (Town/0	City):	Country of Birth:				
Are you a New Zealand (		lf you	hold d	ual Citizer	nship, please specify whic	h Countries you hold Citi	zenship for	:		
Yes	No Iond Citizon do you									
If you are not a New Zealand Citizen, do you hold a Resident / Permanent Resident Visa? No Plea					include a copy of your Resident / Permanent Resident Visa with your application.					
Politically Exposed Perso		olic offico	nosition	dinlor	nat, high level judicial or milita	ny or ministorial position?	Yes	No		
If yes, please specify:	amily member, neiù a pui		position	i e.y. uipioi	nat, high level judicial of milita					
PARTNER – Individual D	etails_									
Legal FIRST Name(s):					Legal FAMILY Name:					
Physical Address:					Postal Address (if diffe	rent from Physical):				
		Postcod	e:			Posi	tcode:			
Phone (mobile) *Require	d:				Phone (home/work):					
Email *Required:										
IRD Number * Required:										
Date of Birth:		Place	of Birt	h (Town/0	City):	Country of Birth:				
Are you a New Zealand O	Citizen?	lf you	hold d	ual Citizei	nship, please specify whic	h Countries you hold Citiz	zenship for	:		
Yes	No									
If you are not a New Zea hold a Resident / Permar	nent Resident Visa?	Yes	No	Please ii	nclude a copy of your Residen	t / Permanent Resident Visa w	ith your appli	cation.		
Politically Exposed Perso			nosition	o a dialor	nat high lovel judicial or milita	ny or ministorial position?	Yes	No		
nave you, or an immediate ta	arminy memoer, neid a put	DIIC OTTICE	position	i e.g. aiplor	nat, high level judicial or milita	iry or ministerial position?				

Please print extra of this page for additional Partners as required.

If yes, please specify:

# 14. <u>COMPANY</u>

EACH Director / >25% Shareholder will need to provide:

## Identity and Address 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. A text or email will be sent to you with a link to do the biometric verification. When you open the link, written and voice prompts will guide you through the process.

Alternatively, if you are not eligible for the biometric verification or unable to do the biometric verification, please post the following to the MyFarm postal address at PO Box 91, Feilding, 4740:

- 1. A certified copy of current Passport; and
- 2. A certified copy of proof of address (bank statement or utility bill showing your name and address).

# Please take note of the following certification requirements:

- Copies must be certified by a Justice of the Peace, Chartered Accountant, Lawyer, Notary Public, Person with legal authority to take Statutory Declarations in NZ, NZ Police Member etc.
- Certifications must not be older than 3 months as at the date that it is received by MyFarm.
- The Certification must state that the certifying party can verify that the document is a true copy of the original document and that the person in the Identity Document is the same person that is presenting the document.

#### Please submit the following documents for the Company with the Application Form:

- i. Copy of a Bank statement from a registered bank confirming the bank account number of the Company.
- ii. Original or Certified Copy of verification of <u>Company Address</u> i.e., a utility (telephone, electricity, rates) statement showing the Company's Name and address and be dated within the last 12 months and certified within 3 months of receipt of application.
- iii. 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. Letter (on letterhead) from the Company Accountant or Lawyer confirming the Company's "source of wealth or funds."

APPLICANT - C	Company Detai	ils_								
Company Name	9:				Company NZBN Number:					
Country of Reg	istration (circle	e ONE, if applical	ole):							
New Zealand	Australia	Other	If oth	her, please specify	country of registration:					
Physical Addre	ss:				Postal Address (if different from Phys	ical):				
		F	Postcoo	de:		Postcode:				
IRD Number:										
Company Acco (Name and Ema										
Company Lawy										
(Name and Ema										
List ALL Compa	any Directors p	lus ALL Shareho	ders v	vho own 25% or n	nore of the Company.					
Full Name:				Relationsh	ip to the Company:	Percentage H	leld:			
Does the Comp	any have any	nominee director	s or s	hareholders?		Yes	No			

# COMPANY CONTINUED:

Complete for EACH Director of the Company:

DIRECTOR – Individual	Detai	ls								
Legal FIRST Name(s):						Legal FAMILY Name:				
Physical Address:						Postal Address (if different	rent from Physical):			
		F	Postcod	le:			Post	code:		
Phone (mobile) *Requir	red:					Phone (home/work):				
Email *Required:										
Date of Birth:			Place	of Birt	h (Town/	City): Country of Birth:				
Are you a New Zealand	Citize		lf you	hold d	ual Citize	nship, please specify whic	h Countries you hold Citiz	zenship for:		
Yes If you are not a New Ze	aland	No Citizon do you		1						
hold a Resident / Perma			Yes	No	Please i	nclude a copy of your Resident	/ Permanent Resident Visa w	ith your applic	ation.	
Politically Exposed Pers								Yes	No	
Have you, or an immediate If yes, please specify:	tamily	member, held a pub	lic office	position	i e.g. diplor	nat, high level judicial or milita	ry or ministerial position?			
ii yes, piease specity.										
DIRECTOR – Individual	Detai	l <u>s</u>								
Legal FIRST Name(s):						Legal FAMILY Name:				
Physical Address:						Postal Address (if differ	ent from Physical):			
						· · · · · · · · · · · · · · · · · · ·				
		F	Postcod	le:			Post	code:		
Phone (mobile) *Requir	red:					Phone (home/work):				
Email *Required:										
Date of Birth:			Place	of Birt	h (Town/	City):	Country of Birth:			
Are you a New Zealand	Citize	n?	lf you	hold d	ual Citize	nship, please specify whic	h Countries you hold Citiz	zenship for:		
Yes		No								
If you are not a New Ze hold a Resident / Perma			Yes	No	Please i	nclude a copy of your Resident	/ Permanent Resident Visa w	ith your applic	ation.	
Politically Exposed Pers								Vee	Na	
			lic office	position	n e.g. diplor	nat, high level judicial or milita	ry or ministerial position?	Yes	No	
If yes, please specify:										
DIRECTOR – Individual	Dotai	le								
Legal FIRST Name(s):	Delai	15				Legal FAMILY Name:				
Legal FIRST Name(S).						Legal FAMILT Name.				
Physical Address:						Postal Address (if differ	ent from Physical):			
Filysical Address.						r ostal Address (il dille	ent nom r nysical).			
Postcode:							Post	code:		
Phone (mobile) *Required:						Phone (home/work):	1 030			
	Email *Required:					Phone (nome/work).				
Date of Birth:			Diaco	of Birt	h (Town/	City).	Country of Birth:			
			Tiace			oity).	Country of Birth.			
Are you a New Zealand	Citizo	n?	lf vou	hold d	ual Citizo	nship, please specify whic	h Countries you hold Citi	zenshin for		
Yes	onize	No	ii you			nomp, piease specify which				
If you are not a New Ze	aland		Var	Nic	Discos	naluda a annu afuan Destricu	/ Dormonont Dooident Vie	ith your care!	otion	
hold a Resident / Permanent Resident Visa?						nclude a copy of your Resident	/ Fermanent Resident VISA W	ur your applic	สแบท.	
Politically Exposed Pers Have you, or an immediate			lic office	position	n e.a. diplor	nat, high level judicial or milita	rv or ministerial position?	Yes	No	
If yes, please specify:						,,,,,,		I		

# COMPANY CONTINUED:

Complete for EACH >25% Shareholder of the Company: If any >25% Shareholder is a Trust or Company, please complete their details in the relevant section of this Application Form (refer to pages 11 and 14)

	>25% SHAREHOLDER – Individual Details:									
Legal FIRST Name(s):	Legal FIRST Name(s):						Legal FAMILY Name:			
Physical Address:					Postal Address (if diffe	rent from Physical):				
Dhana (mahila) *Damir	a di		Postcod	le:			Pos	tcode:		
Phone (mobile) *Requir	'ea:					Phone (home/work):				
Email *Required: Date of Birth:			Place	of Birt	h (Town/	City)-	Country of Birth:			
Date of Dirtin.	Place of Birth (Tow					ony).	Country of Birth.			
Are you a New Zealand	u a New Zealand Citizen? If you hold dual Citiz					nship, please specify whic	h Countries you hold Citi	zenship for	r:	
Yes	-							•		
If you are not a New Zealand Citizen, do you hold a Resident / Permanent Resident Visa? Yes No Please				Please i	nclude a copy of your Residen	t / Permanent Resident Visa w	ith your appl	ication.		
Politically Exposed Person (PEP)								Yes	No	
Have you, or an immediate family member, held a public office position e.g. o						nat, high level judicial or milita	ry or ministerial position?	100	110	
If yes, please specify:										
>25% SHAREHOLDER	– Indiv	vidual Details:				T				
Legal FIRST Name(s):						Legal FAMILY Name:				
Physical Address:						Postal Address (if diffe	rent from Physical):			
						Postcode:				
Dhana (mahila) *Damir	a di		Postcod	le:			Pos	lcode:		
Phone (mobile) *Requir Email *Required:	'ea:					Phone (home/work):				
Date of Birth:			Place	of Birt	h (Town/	City).	Country of Birth:			
but of birth.			Thược			ony).	oountry of Birth.			
Are you a New Zealand	Citize	n?	lf vou	hold d	ual Citize	nship, please specify whic	h Countries vou hold Citi	zenship fo	r:	
Yes		No	<b>,</b>			······································	,,		-	
If you are not a New Zea hold a Resident / Perma			Yes	No	Please i	include a copy of your Resident / Permanent Resident Visa with your application.				
Politically Exposed Pers	son (PE	EP)						Yes	No	
Have you, or an immediate If yes, please specify:	family r	nember, held a pub	lic office	position	ı e.g. diplor	nat, high level judicial or milita	ry or ministerial position?			
n yee, please speeny.										
>25% SHAREHOLDER	– Indiv	idual Details:								
Legal FIRST Name(s):						Legal FAMILY Name:				
Dhusiaal Address						Destel Address (if diffe				
Physical Address:						Postal Address (if diffe	rent from Physical):			
			Postcod	e.			Pos	tcode:		
Postcode: Phone (mobile) *Required:						Phone (home/work):				
Email *Required:										
Date of Birth: Place of Birth (Town					h (Town/	n/City): Country of Birth:				
							-			
Are you a New Zealand	Citize	n?	lf you	hold d	ual Citize	nship, please specify whic	ch Countries you hold Citi	zenship for	r:	
Yes		No								
If you are not a New Zealand Citizen, do you hold a Resident / Permanent Resident Visa?         Yes         No         Please include a copy of your Resident / Permanent						t / Permanent Resident Visa w	ith your appl	ication.		
Politically Exposed Pers Have you, or an immediate			lic office	position	n e.g. diplor	nat, high level judicial or milita	ry or ministerial position?	Yes	No	
If yes, please specify:										

# 15. <u>TRUST</u>

EACH Trustee will need to provide:

### Identity and Address 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. A text or email will be sent to you with a link to do the biometric verification. When you open the link, written and voice prompts will guide you through the process.

Alternatively, if you are not eligible for the biometric verification or unable to do the biometric verification, please post the following to the MyFarm postal address at PO Box 91, Feilding, 4740:

- 1. A certified copy of current Passport; and
- 2. A certified copy of proof of address (bank statement or utility bill showing your name and address).

# Please take note of the following certification requirements:

- Copies must be certified by a Justice of the Peace, Chartered Accountant, Lawyer, Notary Public, Person with legal authority to take Statutory Declarations in NZ, NZ Police Member etc.
- Certifications must not be older than 3 months as at the date that it is received by MyFarm.
- The Certification must state that the certifying party can verify that the document is a true copy of the original document and that the person in the Identity Document is the same person that is presenting the document.

#### Please submit the following documents for the Trust with the Application Form:

- i. Copy of Trust Deed and any subsequent amendments.
- ii. Copy of a Bank statement from a registered bank confirming the bank account number of the Trust.
- iii. Original or Certified Copy of verification of Trust Address i.e., a utility (telephone, electricity, rates) statement showing the Trust Name (s) and address and be dated within the last 12 months and certified within 3 months of receipt of application.
- iv. A copy of an <u>IRD tax notice or statement</u> 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. Letter (on letterhead) from the Trust Accountant or Lawyer confirming the <u>Trust's "source of wealth or funds"</u> (section 23 of the AML/CFT Act 2009), particularly:
  - Identify the individuals who are the settlor(s), and the origin of the settlor's wealth.
  - When the Trust performed its first transaction where did the funds come from in respect to that Transaction
  - Identify the source of any income that the trust is receiving.
  - Confirmation of the source of funds for this specific transaction.

APPLICANT – Trust Details:			
Trust Name:			
Physical Address:		Postal Address (if different from Physic	al):
	Postcode:		Postcode:
IRD Number:			
Trust Accountant (Name and Email address):			
Trust Lawyer (Name and Email address):			
Trust Beneficiaries Please state the Full Name and	Date of Birth of ALL Beneficiaries – AML/Cl	FT Act 2009 – *Required	
Full Name:			Date of Birth:

# TRUST CONTINUED:

# Complete for EACH Trustee of the Trust: Please complete Corporate Trustee Details on page 16.

TRUSTEE – Individual D	Details	<u>:</u>							
Legal FIRST Name(s):						Legal FAMILY Name:			
Physical Address:						Postal Address (if different from Physical):			
			Postcod	le:			Post	code:	
Phone (mobile) *Require	ed:					Phone (home/work):			
Email *Required:									
Date of Birth:	1		Place	of Birt	h (Town/0	City): Country of Birth:			
						•			
Are you a New Zealand	Citize	n?	lf you	hold d	ual Citizer	nship, please specify whic	h Countries you hold Citiz	zenship for	•
Yes		No	,				•	•	
If you are not a New Zea hold a Resident / Perma	nent F	Resident Visa?	Yes	No	Please in	nclude a copy of your Resident	/ Permanent Resident Visa w	ith your appli	cation.
Politically Exposed Pers				nosition	e a dinlor	nat, high level judicial or milita	n or ministerial position?	Yes	No
If yes, please specify:		nember, neid a pur		position	re.g. uipion	nat, high level judicial of milita			
TRUSTEE – Individual Details:									
Legal FIRST Name(s):						Legal FAMILY Name:			
Physical Address:						Postal Address (if differ	rent from Physical):		
		l	Postcoc	le:			Post	code:	
Phone (mobile) *Require	ed:					Phone (home/work):			
Email *Required:									
Date of Birth:			Place	of Birt	h (Town/O	City):	Country of Birth:		
Are you a New Zealand	Citize	n?	lf you	hold d	ual Citizer	nship, please specify whic	h Countries you hold Citiz	zenship for	:
Yes		No							
If you are not a New Zea hold a Resident / Perma	nent F	Resident Visa?	Yes	No	Please in	nclude a copy of your Resident	/ Permanent Resident Visa w	ith your appli	cation.
Politically Exposed Pers Have you, or an immediate			olic office	position	e.g. diplon	nat, high level judicial or milita	ry or ministerial position?	Yes	No
If yes, please specify:		·			<b>U</b> 1				
TRUSTEE – Individual D	Details	<u>:</u>							
Legal FIRST Name(s):						Legal FAMILY Name:			
Physical Address:					Postal Address (if different from Physical):				
Postcode:						Post	tcode:		
Phone (mobile) *Require	ed:					Phone (home/work):			
Email *Required:									
Date of Birth:			Place	of Birt	h (Town/C	City):	Country of Birth:		
Are you a New Zealand	Citize		lf you	hold d	ual Citizer	nship, please specify whic	h Countries you hold Citiz	zenship for	
Yes No If you are not a New Zealand Citizen, do you Yes Ne									
hold a Resident / Perma	hold a Resident / Permanent Resident Visa?				Please ir	e include a copy of your Resident / Permanent Resident Visa with your application.			
Politically Exposed Pers Have you, or an immediate			olic office	position	e.g. diplon	nat, high level judicial or milita	ry or ministerial position?	Yes	No
If yes, please specify:									

# TRUST CONTINUED:

# **Corporate Trustee Details:**

Corporate Trus	tee / Trustee Co	mpany Name:		Company NZBN Number:		
Country of Inco	orporation (circle	ONE, if application	able):			
New Zealand	Australia	Other	If other, please specify	country of registration:		
Physical Addre	ss:			Postal Address (if different from Physical):		
		F	Postcode:	Postcode:		
List two Directo	ors of the Corpor	ate Trustee who	are to be recorded as t	he primary "Authorised Persons" for this Trust:		

Complete for EACH Director and >25% Shareholder of the Corporate Trustee (print extra pages as required):

DIRECTOR / >25% SH	AREHO	LDER – Individu	al Deta	ils:					
Legal FIRST Name(s):					Legal FAMILY Name:				
Physical Address:						Postal Address (if diffe	rent from Physical):		
		l	Postcod	le:			Pos	stcode:	
Phone (mobile) *Requi	ired:					Phone (home/work):			
Email *Required:						·			
Date of Birth:			Place	of Birt	h (Town/O	City):	Country of Birth:		
Are you a New Zealand	d Citize	n?	lf you	ı hold dı	ual Citizer	nship, please specify whic	ch Countries you hold Citi	izenship fo	r:
Yes		No							
If you are not a New Zealand Citizen, do you hold a Resident / Permanent Resident Visa? Yes No Please					Please ir	nclude a copy of your Residen	t / Permanent Resident Visa w	vith your appl	ication.
Politically Exposed Per Have you, or an immediate	•	,	olic office	position	ı e.g. diplor	nat, high level judicial or milita	ry or ministerial position?	Yes	No
If yes, please specify:									

DIRECTOR / >25% SHA	AREHC	LDER – Individu	al Deta	ils:					
Legal FIRST Name(s):						Legal FAMILY Name:			
Physical Address:						Postal Address (if different	rent from Physical):		
		F	Postcod	e:			Pos	tcode:	
Phone (mobile) *Required:						Phone (home/work):			
Email *Required:									
Date of Birth:			Place	of Birth	h (Town/C	City):	Country of Birth:		
Are you a New Zealand	d Citize	n?	lf you	If you hold dual Citizenship, please specify which Countries you hold Citizenship for:					
Yes		No							
If you are not a New Zealand Citizen, do you hold a Resident / Permanent Resident Visa?					Please ir	nclude a copy of your Resident	t / Permanent Resident Visa w	ith your appli	cation.
Politically Exposed Per Have you, or an immediate	•	,	lic office	position	e.g. diplon	nat, high level judicial or milita	ry or ministerial position?	Yes	No
If yes, please specify:									

# **INVESTOR CERTIFICATES**

# PART THREE

# PLEASE COMPLETE AN INVESTOR CERTIFICATE FOR EACH ENTITY

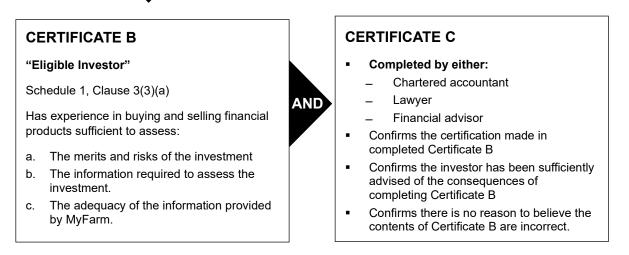
Please read the instructions below carefully to ensure that you provide all of the documentation required to meet the requirements of Schedule 1, clauses 3(2)(a) - (c) or (3)(3)(a)- (b)(ii) (inclusive) of the Financial Markets Conduct Act 2013 ("FMCA").

Before any subscription can be considered (as AGAINST received) for acceptance by MyFarm (the Offeror) in respect of the offer of Units in MyFarm Solar 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)
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
	<ul> <li>a. In the last 2 years owns a portfolio of "specified financial products" of \$1 m+</li> </ul>	<ul> <li>a. In the last 2 years owned/controlled net assets of \$5 m+</li> </ul>
	<ul> <li>b. In the last 2 years carried out transactions to acquire \$1 m+ of "specified financial products"</li> </ul>	b. In the last 2 years had turnover of \$5 m+
	NB: <b>Excludes</b> Category 2 products	





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: <u>If you have invested with MyFarm within the last two years</u> 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 MyFarm Solar Fund LP.
- For all <u>new applicants</u> MyFarm will require a valid Wholesale Investor certificate to be completed and approved.

# 16. 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 MyFarm Solar 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	MyFarm Solar Fund L	imited Partnership (	"the financial pr	roduct" (	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 Solar Fund LP IM dated 5th June 2025.

	2)	) The grounds on which I/we claim that one of the above	applies is	(a brief descri	ption is mandator	<b>v</b> ):
--	----	---	------------	-----------------	-------------------	-------------

THIS SECTION MUST BE COMPLET	ED			
3) I/We do understand the consequences of certifying myself or ourselves to be a Wholesale Investor.				
Signed at:	_this	_day of	_2025.	
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.

# 17. 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 MyFarm Solar 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 Solar Fund LP IM dated 5th June 2025, including the financial products which qualify.* 

In relation to the offer offer and "the transa	er by MyFarm of Units in <b>MyFarm Solar</b> action")	Fund Limited Partnership	("the Financial Product" on		
I/We,			("the Investor")		
CERTIFY THAT:					
1. I/We have pr	evious experience in acquiring or disposin	g of financial products* that al	lows me/us to assess:		
	involved; and				
b. I					
с					
2. I/We do un					
3. The ground					
THIS SECTION MUST BE COMPLETED					
Signed at:	this	_day of	<u>2025.</u>		
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 MyFarm Solar 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.

I,		as a financial advisor/	/ chartered accountant/ lawyer		
Certify that I have considered("the Investor") grounds for his/her/their certification and I:					
<ol> <li>Am satisfied that the Investor has been sufficiently advised of the consequences of the certification, and:</li> <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:	this	day of	2025.		
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.