

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 on 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 **not** 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.

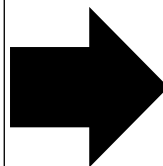
If you do not complete this process the certified original copies of the following required documents must be provided.

Identification and Address Verification Requirements

OPTION TWO

Provide one of the following:

- ☐ Current New Zealand passport
- ☐ Current international passport
- ☐ New Zealand firearms licence



Address verification: Copy of **one** of the following:

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

AND

Bank documents: Copy of one of the following:

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

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

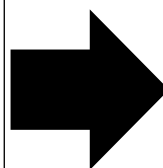
OPTION THREE

Provide one of the following:

- ☐ New Zealand driver licence
- ☐ International driver licence

Plus, one of:

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



APPLICATION FORM: Applicant Information & Signatures

PART ONE

Only to be completed by persons investing no less than \$20,000.68 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 KIWIFRUIT FUND LIMITED PARTNERSHIP

This is an offer to wholesale investors of Units representing partnership capital in MyFarm KiwiFruit Fund Limited Partnership ("The Partnership", or "MyFarm KiwiFruit Fund LP", or "MyFarm KiwiFruit Fund"), a Limited Partnership formed to provide investors with exposure to and returns from New Zealand's kiwifruit industry through investment in a large-scale asset portfolio including high-quality kiwifruit orchards, primarily planted in PVR-protected varieties, and ZGL shares.

This application relates to "Stage Two" of the offer described in the Information Memorandum dated 30th June 2026, for new Units in the MyFarm KiwiFruit Fund Limited Partnership (the 'Offer'). An application is a request to subscribe to new Units, and does not constitute a guarantee that the number of Units requested will be available for purchase.

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 KiwiFruit Fund Limited Partnership:

Applicant Name (Investment Owner/Entity):			
Primary Contact Name (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):			

3. NUMBER OF UNITS APPLIED FOR

The Unit price in Stage Two of the Offer is **\$1.22 per Unit**. Applications must be for a **minimum of \$20,000.68 (16,394 Units)** and **the size of an investment can be increased in multiples of 1 Unit (\$1.22) thereafter**.

Once your application has been confirmed and you have received a settlement statement, payment for 100% of the investment amount is payable by Wednesday 2nd September 2026.

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

Direct credits to: AGInvest Trading Ltd – Trust Account
Bank/Branch: ANZ, Cnr the Square and Broadway Ave (Palmerston North)
Bank Account: 06-0746-0816436-02
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.

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

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

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

Before any subscription can be considered for acceptance by 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.

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 KiwiFruit Fund LP:

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 KiwiFruit Fund LP Private Placement Memorandum dated 30th June 2026.
- 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 30th June 2026.
- d) **I/We accept that I/We must make payment totalling NZ \$1.22 per Unit (100% of investment) once my/our application has been accepted and confirmed by Wednesday 2nd September 2026.**
- 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 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 30th June 2026, and on the terms set out in the application instructions.
- n) 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.
- o) I/We declare that all the details and statements made by me/us in this application form are complete and accurate.
- p) 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 KiwiFruit Fund LP Information Memorandum dated 30th June 2026, 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 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.

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

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.

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 – Individual Details				
Legal FIRST Name(s):		Legal FAMILY Name:		
Physical Address:		Postal Address (if different from Physical):		
Postcode:		Postcode:		
Phone (mobile) *Required:	Phone (home/work):	IRD Number *Required:		
Date of Birth:	Place of Birth (Town/City):	Country of Birth:		
Are you a New Zealand Citizen?		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?		Yes	No	Please include a copy of your Resident / Permanent Resident Visa with your application.
Politically Exposed Person (PEP) 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. 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 Application**

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:

APPLICANT 1 - Bank Account Details:															
Account Name(s):															
Account Number:															
	Bank		Branch				Account Number						Suffix		
Compulsory Information for Overseas Bank Accounts															

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

JOINT INDIVIDUAL CONTINUED:

APPLICANT 1 – Individual Details					
Share of Income (%):					
Legal FIRST Name(s):			Legal FAMILY Name:		
Physical Address:			Postal Address (if different from Physical):		
Postcode:			Postcode:		
Phone (mobile) *Required:				Phone (home/work):	
Email *Required:					
IRD Number * Required:					
Date of Birth:		Place of Birth (Town/City):		Country of Birth:	
Are you a New Zealand Citizen?		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?		Yes	No	<i>Please include a copy of your Resident / Permanent Resident Visa with your application.</i>	
Politically Exposed Person (PEP)				Yes	No
Have you, or an immediate family member, held a public office position e.g. diplomat, high level judicial or military or ministerial position?					
If yes, please specify:					

APPLICANT 2 – Individual Details					
Share of Income (%):					
Legal FIRST Name(s):			Legal FAMILY Name:		
Physical Address:			Postal Address (if different from Physical):		
Postcode:			Postcode:		
Phone (mobile) *Required:				Phone (home/work):	
Email *Required:					
IRD Number * Required:					
Date of Birth:		Place of Birth (Town/City):		Country of Birth:	
Are you a New Zealand Citizen?		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?		Yes	No	<i>Please include a copy of your Resident / Permanent Resident Visa with your application.</i>	
Politically Exposed Person (PEP)				Yes	No
Have you, or an immediate family member, held a public office position e.g. diplomat, high level judicial or military or ministerial position?					
If yes, please specify:					

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 **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.
- v. 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.
- vi. Letter (on letterhead) from the Partnership Accountant or Lawyer confirming the Partnership's "source of wealth or funds."

APPLICANT – Partnership Details			
Partnership Name:		Partnership Trading Name (if different):	
Country of Registration (circle ONE, if applicable):			
New Zealand	Australia	Other	If other, please specify country of registration:
Physical Address:		Postal Address (if different from Physical):	
Postcode:		Postcode:	
IRD Number:			
Partnership Accountant (Name and Email address):			
Partnership Lawyer (Name and Email address):			
List ALL Partners and their percentage % ownership of the Partnership:			
Name of Partner:			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 Details				
Legal FIRST Name(s):			Legal FAMILY Name:	
Physical Address:			Postal Address (if different from Physical):	
Postcode:			Postcode:	
Phone (mobile) *Required:			Phone (home/work):	
Email *Required:				
IRD Number * Required:				
Date of Birth:		Place of Birth (Town/City):		Country of Birth:
Are you a New Zealand Citizen?		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?		Yes	No	Please include a copy of your Resident / Permanent Resident Visa with your application.
Politically Exposed Person (PEP) 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 – Individual Details				
Legal FIRST Name(s):			Legal FAMILY Name:	
Physical Address:			Postal Address (if different from Physical):	
Postcode:			Postcode:	
Phone (mobile) *Required:			Phone (home/work):	
Email *Required:				
IRD Number * Required:				
Date of Birth:		Place of Birth (Town/City):		Country of Birth:
Are you a New Zealand Citizen?		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?		Yes	No	Please include a copy of your Resident / Permanent Resident Visa with your application.
Politically Exposed Person (PEP) 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 print extra of this page for additional Partners as required.

14. COMPANY

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 **Company Address** – 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 – Company Details			
Company Name:		Company NZBN Number:	
Country of Registration (circle ONE, if applicable):			
New Zealand	Australia	Other	If other, please specify country of registration:
Physical Address:		Postal Address (if different from Physical):	
Postcode:		Postcode:	
IRD Number:			
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.			
Full Name:	Relationship to the Company:	Percentage Held:	
Does the Company have any nominee directors or shareholders?		Yes	No

COMPANY CONTINUED:

Complete for EACH Director of the Company:

DIRECTOR – Individual Details				
Legal FIRST Name(s):			Legal FAMILY Name:	
Physical Address:			Postal Address (if different from Physical):	
Postcode:			Postcode:	
Phone (mobile) *Required:			Phone (home/work):	
Email *Required:				
Date of Birth:	Place of Birth (Town/City):		Country of Birth:	
Are you a New Zealand Citizen?		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?		Yes	No	Please include a copy of your Resident / Permanent Resident Visa with your application.
Politically Exposed Person (PEP) 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 – Individual Details				
Legal FIRST Name(s):			Legal FAMILY Name:	
Physical Address:			Postal Address (if different from Physical):	
Postcode:			Postcode:	
Phone (mobile) *Required:			Phone (home/work):	
Email *Required:				
Date of Birth:	Place of Birth (Town/City):		Country of Birth:	
Are you a New Zealand Citizen?		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?		Yes	No	Please include a copy of your Resident / Permanent Resident Visa with your application.
Politically Exposed Person (PEP) 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 – Individual Details				
Legal FIRST Name(s):			Legal FAMILY Name:	
Physical Address:			Postal Address (if different from Physical):	
Postcode:			Postcode:	
Phone (mobile) *Required:			Phone (home/work):	
Email *Required:				
Date of Birth:	Place of Birth (Town/City):		Country of Birth:	
Are you a New Zealand Citizen?		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?		Yes	No	Please include a copy of your Resident / Permanent Resident Visa with your application.
Politically Exposed Person (PEP) 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:				

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 FAMILY Name:	
Physical Address:			Postal Address (if different from Physical):	
Postcode:			Postcode:	
Phone (mobile) *Required:		Phone (home/work):		
Email *Required:				
Date of Birth:		Place of Birth (Town/City):		Country of Birth:
Are you a New Zealand Citizen?		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?		Yes	No	Please include a copy of your Resident / Permanent Resident Visa with your application.
Politically Exposed Person (PEP) 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 Name(s):			Legal FAMILY Name:	
Physical Address:			Postal Address (if different from Physical):	
Postcode:			Postcode:	
Phone (mobile) *Required:		Phone (home/work):		
Email *Required:				
Date of Birth:		Place of Birth (Town/City):		Country of Birth:
Are you a New Zealand Citizen?		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?		Yes	No	Please include a copy of your Resident / Permanent Resident Visa with your application.
Politically Exposed Person (PEP) 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 Name(s):			Legal FAMILY Name:	
Physical Address:			Postal Address (if different from Physical):	
Postcode:			Postcode:	
Phone (mobile) *Required:		Phone (home/work):		
Email *Required:				
Date of Birth:		Place of Birth (Town/City):		Country of Birth:
Are you a New Zealand Citizen?		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?		Yes	No	Please include a copy of your Resident / Permanent Resident Visa with your application.
Politically Exposed Person (PEP) 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:				

15. TRUST

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 **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. 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:
 - 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 Physical):
Postcode:	Postcode:
IRD Number:	
Trust Accountant (Name and Email address):	
Trust Lawyer (Name and Email address):	
Trust Beneficiaries	
<i>Please state the Full Name and Date of Birth of ALL Beneficiaries – AML/CFT Act 2009 – *Required</i>	
Full Name:	Date of Birth:

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

TRUSTEE – Individual Details:				
Legal FIRST Name(s):			Legal FAMILY Name:	
Physical Address:			Postal Address (if different from Physical):	
Postcode:			Postcode:	
Phone (mobile) *Required:		Phone (home/work):		
Email *Required:				
Date of Birth:		Place of Birth (Town/City):		Country of Birth:
Are you a New Zealand Citizen?		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?		Yes	No	Please include a copy of your Resident / Permanent Resident Visa with your application.
Politically Exposed Person (PEP) 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 – Individual Details:				
Legal FIRST Name(s):			Legal FAMILY Name:	
Physical Address:			Postal Address (if different from Physical):	
Postcode:			Postcode:	
Phone (mobile) *Required:		Phone (home/work):		
Email *Required:				
Date of Birth:		Place of Birth (Town/City):		Country of Birth:
Are you a New Zealand Citizen?		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?		Yes	No	Please include a copy of your Resident / Permanent Resident Visa with your application.
Politically Exposed Person (PEP) 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 – Individual Details:				
Legal FIRST Name(s):			Legal FAMILY Name:	
Physical Address:			Postal Address (if different from Physical):	
Postcode:			Postcode:	
Phone (mobile) *Required:		Phone (home/work):		
Email *Required:				
Date of Birth:		Place of Birth (Town/City):		Country of Birth:
Are you a New Zealand Citizen?		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?		Yes	No	Please include a copy of your Resident / Permanent Resident Visa with your application.
Politically Exposed Person (PEP) 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:				

TRUST CONTINUED:

Corporate Trustee Details:

Corporate Trustee / Trustee Company Name:			Company NZBN Number:		
Country of Incorporation (circle ONE, if applicable):					
New Zealand	Australia	Other	If other, please specify country of registration:		
Physical Address:			Postal Address (if different from Physical):		
Postcode:			Postcode:		
List two Directors of the Corporate Trustee who are to be recorded as the primary "Authorised Persons" for this Trust:					

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

DIRECTOR / >25% SHAREHOLDER – Individual Details:					
Legal FIRST Name(s):			Legal FAMILY Name:		
Physical Address:			Postal Address (if different from Physical):		
Postcode:			Postcode:		
Phone (mobile) *Required:			Phone (home/work):		
Email *Required:					
Date of Birth:		Place of Birth (Town/City):		Country of Birth:	
Are you a New Zealand Citizen?		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?		Yes	No	<i>Please include a copy of your Resident / Permanent Resident Visa with your application.</i>	
Politically Exposed Person (PEP)				Yes	No
Have you, or an immediate family member, held a public office position e.g. diplomat, high level judicial or military or ministerial position?					
If yes, please specify:					

DIRECTOR / >25% SHAREHOLDER – Individual Details:					
Legal FIRST Name(s):			Legal FAMILY Name:		
Physical Address:			Postal Address (if different from Physical):		
Postcode:			Postcode:		
Phone (mobile) *Required:			Phone (home/work):		
Email *Required:					
Date of Birth:		Place of Birth (Town/City):		Country of Birth:	
Are you a New Zealand Citizen?		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?		Yes	No	<i>Please include a copy of your Resident / Permanent Resident Visa with your application.</i>	
Politically Exposed Person (PEP)				Yes	No
Have you, or an immediate family member, held a public office position e.g. diplomat, high level judicial or military or ministerial position?					
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 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)
An “Investment Business” Schedule 1, Clause 3(2)(a) FMCA Act	Meets “Investment Criteria” Schedule 1, Clause 3(2)(b) FMCA Act a. In the last 2 years owns a portfolio of “ specified financial products ” of \$1 m+ b. In the last 2 years carried out transactions to acquire \$1 m+ of “ specified financial products ” NB: Excludes Category 2 products	A “Large” Investor Schedule 1, Clause 3(2)(c) FMCA Act a. In the last 2 years owned/controlled net assets of \$5 m+ b. In the last 2 years had turnover of \$5 m+

OR

CERTIFICATE B

“Eligible Investor”

Schedule 1, Clause 3(3)(a)

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

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

AND

CERTIFICATE C

Completed by either:

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

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

- **Please note: If you have invested with MyFarm within the last two years** you may not need to provide a Wholesale Investor Certificate. Please contact MyFarm (investments@myfarm.co.nz) to confirm if the Wholesale Investor Certificate utilised for your most recent MyFarm investment is current and able to be used for MyFarm KiwiFruit Fund Limited Partnership.
- For all **new applicants** 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 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 **MyFarm KiwiFruit Fund Limited Partnership** (“the financial product” on offer and “the transaction”), that:

1) IWE, _____ ("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.

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

THIS SECTION MUST BE COMPLETED	
3) I/We do understand the consequences of certifying myself or ourselves to be a Wholesale Investor.	
Signed at: _____ this _____ day of _____ 2026.	
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 KiwiFruit Fund LP are required to make disclosure in respect of this offer under Part 3 of the FMCA.

In relation to the offer by MyFarm of Units in **MyFarm KiwiFruit Fund LP** (“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 _____ 2026.

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 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.

I, _____ as a financial advisor/ chartered accountant/ lawyer

Certify that I have considered _____ ("the Investor") grounds for his/her/their certification and I:

1. Am satisfied that the Investor has been sufficiently advised of the consequences of the certification, and:
2. Have no reason to believe that the certification is incorrect or that further information or investigation is required as to whether or not the certification is correct.

Signed at: _____ this _____ day of _____ 2026.

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.