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 3:

PART TWO

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

Individual

Joint IndividualCompany

TrustPartnership

- Company
- 2. Complete **only** the Part Two section that corresponds to your particular investment entity

PART THREE

- 1. Refer to 'Are you a Wholesale Investor' diagram found at the rear of the Information Memorandum, to see which Investor Certificate you need to complete as part of your application to Invest.
- If you are investing more than \$750,000 upon acceptance of your application, you do <u>not</u> need an Investor Certificate for this investment:

Otherwise, you need to complete:

- Certificate A or
- Certificate B and Certificate C (confirming the contents of Certificate B)

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

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

What does this mean for you? We may ask for a range of identity or address verification documents as well as written evidence of the individuals who have effective control or who benefit from the investment entity, including in some cases, evidence of the initial and subsequent funding of the entity. We may ask to see the originals of some of this documentation or require you to obtain copies "certified" by a professional we trust. Please contact: Brett Delport (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 license

OPTION THREE

Provide one of the following:

- □ New Zealand driver license
- □ International driver license

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



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

<mark>AND</mark>

Bank documents: Copy of one of the following:

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

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

APPLICATION FORM: Applicant Information & Signatures

Only to be completed by persons investing no less than \$50,000 and who fall within Schedule 1, clause (3)(2)(a) - (c) or (3)(3)(a)-(b)(ii) (inclusive) of the Financial Markets Conduct Act 2013

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

GOLD INCOME LIMITED PARTNERSHIP: This is a Secondary Market Offer to wholesale investors of Units representing partnership capital Re: in Gold Income Limited Partnership ("The Partnership"), a Limited Partnership formed to acquire established SunGold orchards during calendar year 2021. Gold Income LP currently owns a 6.15 cha kiwifruit orchard located at the corner of SH10 and Stanners Road in Kerikeri and Rangitaiki Orchard, a 14.99 cha kiwifruit orchard property, located at 163 Western Drain Road, in Edgecumbe, Bay of Plenty.

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. Once acknowledged please ensure the original of the emailed application and ALL required original/certified documentation is (as soon as possible) to be posted to: AGInvest Trading Limited, PO Box 91, Feilding, 4740, OR couriered to: AGInvest Trading Limited, Level 1, 8 Manchester Square, Feilding, New Zealand.

1. CONTACT DETAILS

For all the correspondence regarding Gold Income Limited Partnership.

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

2. NUMBER OF UNITS APPLIED FOR

The Unit price is \$1.00 per Unit. Applications must be for a minimum of 50,000 Units.

The deposit amount 100% of total investment (NZ \$1.00 per Unit applied for) must be paid in full upon application. Payments may be used for any deposit payable on the land or MyFarm fees.

Number of Units applied for:		Total Investment:	\$
Payn	ent due on Application: (100%	% of Total Investment)	\$

3. PAYMENT DETAILS

Full payment is required upon application.

Direct credits to: **Gold Income LP** Bank/Branch: ASB, 5 Rathbone Street, Whangarei 0110 12-3175-0012023-51 Swift Code: ASBBNZ2A Bank Account: Reference: GILPNOV + [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.

Resident

NRWT Rate:

4. DEDUCTION OF WITHHOLDING TAX RATE ON INTEREST PAYMENTS

Please circle one. If exempt from Resident Withholding Tax, please attach a copy of Certificate of Exemption): Non notification will be taken as 45% Resident Country: Non-10.5% 17.5% 28% 30% 33% Exempt

5. BANK ACCOUNT DETAILS

Bank account details MUST be	e comp	pleted a	and <mark>mus</mark>	t matc	h Invest	ment	Owne	er/En	tity.	(Join	t Indiv	iduals	prov	iding	two b	bank a	accou	nts, g	o to F	Part T	NO)	
Account Name(s):																						
Account Number:	ban	k	bra	nch			acco	ount r	numk	ber					suff	fix						
Compulsory Information for		-	t Code: BAN Nur	nber:																		
Overseas Bank Accounts			ount Nan																			

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

6. ANTI MONEY LAUNDERING (AML) AUTHORITY

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

7. FINANCIAL MARKETS CONDUCT ACT 2013

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

- is an "investment business" as defined in Schedule 1, cl 37 of the FMCA. Certificate A (1. i)
 - meets the investment criteria specified in Schedule 1, clause 38 of the FMCA. Certificate A (1. ii)
- is "large" as defined in Schedule 1, clause 39 of the FMCA. Certificate A (1. iii)
- is an "eligible investor" as defined in Schedule 1, clause 41 of the FMCA. Certificates B and C

<u>OR</u>

The investing entity is:

a b

c d

е

- is investing a minimum of NZD \$750,000 upon acceptance in accordance with Schedule 1, clause 3(3)(b)(i) or (ii) of the FMCA. An
- Investor Certificate is <u>not</u> required.
- If e above applies I/We confirm that I/We understand that -
 - the usual legal rules that require information to be given to investors for offers of financial products do not apply if the amount invested upfront by me/us (plus any other investments I/we have already made in those financial products) is \$750,000 or more; and
 - I/We may not receive a complete and balanced set of information about this investment; and
 - I/We have fewer legal protections for this investment; and
 - this investment is not suitable for retail investors; and
 - I/We have been advised to ask questions, read all documents carefully, and seek independent financial advice.

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

8. PLEASE READ THIS BEFORE SIGNING

I/We confirm that:

- a) I/We have received a copy of the Gold Income Limited Partnership Secondary Market Offer Information Memorandum dated 16 November 2021.
- 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 Gold Income Limited Partnership Secondary Market Offer Information Memorandum.
- d) I/We accept that I/We must make full payment totalling NZ \$1.00 per Unit (100% of investment) as follows:
 NZ \$1.00 per Unit (100% of investment) due upon application.
- e) I/We confirm that the owner/entity, who takes up the investment, can make this payment 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/We acknowledge that Sharp Tudhope does not act for the Investing owner/entity in connection with this investment.
- 9. DECLARATION AND SIGNATURE ALL APPLICANTS TO COMPLETE
- a) I/We hereby apply for the number of Secondary Market Units shown above and agree to accept such Units on and subject to the terms and conditions set out in Gold Income Limited Partnership – Secondary Market Offer Information Memorandum dated 16 November 2021, and on the terms set out in the Application instructions.
- b) I/We understand that Gold Income LP and MyFarm will hold personal information in respect of me/us in relation to my/our investment in Gold Income LP. I/We understand that I/We may request to see and, if necessary, request the correction of the personal information.
- c) I/We declare that all the details and statements made by me/us in this Application Form are complete and accurate.

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

PLEASE HAVE ALL APPLICANTS SIGN ABOVE

If the Application is signed under Power of Attorney (POA), a copy and a Certificate of Non-Revocation of POA and must be provided to MyFarm and both the grantor and the attorney will be required to comply with AML regulations.

APPLICATION FORM: Entity/Applicant Details



	Individual Joint Individuals			Trust Compa	any		Ρ	artnersh	nip			
	INDIVIDUAL Happlicant will need to For documentary verifica This verification process process is immediate real If you are eligible for th	ation MyFarn is only avail moving the r	able to NZ Pa need for certif	assport or NZ D ied documents.	river's Licen	ce holder	s who reside in Ne	w Zealan	d. The I			er and email
	address so we can for Alternatively, if you do process will apply:	ward the Sy	ndex link to	initiate the pro	cess.				-	-		
Pers	sonal Identification – a c	ertified cop	y is required	of one of the fol	lowing:							
	Passport	OR	NZ Fir	earms License		OR	NZ Driver's L	icense				
	The Certifier must con 1. The document is 2. The person prese information.	a true copy			on reflected	in the de	ocument. Please	refer to t	he 'Ho	w to Apply	y' section fo	r more
ii.		 Utility (e IRD tax Insurar Bank si 	electricity, wa c notice or sta nce policy doo tatement fron	ter, telephone, g atement	gas) stateme ank	ent - -	is required of one	of the folk	owing:			
	The supplied document	must state th	ne Applicant's	s name, current	address and	l be certif	ied within 3 month	s of receip	ot of app	olication.		
iii.	IRD Details – a copy of Department automates	f an IRD tax i s the linking	notice or state of IRD num	ement confirmin bers between l	ig the name Limited Parl	and IRD nership e	number of the Inve entities and the u	estment O hitholders	wner / E s invest	Entity. The ed in thos	e Inland Rev e Limited Pa	enue artnerships.
iv.	■ O	ank pre-print nline or bank gned by an a	ed deposit sli c printed state authorised ba	p ement, stamped ink officer.		the nam	 Bank sta 		rom a re	Investment gistered b		tity:
	se fill out ALL areas and PLICANT – Individua		L questions	3.								
	gal FIRST Names(s)			Legal FAMI	LY Name			IRD	Numbe	er * Requi	red	
Da	te of Birth	Place of	Birth (Tow	n/City):	Country	of Birth	1:	Are	you a	New Zea	land Citize	n?
								Circ		Ye	s	No
En	nail * Required											
Ac	Idress: Flat/Apartment	: No:			Street:							
R	D/PO Box No./Suburb:				Town/City:							
Po	ostcode:				Country: (if not New	Zealand	ł)					
Ph	ione (mobile) * Require	<mark>d</mark> :			Phone (ho	me/work):					
	ou hold dual Citizenship,				Citizenship f	or:						
	litically Exposed Pers											le one
	ve you, or an immediate far	mily member,	held a public	office position e.	g. diplomat, ł	igh level j	udicial or military or	ministeria	l position	n?	Yes	No
lf v	es, please specify:											

11. JOINT INDIVIDUAL

i.	CH Applicant will need For documentary ver This verification proc	rification M ess is only	lyFarm has a v available to	NZ Passport							-verifica	ation pro	ocess	is imm	ediate
	removing the need for If you are eligible for	or the Bio-	verification) process as p			ve, please	ensure y	ou inclu	de your mo	bile ph	ione ni	umbei	r and e	mail
	address so we can	forward t	he Syndex	link to initiate	the process										
	Alternatively, if you process will apply:	i do not ha	ave a NZ Dr	iver's Licence	e and hold a	foreign pass	sport OR if	f you are r	resident	outside of	New Ze	aland,	the fo	ollowin	g
Pers	sonal Identification –	a certifie d	d copy is rea	quired of one o	of the following	g:									
	Passport		OR	NZ Firearn	ns License		OR	NZ Driv	er's Licer	ise	Γ				
	The Certifier must of1.The documen2.The person printinformation.	t is a true	copy of the		ie person ref	lected in the	documen	nt. Please	e refer to	the 'How to	o Apply	' secti	on for	more	
ii.	Address Verificatio	<u>n</u> – an oriç	•	•• •			· ·	red of one	of the fol	llowing:					
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				ment issued by	-		y	_							
	The supplied docum	ent must s	tate the App	licant's name,	current addre	ess and be ce	ertified within	in 3 month	is of recei	pt of applica	ation.				
iii.	<u>IRD Details</u> – a cop Department autom														nips.
v.	% Share Income to We have been advis returns that is to be a This % and the IRD	ed that ea attributed t	ch party in a o them.	a "Joint Individu	ial" ownership		o provide th	heir individ	lual IRD r	numbers, al	-			e invest	ment
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JOINT INDIVIDUAL CONTINUED:

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

APPLICANT 1 Individu	al Details:							
Legal FIRST Names(s)			Legal FAM	AILY Na	ime			
Date of Birth	Place of Bi	irth (Town/	/City):	Cou	ntry of Birth:	New Zealand Citiz	en? (Circle	one)
						Yes	N	0
Email * Required						·		
Address: Flat/Apartmen	nt No:				Street:			
RD/PO Box No./Suburb:	:				Town/City:			
Postcode:					Country: (If not New Zealand)			
Phone (mobile) * Requir e	<mark>ed</mark> :				Phone (home/work):			
If you hold dual Citizensl	hip, please sp	becify which	n Countries	you hol	d Citizenship for:			
Politically Exposed Pe	rson (PEP) –	PLEASE	COMPLETI	Ε			Circle	one
Have you, or an immediate fa	amily member, I	held a public	office position	e.g. diplo	omat, high level judicial or military or n	ninisterial position?	Yes	No
If yes, please specify:								
APPLICANT 2 Individu	al Details:	î						
Legal FIRST Names(s)			Legal FAN	AILY Na	ime			
							0 (0) 1	
Date of Birth	Place of Bi	irth (Town/	City):	Cou	ntry of Birth:	New Zealand Citiz	en? (Circle	one)
						Yes	N	0
Email * Required								
Address: Flat/Apartmen	nt No:				Street:			
RD/PO Box No./Suburb:	:				Town/City:			
Postcode:			Country: (If not New Zealand)					
Phone (mobile) * Requir e				Phone (home/work):				
If you hold dual Citizensl				•	d Citizenship for:			
Politically Exposed Pe	rson (PEP) -	PLEASE	COMPLETI	E			Circle	one
-	amily member, I	held a public	office position	e.g. diplo	omat, high level judicial or military or n	ninisterial position?	Yes	No
If yes, please specify:								

12. TRUST

EAC i.	H Trustee will need to provide: For documentary verification MyFar This verification process is only ava process is immediate removing the If you are eligible for the Bio-verir can forward the Syndex link.	ilable to NZ Passport on need for certified docu	or NZ Driver's ments.	s Licence hold	ders wh	o reside	e in New Ze	ealand	. The E			l email a	address	s so we
	Alternatively, if you do not have a	a NZ Driver's Licence	and hold a	foreign pass	sport O	R if you	ı are resid	ent oı	utside	of New	/ Zealan	d, the fo	llowing	J
	process will apply:													
Pers	sonal Identification – a certified co	py is required of one of	f the followin	ng:										
	Passport OF	R NZ Firearms L	icense		OR	NZ Dri	ver's Licen	se						
	The Certifier must confirm that: 1. The document is a true copy o 2. The person presenting the doc information.		erson reflec	cted in the do	ocumer	ıt. Plea	se refer to) the 'l	How to	Apply	' sectio	n for mo	ore	
ii.	Address Verification – an origina	l or certified copy (da (electricity, water, telep			ths) is r	equired	of one of t	he foll	owing:					
	•	ax notice or statement	11011e, 9as/	Statement		H								
	 Insura 	ince policy document				H								
	■ Bank	statement from a regis	tered bank			\square								
	 A doc 	ument issued by a NZ	Governmen	t agency										
The	supplied document must state the Ap	oplicant's name, curren	t address ar	nd be certified	within 3	3 month	s of receip	t of ap	plicatio	n.				
Plea	se provide the following documen	its for the Trust:												
•	Certified Copy of <u>Trust Deed</u>		•	Copy of a <u>T</u> account nui		ank sta	tement from	m a re	gistere	d bank	confirmi	ng the T	rust bai	۱k
•	Certified Copy of <u>Deed (s) of Re</u> Appointment of Trustee (s) (if		•	Copy of a <u>T</u>	Frust IR	D state	e <u>ment</u> conf	irming	the Tru	ust IRD) numbei			
		αρριοαδίο	•	Original or (electricity, ra dated withir	ates) st	atemen	t showing f	the Tru	ust or T	rustee	(s) Name	e(s) and	address	5,
•	ii. When the Trust perfor iii. Identify the source of a	rust Accountant or Law who are the settlor(s), med its first transaction any income that the tru e source of funds for th	and the orig where did t st is receivin	gin of the settle the funds com ng.	or's wea	alth.				ion 23	of the Al	//CFT	Act 200	9)
	se complete BOTH sections. "Tru se fill out ALL areas and answer A		ustee Detail	ls" section fo	or ALL	Frustee	s includin	g (if a	pplicat	ole) the	e Corpo	rate Tru	stee.	
Tr	ust Details:													
Tr	ust Name						Tru	<mark>ist IR</mark>	<mark>D Nun</mark>	nber:	*Requi	red		
Ac	ddress: Flat/Apartment No:			Street:										
R	D/PO Box No./Suburb:			Town/City:										
Po	ostcode:			Country: (If	f not N	ew Zea	ıland)							
Tr	ust Accountant: (Name and Em	ail address)												
Tr	ust Lawyer: (Name and Email a	ddress)												
	ust Beneficiaries (Including all ease state the Full Name and Date of):							
	III Name – Use additional page if I								Da	ate of	Birth			

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

TRUSTEE ONE – Individual Details											
Legal FIRST Names(s)	Legal FAMILY Name			IRD	Num	ber					
Date of Birth	Place of Birth (Town/City):	Country o	of Birth:	Are	you a	a New	/ Zeala	nd (Citize	n?	
				Cir	rcle or	ne	Y	'es			No
Email *Required										<u> </u>	
Address: Flat/Apartment No:			Street:								
RD/PO Box No./Suburb:			Town/City:								
Postcode:			Country (If	not NZ	<u>():</u>						
Phone (mobile) * Required :			Phone (hor	ne/woi	rk):						
If you hold dual Citizenship, please	specify which Countries you hold C	Citizenship for:			,						
Politically Exposed Person (PEP	· · ·	<u> </u>							C	Circle	one
Have you, or an immediate family membe	er, held a public office position e.g. diploma	at, high level judicia	al or military or n	ninisteri	al posit	ion?			Ye	s	No
If yes, please specify:											
TRUSTEE TWO – Individual Details Legal FIRST Names(s)	Legal FAMILY Name			IRD	Num	ber					
							—	Т		Т	
Date of Birth	Place of Birth (Town/City):	Country o	of Birth:	Are	vou a	a New	<i>ı</i> Zealaı	nd (Citize	n?	
		,			rcle or		'es		1	No	
Email *Required											
· · · · ·			Street:								
Address: Flat/Apartment No: RD/PO Box No./Suburb:			Town/City:								
Postcode:			Country (If	not NI7	7).						
Postcode. Phone (mobile) *Required:			Phone (hor		,						
· · · ·	anasifi which Countries you hold C	Vitizonahin fari			ir.j.						
Politically Exposed Person (PEP	specify which Countries you hold C	nuzensnip for:								ircle	000
	er, held a public office position e.g. diploma	t. high level iudicia	al or military or n	ninisteri	al posit	ion?			Ye		No
If yes, please specify:									1.0		110
TRUSTEE THREE – Individual Detail					N						
Legal FIRST Names(s)	Legal FAMILY Name			IRD	Num	ber				_	
D.((D)))			(D: ()				7 1		0.11		
Date of Birth	Place of Birth (Town/City):	Country o	of Birth:		-		/ Zeala	nd ('es	Citize	1	
				Cir	rcle or			No			
Email *Required			-								
Address: Flat/Apartment No:			Street:								
RD/PO Box No./Suburb:			Town/City:								
Postcode:			Country (If	not NZ	Z):						
Phone (mobile) * Required :			Phone (hor	ne/woi	rk):						
	specify which Countries you hold C	Citizenship for:									
Politically Exposed Person (PEP	,								Circle		
· · · ·	er, held a public office position e.g. diploma	at, high level judicia	al or military or n	ninisteri	al posit	ion?			Ye	S	No
If yes, please specify:											

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

Corporate Trustee/Trus	tee Compa	any Name						ipany	Num	ber						
											Τ					
Country of incorporation: (Circle if applicable)		New	Zealand		Australia		Corr	npany	IRD	No:				<u> </u>	<u> </u>	
Other (please specify cou incorporation)	intry of															
Address: Flat/Apartment	No:				Street:			I	1							
RD/PO Box No./Suburb:					Town/City:											
Postcode:					Country (if not NZ)											
List the Directors of the	Corporate	Trustee w	ho are to	be recor	ded as the primary "A	Authori	ised F	Perso	ns" f	or thi	<mark>s Trı</mark>	<mark>ıst</mark>				
Legal FIRST Names(s)			Legal F.	AMILY N	lame	Ema	il Adc	lress								
Please have ALL Director	rs and Shar	reholders v	vho own >	<mark>>25% co</mark>	mplete a Director/Sha	arehold	holder Box (print extra pages as required)									
DIRECTOR – Individual	Details:		Land F/													
Legal FIRST Names(s)			Legal F/	amilt n	ame		IRL) Num	iber			1				
Date of Birth	Diago of P	irth (Town	10:4 A	Cour	tray of Dirthi		Are			v 7aa	Zealand Citizen					
Date of birth	Place of D	Birth (Town	/City):	Cour	try of Birth:		-	-		v Zea			zen?		_	
								ircle c	one		Ye	S		N	0	
Email *Required Address: Flat/Apartment	No						<u> </u>									
· · ·	INU.				Street:		-									
RD/PO Box No./Suburb:					Town/City:											
Postcode:					Country: (if not NZ)		_									
Phone (mobile) *Required	_				Phone (home/work)		-									
If you hold dual Citizensh	• • •	•		•	d Citizenship for:							_	0.			
Politically Exposed Personal Have you, or an immediate far					mat high lovel judicial or m	nilitan (or	miniet	orial no	sition)			Yes	cle o	ne No	
If yes, please specify:	mily member, i			in e.g. uipid			11111150	enai pu	JSILIOIT				163		INU	
DIRECTOR / >25% SHA Legal FIRST Names(s)	REHOLDE	<u> </u>	Legal F		ame		IRD) Num	ber							
Date of Birth	Place of B	Birth (Town	/City):	Cour	try of Birth:		Are	you	a Nev	v Zea	land	Citi	izen?			
					-		C	ircle o	ne		Ye	s		N	0	
Email *Required																
Address: Flat/Apartment	No:				Street:											
RD/PO Box No./Suburb:			Town/City:													
Postcode:			Country (if not NZ):	:												
Phone (mobile) *Required		Phone: (home/work):														
	If you hold dual Citizenship, please specify which Countries you hold Citizensh															
Politically Exposed Pers													Cir	cle o	ne	
			office positio	امتله م م			miniat	erial po	osition)			Yes		No	
Have you, or an immediate far	mily member, l	neid a public o	eld a public office position e.g. diplomat, high level judicial or military or ministerial position?							163		110				

13. COMPANY

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

i. For documentary verification MyFarm has adopted the Syndex Bio-verification process as our primary identification tool.

This verification process is only available to NZ Passport or NZ Driver's Licence holders who reside in New Zealand. The Bio-verification process is immediate removing the need for certified documents.

If you are eligible for the Bio-verification process as per the requirements above, please provide your mobile phone number and email address so we can forward the Syndex link.

Alternatively, if you do not have a NZ Driver's Licence and hold a foreign passport OR if you are resident outside of New Zealand, the following process will apply:

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

	Passport		OR	NZ Firearms License		OR	NZ Driver's License	
ii.	Address Verific	ation_–an ■	•	certified copy (dated wit ectricity, water, telephone			ns) is required of one of t	he following:
		•	IRD tax r	notice or statement				
		•	Insuranc	e policy document				
		•	Bank sta	tement from a registered	bank			
		•	A docum	ent issued by a NZ Gove	ernment ag	ency		
The	supplied documen	t must stat	e the Appli	cant's name, current add	ress and b	e certified	within 3 months of receip	ot of application.

Please provide the following documents for the Company:

- Original or Certified Copy of <u>Company Address</u> i.e. a utility (electricity, rates) statement showing the Company Name and address, dated within the last 12 months and certified within 3 months of receipt of application
- Copy of a <u>Company IRD statement</u> confirming the Companies IRD number
- Copy of a <u>Company Bank statement</u> from a registered bank confirming the Company bank account number
- Copy of a <u>Company Certificate of Incorporation</u>

If Requested

- Copy of Company Constitution and/or Incorporation documents
- Letter (on letterhead) from the Company Accountant or Lawyer confirming the Company's "source of wealth or funds"

Complete BOTH sections – "Company Details" and a "Company Director or Shareholder Details" section for ALL Directors and Shareholders owning 25% or more of the Company (Beneficial Owners). Please fill out all areas and answer all questions.

.

Company Details:	· · ·						Company Number								
Company Name:				Con	pany	Numbe	ər								
Country of incorporation: (please circle if applicable)	New Zealand		Australia	Con	ipany	IRD No	o. <mark>*Re</mark> l	quired	l						
Other (please specify country of incorporation)	incorporation)														
Address: Flat/Apartment No:	Street														
RD/PO Box No./Suburb:	Town/	City:													
Postcode:		Count	ry (if not NZ):												
Company Accountant: (Name and E	Email address)														
Company Lawyer: (Name and Email	address)														
List ALL Company Directors plus ALL	Shareholders who own	n 25% or more	e of the Company.												
If any >25% Shareholder is a Trust	or Company, please c	complete thei	r details in the requi	ired se	ction										
Full Name - Use another page if required	1		Relationship to the (nip to the Company						tage H	eld				
								1							

DIRECTOR ONE – Individual	Details:				ì							
Legal FIRST Names(s)			Legal FAI	VILY Name	IR	D Num	ber				1	-
Date of Birth	Place of B	irth (Town/	City):	Country of Birth:	Ar	e you a	a New	Zealan	d Cit	tizen?		
					Ci	ircle on	e	Yes	5		No	
Email *Required:												
Address: Flat/Apartment No:				Street:								
RD/PO Box No./Suburb:				Town/City:								
Postcode:				Country (if not NZ):								
Phone (mobile) * Required :				Phone (home/work):								
If you hold dual Citizenship, ple	ease specify	which Count	ries you hol	d Citizenship for:								
Politically Exposed Person (PEP) – PLE	ASE COMPI	LETE							Cire	cle o	ne
Have you, or an immediate family me	ember, held a p	public office po	sition e.g. diplo	omat, high level judicial or military	or minis	sterial pos	sition?			Yes		No
If yes, please specify:												
DIRECTOR TWO – Individua	Details:					D No.						
Legal FIRST Names(s)			Legal FAI	MILY Name	IR	D Num	ber					
		· (). (T //		0 (()) (7 1				
Date of Birth	Place of B	irth (Town/	Sity):	Country of Birth:		e you a				izen?	NI-	
						ircle on	e	Yes	;		No	
Email *Required:												
Address: Flat/Apartment No:				Street:								
RD/PO Box No./Suburb:				Town/City:								
Postcode:				Country (if not NZ):								
Phone (mobile) * Required :				Phone (home/work):								
If you hold dual Citizenship, ple				d Citizenship for:								
Politically Exposed Person (cle o	
Have you, or an immediate family me	ember, held a p	public office po	sition e.g. diplo	omat, high level judicial or military	or minis	sterial pos	sition?			Yes		No
If yes, please specify:												
>25% SHAREHILDER – Indiv Legal FIRST Names(s)	idual Detail	<mark>S:</mark>		MILY Name	ID	D Num	hor					
Legal I INOT Malles(5)			Legal I Al									1
Date of Birth	Place of B	irth (Town/	∿itv)∙	Country of Birth:	۸r	e you a	Now	7oalan	4 Cit	lizon?		
			51 (y).	Country of Dirut.		ircle on		Yes			No	
Email *Required:							•	100	•		110	
Address: Flat/Apartment No:				Street:								
RD/PO Box No./Suburb:				Town/City:								
Postcode:				Country (if not NZ):								
Phone (mobile) * Required:				Phone (home/work):								
If you hold dual Citizenship, ple Politically Exposed Person (a Citizensnip for:						Circ	cle o	no
Have you, or an immediate family me				mat high level judicial or military	or minis	terial nos	sition?			Yes		No
			enter elgi alpic	sines, high lover judicial of military	51 111110					100		
If yes, please specify:											1	

14. PARTNERSHIP

EACH **Partner** will need to provide: i. For documentary verification

For documentary verification MyFarm has adopted the Syndex Bio-verification process as our primary identification tool. This verification process is only available to NZ Passport or NZ Driver's Licence holders who reside in New Zealand. The Bio-verification process is immediate removing the need for certified documents.

If you are eligible for the Bio-verification process as per the requirements above, please provide your mobile phone number and email address so we can forward the Syndex link.

Alternatively, if you do not have a NZ Driver's Licence and hold a foreign passport OR if you are resident outside of New Zealand, the following process will apply:

Pers	onal Identification – a cer	r tified copy is required of	one of the following	g:						
	Passport	OR NZ Firearm	s License	OR	NZ Driver's License	e				
ii.	Address Verification – an	n original or certified cop Utility (electricity, water IRD tax notice or stater Insurance policy docur Bank statement from a A document issued by nent must state the Applica	, telephone, gas) s ment nent registered bank a NZ Government	tatement agency			-			
Plea	Please provide the following documents for the Partnership:									
•	Certified Copy of Partners	<u>ship Agreement</u>	•		a <u>Partnership Bank</u> g the Partnership ba					
•	Certified Copy of any othe that gives authority for othe behalf of the Partnership			utility (tel Partner (ephone, electricity, ra	ites) statement ress and be da	artnership Address – i.e. a showing the Partnership or ted within the last 12 ipt of application			
lf re ■	 If requested: Letter (on letterhead) from the Partnership Accountant or Lawyer confirming the Partnership's "source of wealth or funds" 									
Con	Complete BOTH sections – "Partnership Details" and a "Partner Details" section for ALL Partners. If the Partners are one or more Trust (s) or Company (ies) please use the relevant sections of the application form, i.e. Trust (s) (pages $6 - 8$) or Company (ies) or (pages $9 - 10$). Please fill out ALL areas and answer ALL questions									
_	nership Details									

Partnersnip Details													
Partnership Name						Registration Number							
Partnership Trading Name	e (if different	t)				IRD Number *Required							
Place of Registration		e ONE (if a			er (please specify								
	New Zea	aland	Australia	country of registration)									
Address: Flat/Apartment N	No:			Stre	eet:								
RD/PO Box No./Suburb:	RD/PO Box No./Suburb: Tov		Tow	/n/City:									
Postcode:				Cou	intry (if not NZ):								
Partnership Accountant:	(Name and	l Email add	ress)										
Partnership Lawyer: (Nar	me and Em	ail address)											
List ALL Partners and the	eir percenta	ge % owne	ership of the Partne	rship									
If any >25% Partner is a	a Trust or (Company, j	please complete t	their a	letails in the relevant s	sectio	on of t	this A _l	oplicat	tion Fo	orm		
Full Name - Use another page if required						Pe	rcenta	age He	ld				

PARTNER ONE – Individual Deta	<mark>ils:</mark>											
Legal FIRST Names(s)	Legal FAMILY Name					IRD N	Number					
Date of Birth	Place of Birth (Town/City):	Cou	intry of	f Birth:		Are y	ou a Nev	v Zeala	nd Citiz	zen?		
						Circ	le one	Y	'es		No	
Email * Required:												
Address: Flat/Apartment No:				Street:								
RD/PO Box No./Suburb:				Town/Cit	ty:							
Postcode:				Country	(if not NZ)	:						
Phone (mobile) * Required				Phone (h	nome/worl	<):						
If you hold dual Citizenship, plea	ase specify which Countries you hol	d Citize	nship f	or:								
Politically Exposed Person (P										Circle	one	
Have you, or an immediate family me	mber, held a public office position e.g. diplo	omat, higl	h level ju	udicial or mil	itary or mini	sterial p	osition?		Y	'es	No	
If yes, please specify:												
PARTNER TWO – Individual Deta						ו חמו	lumber					
Legal FIRST Names(s)	Legal FAMILY Name						Number				- 1	
Data of Disth	Diago of Disth (Tours/City)	Course	4m - af 1	D:		A				2		
Date of Birth	Place of Birth (Town/City):	Coun	try of I	Birth:			vou a Ne					
						Circl	e one	Ye	S	N	0	
Email *Required:												
Address: Flat/Apartment No:				Street:								
RD/PO Box No./Suburb:				Town/C	ity:							
Postcode:					(if not NZ):						
Phone (mobile) * Required				Phone (home/w	vork):							
	ase specify which Countries you hol	d Citize	nship f	or:								
Politically Exposed Person (P									1	ircle o		
	mber, held a public office position e.g. diplo	omat, higl	h level ju	udicial or mil	itary or mini	sterial p	osition?		Yes	6	No	
If yes, please specify:												
PARTNER THREE – Individual De												
Legal FIRST Names(s)	Legal FAMILY Name				IRD Nur	nber						
Date of Birth	Place of Birth (Town/City):	Coun	try of I	Birth:	Are you					1.		
					Cir	cle one	9	Ye	es		No	
Email *Required:												
Address: Flat/Apartment No:			Stree	t:								
RD/PO Box No./Suburb:			Town	/City:								
Postcode:			Coun	try (if not l	NZ):							
Phone (mobile) * Required			Phon	e (home/v	vork):							
· · · ·	ase specify which Countries you hol	d Citize	nship f	or:								
Politically Exposed Person (P										Circle	1	
	mber, held a public office position e.g. diplo	omat, higl	h level ju	udicial or mil	itary or mini	sterial p	osition?		Y	es	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 Secondary Market Offer of Units in Gold Income Limited Partnership, the investing party (and potentially their financial or legal adviser) will be required to complete one of the following Certificates:

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

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



CERTIFICATE B

"Eligible Investor"

Schedule 1, Clause 3(3)(a)

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

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

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 Brett Delport (<u>investments@myfarm.co.nz</u>).

• 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 Gold Income Limited Partnership.

AND

• For all **new applicants** MyFarm will require a valid Wholesale Investor certificate to be completed and approved.

14. CERTIFICATE A (1. i – iii inclusive) – <u>WHOLESALE INVESTOR CERTIFICATE</u>

This certificate is required to verify that the investor meets the respective eligibility requirements as a "Wholesale Investor" under Schedule 1, clause 3(2)(a) - (c) of the FMCA and accordingly confirm that neither MyFarm nor Gold Income Limited Partnership are required to make disclosures in respect of this offer under Part 3 of the FMCA.

In relation to the offer by MyFarm of Secondary Market Units in Gold Income Limited Partnersh	ip ("the financial product"
on offer and "the transaction"), that:	

1) I/VVE	_,("the Investor")
	REBY CERTIFY THAT I am/we are a Wholesale Investor under Schedule 1, clause 3(2) of the FMCA of the following I (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.
	initions of each of the exclusions above can be found in the Gold Income LP Secondary Market Information Memorandum dated ember 2021.

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	_2021.

WARNING:

Signature:

4) I A A /----

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

(the Investor)

15. CERTIFICATE B – ELIGIBLE INVESTOR CERTIFICATE

This certificate requires the completion of Certificate C – Confirmation of Certification on the following page.

This Certificate and Confirmation (in the form of Certificate C on the following page) is required to verify that the investor meets the eligibility requirements as an "Eligible Investor" under Schedule 1, clause 3(3)(a) of the FMCA and accordingly confirm that neither MyFarm nor Gold Income Limited Partnership 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 Gold Income LP Secondary Market Offer Information Memorandum dated 16 November 2021, including the financial products which qualify.

In relation to the offer by MyFarm of Secondary Market Units in **Gold Income Limited Partnership** ("the Financial Product" on offer and "the transaction")

I/We,

CERTIFY THAT:

("the Investor")

- 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	_2021.
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 is required to verify that the investor meets the eligibility requirements as an "Eligible Investor" under Schedule 1, clause 3(3)(a) of the FMCA and accordingly confirm that neither MyFarm Limited (as Offeror), nor GOLD INCOME LIMITED PARTNERSHIP (as Issuer) 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.

as a financial advisor/ chartered accountant/ lawyer

("the Investor")

Certify that I have considered ______ 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	_2021.
Signature:				
(Confirming Certifier: finance	ial adviser/ chartered accountant/ lawy	er) (please circle)		

WARNING:

Ι,

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