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

- Please complete each section 1.
- 2. Have all persons associated with the investment entity sign at the bottom of page 4:

PART TWO

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

Individual

- Joint Individual
- Trust
- Partnership •

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

PART THREE

- Refer to 'Are you a Wholesale Investor' diagram found at the rear of the Information Memorandum, to see which Investor Certificate you need to complete as part of your application to Invest.
- 2. If you are investing more than \$750,000 upon acceptance of your application, you do not need an Investor Certificate for this investment:
 - Otherwise, you need to complete:
 - Certificate A or
 - Certificate B and Certificate C (confirming the contents of Certificate B)

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

To help the New Zealand government fight the funding of terrorism and money laundering activities, the law requires all financial institutions to obtain, verify and record information that identifies each person who completes an application to Invest. MyFarm is required to comply with these regulations. What does this mean for you? We may ask for a range of identity or address verification documents as well as written evidence of the individuals who have effective control or who benefit from the investment entity, including in some cases, evidence of the initial and subsequent funding of the entity. We may ask to see the originals of some of this documentation or require you to obtain copies "certified" by a professional we trust. Please contact our team: (investments@myfarm.co.nz) or free phone 0800 693 276 to discuss any of these requirements.

Bio-Verification of identity information

Syndex Biometric Verification is MyFarm's primary tool to verify your identity This verification process is only available to NZ Passport or NZ Driver's Licence holders who reside in New Zealand. The Bio-verification process is done through an online link and is immediate, removing the need for certified documents.

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

Identification and Address Verification Requirements

OPTION TWO

Provide one of the following:

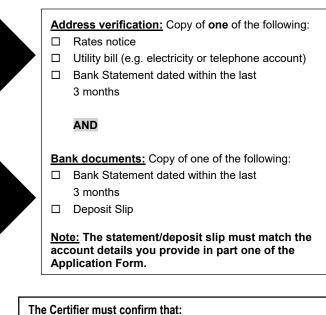
- Current New Zealand Passport
- П Current international passport
- New Zealand firearms license

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



- 1. The document is a true copy of the original, and
- 2. The person presenting the document is the same person reflected in the document.

APPLICATION FORM: Applicant Information & Signatures

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

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

Re: TERRA VERDE INVESTMENTS LIMITED PARTNERSHIP:

PART ONE

This is a Secondary Market Offer to wholesale investors of Units representing partnership capital in Terra Verde Investments Limited Partnership ("The Partnership", or "Terra Verde Investments LP", or "Terra Verde"), a Limited Partnership formed to initially purchase a property at Puketai South with the intention of developing a permanent forest, and with the potential to purchase additional properties in future. Please complete the form using block capital letters.

IMPORTANT: Please email completed form (Parts One, Two and Three) and supporting documentation to: investments@myfarm.co.nz.

1. CONTACT DETAILS

For all the correspondence regarding Terra Verde Investments Limited Partnership:

Applicant Name (Inve	estment Owner/Entity):			
Primary Contact (One	e Individual):			
Investment Owner/Er	ntity 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

Ē

The Unit price is \$1.00 per Unit. Applications must be for a minimum of 50,000 Units and the size of an investment can be increased in multiples of 1,000 (\$1,000) thereafter.

Of the amount applied for, a deposit payment of 100% (\$1.00 per Unit) is payable on application.

	Number of Units applied for	or:	Total Investme						\$									
			Deposit	payment due:	(100% of	Tota	Investm	ent)	\$									
3.	PAYMENT DETAILS																	
	Full payment is required of	on application	on to the M	MyFarm Unde	erwrite Fu	nd LF	P as this t	ransa	actio	n is a	second	ary r	nark	et uni	t trai	nsfei		
	Direct credits to: MyFarm	UF1 LP	_	Ba	nk/Branch	n: ANZ	Z, Cnr Th	e Squ	lare	& Bro	adway A	ven	Je, P	almer	ston	Nor	th 13	93
	Bank Account: 06-0746-	0730712-00)	Sw	ift Code:		ANZBN	Z22										
	Reference: TVILP + [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.																	
•••	DEDUCTION OF WITHHO Please circle one. If exempt fr Exempt 10.5%						Certificate	Nor			Non notifi Resident (NRWT Ra	Count		be take	n as	45%.]
	BANK ACCOUNT DETAIL Bank account details MUST be		ad must ma	atch Investme	nt Owner/F	ntity	(loint Indi	viduale	e nrov	vidina	wo bank		inte a	o to Pa	art Tu	<i>(</i> 0)		-
	Account Name(s):	completed al	iu must ma			_muty.		viduaia	5 0101	luing	WO Darik		nio, y		מונוע	10)		1
								1		<u> </u>				<u> </u>				-
	Account Number:																	-
		bank	branch		accoun	t numi	oer				suffix							-
	Compulsory	Bank Swift	Code:															
	Information for	Account/IB/	AN Number	r:														
	Overseas Bank Accounts	Bank Accou	unt Name:															

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

6. ANTI MONEY LAUNDERING (AML) AUTHORITY

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

7. FINANCIAL MARKETS CONDUCT ACT 2013

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

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

OR The investing entity is:

С

d

e is

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 Terra Verde Investments LP in respect of this Offer, Terra Verde Investments LP and MyFarm must be satisfied that the correct certificates forming part of the application have been completed.

8. PLEASE READ THIS BEFORE SIGNING

I/We confirm that:

- a) I/We have received a copy of the Terra Verde Investments LP Information Memorandum dated 7th September 2023.
- b) Investment decisions are very important, and it has been made clear to me/us that I/we am/are free to take such other professional advice as is necessary. I/We have been provided with all the relevant information required to make the investment decision and have taken any advice that is appropriate.
- c) I/We acknowledge and accept the Disclaimers and Declarations of Interest as set out in the Terra Verde Investments LP Information Memorandum dated 7th September 2023.

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

- 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) IWe acknowledge that the completed application once submitted to MyFarm, cannot be withdrawn without authorisation by MyFarm.
- i) I/We acknowledge that MyFarm reserves the right to accept any application and reject any application subject to its discretion.
- j) I/We accept that if the owner/entity does not make full payment by the due date advised they will be charged, and interest will accrue at 13% (or such greater rate as specified in any relevant contract for which the funds are required) on all outstanding funds from the due date until payment or otherwise.
- k) Under the terms of the Unsolicited Electronic Messages Act 2007, I/we provide my/our consent to receiving commercial electronic messages for the purpose of that Act.
- I) I/We agree that the terms of the Limited Partnership Agreement as disclosed to us will take effect from the date on which the Transaction becomes unconditional and from that date I/We, together with all other applicants, will be bound by the Limited Partnership Agreement as if I/We had signed it. I/We agree to sign the Limited Partnership Agreement without amendment when requested to do so.
- m) I/We acknowledge that Sharp Tudhope does not act for me/us in connection with this investment.
- n) I/We agree that funds paid by me/us to MyFarm UF1 LP for the purposes of this Application will be held in the MyFarm UF1 LP account and I/we irrevocably authorize MyFarm UF1 LP to disperse of these funds as follows:
 - to or for the benefit of the party nominated to complete settlement of the Limited Partner Transaction in accordance with the instructions of MyFarm if the Limited Partner Transaction becomes unconditional. The amount of any overpayment not exceeding \$25.00 may be paid as miscellaneous revenue; or

- (ii) in accordance with joint written instructions from me/us and MyFarm
- o) I/We hereby apply for the number of Units shown above and agree to accept such Units on and subject to the terms and conditions set out in the (Terra Verde Investments LP) Information Memorandum dated (7 September 2023), and on the terms set out in the application instructions.
- p) I/We understand that (Terra Verde Investments LP) and MyFarm will hold personal information in respect of me/us in relation to my/our investment Terra Verde Investments LP. I/We understand that I/we may request to see and, if necessary, request the correction of the personal information.
- q) I/We declare that all the details and statements made by me/us in this application form are complete and accurate.
- r) I/We agree to co-operate with MyFarm and the Partnership in complying with any and all of their obligations relating to Anti Money Laundering (AML) and any corresponding regulations including but not limited to providing them with such further information that they may require in order to discharge their obligations under the AML. I/We consent to the disclosure of the information contained in this Application (and of any further information that may be required by MyFarm and/or the Partnership) to third parties for that purpose. MyFarm reserves the right to reject any Application without completed AML requirement.

9. DECLARATION AND SIGNATURE - ALL APPLICANTS TO COMPLETE

- a) I/We hereby apply for the number of Units shown above and agree to accept such Units on and subject to the terms and conditions set out in the Terra Verde Investments LP Information Memorandum dated 7th September 2023, and on the terms set out in the Application instructions.
- b) I/We understand that Terra Verde Investments LP and MyFarm will hold personal information in respect of me/us in relation to my/our investment Terra Verde Investments LP. I/We understand that I/We may request to see and, if necessary, request the correction of the personal information.
- c) I/We declare that all the details and statements made by me/us in this Application Form are complete and accurate.

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

PLEASE HAVE ALL APPLICANTS SIGN ABOVE

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

APPLICATION FORM: Entity/Applicant Details

			<i>,</i>	•							
Individual Joint Individuals			Trust Compar	ıy		Partnershi	p		Р	ART	TWO
10. INDIVIDUAL EACH Applicant will need to i. For documentary verifica NZ Passport or NZ Drive	ation MyFarm										
If you are eligible for th address so we can for					s above, p	lease ensure you	ı include y	your m	obile phone	number a	nd email
Alternatively, if you do will apply:	not have a N	IZ Driver's L	icence and ho	ld a foreign	passport	OR if you are res	ident out	side of	f New Zealan	d, the foll	owing process
Personal Identification – a c	ertified copy	is required of	f one of the follo	owing:							
Passport	OR	NZ Fire	arms License		OR	NZ Driver's Lice	ense				
The Certifier must con1.The document is2.The person preseinformation.	a true copy of			n reflected	in the doc	ument. Please re	efer to the	'How	to Apply' sec	tion for m	nore
ii. Address Verification –			by (dated within er, telephone, ga			required of one of	f the follow	ing:			
•		notice or state		,		-					
•	Insuranc	e policy docu	iment								
•	 Bank sta 	tement from	a registered ba	nk							
•		-	y a NZ Governn								
The supplied document	must state the	e Applicant's i	name, current a	iddress and	be certified	l within 3 months o	of receipt c	of applie	cation.		
iii. IRD Details – a copy of automates the linking											ie Departmen
iv. <u>Bank Account Details</u> ■ Ba	– a copy of or ank pre-printe			to confirm	the name a				vestment Own stered bank	er / Entity:	
 O 	nline or bank p	printed staten	nent, stamped a	and		 IRD paym 	ent statem	ient			
si	gned by an au	ithorised ban	k officer.								
Please fill out ALL areas and	d answer ALI	questions.									
APPLICANT – Individua	l Details										
Legal FIRST Names(s)			Legal FAMIL	Y Name			IRD N	lumbe	r *Required		1
Date of Birth	Place of E	Birth (Town	/City):	Country	of Birth:		-		lew Zealand	d Citizen	?
							Circle one		Yes		No
Email *Required											
Address: Flat/Apartment	No:		:	Street:							
RD/PO Box No./Suburb:				Town/City:							
Postcode:				Country: (if not New	Zealand)						
Phone (mobile) *Require		1	Phone (hoi	me/work):							

11. JOINT INDIVIDUAL

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

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

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

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

	Pas	ssport		OR	NZ Firearms License		OR	NZ Driver's License	
	The 1. 2.	Certifier must of The documen The person pr information.	t is a true of	copy of the o	U /	d in the d	document	. Please refer to the 'How to Ap	ply' section for more
ii.	<u>Add</u>	ress Verificatio	<u>n</u> – an origi ∎		ed copy (dated within the last 1 ectricity, water, telephone, gas) s		· ·	ed of one of the following:	

- IRD tax notice or statement
- Insurance policy document

Bank statement from a registered bank

A document issued by a NZ Government agency

The supplied document must state the Applicant's name, current address and be certified within 3 months of receipt of application.

IRD Details - a copy of an IRD tax notice or statement confirming the name and IRD number of the Investment Owner / Entity. The Inland Revenue Department iii. automates the linking of IRD numbers between Limited Partnership entities and the unitholders invested in those Limited Partnerships.

% Share Income to be Attributed to EACH Applicant V.

We have been advised that each party in a "Joint Individual" ownership is required to provide their individual IRD numbers, along with the % of the investment returns that is to be attributed to them.

This % and the IRD number of EACH Applicant will be provided to the syndicate accountant in order to complete the annual filing of the syndicate's tax return. It is our recommendation you contact your own Accountant or Tax Adviser to confirm how your investment returns are to be taxed and what information should be provided to the syndicate accountant on your behalf, in order to file the syndicate's annual tax return.

APPLICANT 1 Individual Details:													
Legal FIRST Names(s)	Legal F/	AMILY Name	IRD Number *Required										
Share of Income (%):		IRD document confirming na	IRD document confirming name and number:										
APPLICANT 2 Individual Detail	S:												
Legal FIRST Names(s)	Legal F/	AMILY Name	MILY Name IRD Number *Requ										
Share of Income (%):		IRD document confirming name and number:					Yes						

Bank Account Details - a copy of the one of the following is required to confirm the name and bank account number of EACH account that investment iv. returns are to be paid to:

- Bank pre-printed deposit slip
 - Online or bank printed statement, stamped and
- Bank statement from a registered bank
 - IRD payment statement

- signed by an authorised bank officer.

If investment returns are being paid to one JOINT bank account, please ensure this information is provided in Part One. If Investment Returns are to be paid to EACH Joint Individual separately, please complete BOTH boxes below:

APPLICANT 1 Bank Account Details: *Required														
Account Name(s):				% Return:										
Account Number:														
	bank	branch	account number		Suffix									

APPLICANT 2 Bank Account Details: *Required																		
Account Name(s):														% R	eturn:			
Account Number:																		
		bank	(bran	ch				acco	unt nu	mber					suffix	(

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

APPLICANT 1 Individual Details:												
Legal FIRST Names(s)			Legal FAM	ILY Na	ime							
Date of Birth	Place of B	irth (Towr	n/City):	Cou	ntry of Birth:	New Zealand Citizen? (Circle one)						
						Yes No						
Email *Required	Email *Required											
Address: Flat/Apartmer	nt No:				Street:							
RD/PO Box No./Suburb	:				Town/City:							
Postcode:					Country: (If not New Zealand)							
Phone (mobile) *Requir	ed:				Phone (home/work):							
If you hold dual Citizens	If you hold dual Citizenship, please specify which Countries you hold Citizenship for:											
Politically Exposed Pe	Politically Exposed Person (PEP) – PLEASE COMPLETE Circle one											
Have you, or an immediate fa	amily member, I	held a public	office position e	e.g. diplo	omat, high level judicial or military or minis	terial position?	Yes	No				
If yes, please specify:	yes, please specify:											

APPLICANT 2 Individu	al Details:							
Legal FIRST Names(s)			Legal FAM	ILY Na	ime			
Date of Birth	Place of Bi	irth (Town	/City):	Cou	ntry of Birth:	New Zealand Citiz	en? (Circle	one)
						Yes	N	D
Email *Required								
Address: Flat/Apartmer				Street:				
RD/PO Box No./Suburb	:				Town/City:			
Postcode:					Country: (If not New Zealand)			
Phone (mobile) * Requir	ed:				Phone (home/work):			
If you hold dual Citizens	hip, please sp	becify which	n Countries y	ou hol	d Citizenship for:			
Politically Exposed Person (PEP) – PLEASE COMPLETE Circ								
Have you, or an immediate fa	lave you, or an immediate family member, held a pub			e.g. diplo	omat, high level judicial or military or minis	sterial position?	Yes	No
If yes, please specify:								

12. TRUST

ii.

de:

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

If you are eligible for the Bio-verification process as per the requirements above, please provide your mobile phone number and email address so we can forward the Syndex link. Alternatively, if you do not have a NZ Driver's Licence and hold a foreign passport OR if you are resident outside of New Zealand, the following process will apply:

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

Passport		OR	NZ Firearms License	OR	NZ Driver's License		
The Certifier n 1. The docum 2. The person	ent is a true o	opy of the	0	cted in the docume	ent. Please refer to the 'Ho	w to Apply' section for more in	formation.
Address Verif	ication – an o	riginal or c	ertified copy (dated within th	ne last 12 months) is	required of one of the follow	ing:	

- - Utility (electricity, water, telephone, gas) statement
 - IRD tax notice or statement
 - Insurance policy document
 - Bank statement from a registered bank
 - A document issued by a NZ Government agency

The supplied document must state the Applicant's name, current address and be certified within 3 months of receipt of application.

Please provide the following documents for the Trust:

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

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

Trust Details:															
Trust Name				Trust IRD Number: *Required											
Address: Flat/Apartment No:			Street:						1						
RD/PO Box No./Suburb:															
Postcode:)														
Trust Accountant: (Name and Em	nail address)														
Trust Lawyer: (Name and Email ad	ddress)														
Trust Beneficiaries (Including all Please state the Full Name and Date of															
Full Name – Use additional page if r	required					D	ate of	f Birth	1						

TRUSTEE ONE – Individual Details							
Legal FIRST Names(s)	Legal FAMILY Name			IRD Number			
Date of Birth	Place of Birth (Town/City):	Country o	f Birth:	Are you a Ne	w Zealand	Citizen?	
				Circle one	Yes	;	No
Email *Required		·				·	
Address: Flat/Apartment No:			Street:				
RD/PO Box No./Suburb:			Town/City:				
Postcode:			Country (If	not NZ):			
Phone (mobile) *Required:			Phone (hor	ne/work):			
If you hold dual Citizenship, please	specify which Countries you hold C	Citizenship for:					
Politically Exposed Person (PEP) – PLEASE COMPLETE					Circl	e one
Have you, or an immediate family member	r, held a public office position e.g. diploma	at, high level judicia	al or military or m	ninisterial position?		Yes	No
If yes, please specify:							

TRUSTEE TWO – Individual Details	_			-			
Legal FIRST Names(s)	Legal FAMILY Name			IRD Number			
Date of Birth	Place of Birth (Town/City):	Country of	f Birth:	Are you a New	w Zealand C	itizen?	
				Circle one	Yes		No
Email *Required			_				
Address: Flat/Apartment No:			Street:				
RD/PO Box No./Suburb:			Town/City:				
Postcode:			Country (If	not NZ):			
Phone (mobile) *Required:			Phone (hon	ne/work):			
If you hold dual Citizenship, please	specify which Countries you hold C	itizenship for:					
Politically Exposed Person (PEP)	- PLEASE COMPLETE					Circle	one
Have you, or an immediate family member	r, held a public office position e.g. diplomat	t, high level judicia	al or military or m	ninisterial position?		Yes	No
If yes, please specify:							

TRUSTEE THREE – Individual Details	5									
Legal FIRST Names(s)	Legal FAMILY Name			IRD Number						
Date of Birth	Place of Birth (Town/City):	Country of	f Birth:	Are you a Ne	w Zealand C	itizen?				
				Circle one	Yes		No			
Email *Required										
Address: Flat/Apartment No:		Street:								
RD/PO Box No./Suburb:			Town/City:							
Postcode:			Country (If r	not NZ):						
Phone (mobile) * Required :			Phone (hon	ne/work):						
If you hold dual Citizenship, please	specify which Countries you hold C	itizenship for:								
Politically Exposed Person (PEP)	– PLEASE COMPLETE					Circle	one			
Have you, or an immediate family member	r, held a public office position e.g. diploma	it, high level judicia	al or military or m	inisterial position?		Yes	No			
If yes, please specify:										

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

Corporate Trustee/Trustee Compar	orporate Trustee/Trustee Company Name						Company Number					
Country of incorporation: (Circle if applicable)	New	Zealand	Australia		Cor	npany	IRD	lo:				
Other (please specify country of incorporation)												
Address: Flat/Apartment No:	Street:											
RD/PO Box No./Suburb:			Town/City:									
Postcode:			Country (if not NZ)									
List the Directors of the Corporate	Trustee w	ho are to be reco	orded as the primary "A	Author	ised	Perso	ns" fo	r this	Trust			
Legal FIRST Names(s)		Legal FAMILY	Name	Ema	ail Ad	dress						

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

DIRECTOR – Individua	I Details:												
Legal FIRST Names(s)			Legal FA	AMILY Na	ime		RD Ni	umber					
Date of Birth	Place of I	Birth (Town	/City):	Coun	try of Birth:	A	Are yo	ou a Ne	w Ze	aland	Citize	n?	
							Circle	e one		Ye	S		No
Email *Required													
Address: Flat/Apartmen	t No:				Street:								
RD/PO Box No./Suburb:					Town/City:								
Postcode:					Country: (if not NZ)								
Phone (mobile) *Require	d				Phone (home/work)								
If you hold dual Citizensh	nip, please s	pecify which	y which Countries you hold Citizenship for:										
Politically Exposed Per	rson (PEP)	- PLEASE	COMPLET	ΓE						(Circle	one
Have you, or an immediate fa	mily member,	held a public	office positio	n e.g. diplo	mat, high level judicial or military	or mir	nisterial	l positior	1?		Y	es	No
If yes, please specify:													
DIRECTOR / >25% SHA	REHOLDE	R – Individ											
Legal FIRST Names(s)			Legal FA	AMILY Na	ime		RD Ni	umber	,	· · · · ·	·		
Date of Birth	Place of I	Birth (Town	/City):	Coun	try of Birth:	A	Are yo	ou a Ne	w Ze	aland	Citize	n?	
							Circle	e one		Yes	S		No
Email *Required													
Address: Flat/Apartmen	t No:				Street:								
RD/PO Box No./Suburb:					Town/City:								
Postcode:					Country (if not NZ):								
Phone (mobile) *Require	ed:				Phone: (home/work):								
If you hold dual Citizensh	nip, please s	specify which	n Countries	s you hold	l Citizenship for:								
Politically Exposed Per	rson (PEP)	- PLEASE	COMPLET	ΓE						Circle one			
Have you, or an immediate family member, held a public			office positio	n e.g. diplo	mat, high level judicial or military	or mir	nisterial	l positior	1?		Y	es	No
If yes, please specify:													

13. COMPANY

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

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

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

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

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

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

	Passport		OR	NZ Firearms License		OR	NZ Driver's License	
ii. <u>.</u>	Address Verific	<u>ation</u> – an		r certified copy (dated with electricity, water, telephone,			ns) is required of one of the	following:
		•	, ,	notice or statement	903/310	ement		
		•	Insuran	ce policy document				
		•	Bank st	atement from a registered l	bank			
		•	A docu	ment issued by a NZ Gover	mment ag	ency		
The s	upplied documen	nt must sta	te the App	licant's name, current addr	ess and b	e certified	within 3 months of receipt	of application.
Pleas •	Original or Ce i.e. a utility (el Company Na	ertified Cop lectricity, ra me and ac	oy of <u>Com</u> ates) state ldress, da	s for the Company: <u>pany Address</u> – ment showing the ted within the last		Comp	of a <u>Company IRD statem</u> vanies IRD number	
	12 months an	nd certified	within 3 n	nonths of receipt	•	Copy	of a Company Bank state	ment from a registe

- Copy of a <u>Company Bank statement</u> from a registered bank confirming the Company bank account number
- Copy of a Company Certificate of Incorporation

If Requested

of application

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

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

Company Details:											
Company Name:				Con	npany	Numb	er				
Country of incorporation: (please circle if applicable)	New Zealand		Australia	Con	npany	IRD N	o. * Re	quirec	l		
Other (please specify country of incorporation)											
Address: Flat/Apartment No:		Street	t								
RD/PO Box No./Suburb:		Town	/City:								
Postcode:		Coun	try (if not NZ):								
Company Accountant: (Name and E	mail address)										
Company Lawyer: (Name and Email	address)										
List ALL Company Directors plus ALL	Shareholders who own 2	5% or mor	e of the Company.								
If any >25% Shareholder is a Trust of	or Company, please coi	mplete the	ir details in the requ	lired se	ection						
Full Name - Use another page if required			Relationship to the	Compa	any			F	Percent	tage ⊦	leld
-											

DIRECTOR ONE – Individual	Details:														
Legal FIRST Names(s)			Legal FA	MILY Name	IF	RD N	umber								
Date of Birth	Place of B	irth (Town/	City):	Country of Birth:	A	Are you a New Zealand Citizen						en?			
					0	Circle	eone	`	res		N	lo			
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, pla	ease specify	which Coun	tries you hol	d Citizenship for:											
Politically Exposed Person (PEP) – PLEASE COMPLETE											Circle	one	J		
Have you, or an immediate family m	ember, held a p	oublic office po	sition e.g. diplo	omat, high level judicial or military	or min	isteria	al position?			Ì	res	N	0		
If yes, please specify:															

DIRECTOR TWO – Individual Details:															
Legal FIRST Names(s)			Legal FAI	MILY Name	IRD	IRD Number									
Date of Birth	Place of B	irth (Town/	City):	Country of Birth:	Are	e you	ı a New	/ Zeal	and	Citize	izen?				
					Cir	cle o	ne	Y	/es		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	tries you hol	d Citizenship for:											
Politically Exposed Person (PEP) – PLE/	ASE COMP	LETE								Circle of	one			
Have you, or an immediate family m	ember, held a p	oublic office po	sition e.g. diplo	omat, high level judicial or military o	or ministe	erial p	osition?			Y	′es	No			
If yes, please specify:															

>25% SHAREHOLDER – Ind	ividual Deta	ils:										
Legal FIRST Names(s)			Legal FAMILY Name			IRD Number						
Date of Birth	Place of B	irth (Town/	City):	Country of Birth:	A	Are y	ou a Ne	w Zea	land (Citize	en?	
					(Circle	one		Yes		N	C
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	tries you hol	d Citizenship for:								
Politically Exposed Person (Politically Exposed Person (PEP) – PLEASE COMPLETE Circle one						one					
Have you, or an immediate family member, held a public office position e.g. diplo				omat, high level judicial or military o	or min	isteria	al position	?		Y	'es	No
If yes, please specify:												

NOMINEE OWNERSHIP:		
Can you please confirm if there are any nominee shareholders or directors or shares in bearer forms of the Company?	Yes	No

14. PARTNERSHIP

EACH Partner will need to provide:

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

If you are eligible for the Bio-verification process as per the requirements above, please 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 Verifica	ation_–an ■	•	certified copy (dated wi			s) is required of one of the	following:
		•	IRD tax no	otice or statement				
		•	Insurance	e policy document				
		•	Bank state	ement from a registered	bank			
		•	A docume	ent issued by a NZ Gove	ernment ag	ency		

The supplied document must state the Applicant's name, current address and be certified within 3 months of receipt of application.

.

Please provide the following documents for the Partnership:

- Certified Copy of <u>Partnership Agreement</u>
- Copy of a <u>Partnership Bank statement</u> from a registered bank confirming the Partnership bank account number
- Certified Copy of any other <u>Deed (s) or Agreement(s)</u> that gives authority for other persons/entities to act on behalf of the Partnership
- Original or Certified Copy of verification of <u>Partnership Address</u> i.e., a utility (telephone, electricity, rates) statement showing the Partnership or Partner (s) Name (s) and address and be dated within the last 12 months and certified within 3 months of receipt of application

If requested:

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

Complete BOTH sections – "Partnership Details" and a "Partner Details" section for ALL Partners. If the Partners are one or more Trust (s) or Company (ies) please use the relevant sections of the application form, i.e. Trust (s) (pages 6 - 8) or Company (ies) or (pages 9 - 10). Please fill out ALL areas and answer ALL questions.

Partnership Details													
Partnership Name					Registration Number								
Partnership Trading Name	e (if differen	t)				IRE) Num	ber *R	Require	ed			
Place of Registration	Circ New Ze		e ONE (if applicable) Other (please specify aland Australia country of registration)										
Address: Flat/Apartment N	lo:			Str	reet:								
RD/PO Box No./Suburb:	Town/City:		wn/City:										
Postcode:				Со	ountry (if not NZ):								
Partnership Accountant:	(Name and	d Email ado	dress)										
Partnership Lawyer: (Nar	me and Em	ail address	;)										
List ALL Partners and the	eir percenta	age % own	ership of the Partne	rship)								
If any >25% Partner is a	a Trust or (Company,	please complete t	heir	details in the relevant	sectio	on of t	his Ap	oplicat	tion Fe	orm		
Full Name - Use another page if required								Pe	ercenta	age He	eld		

PARTNER ONE – Individual Deta	ails:										
Legal FIRST Names(s)	Legal FAMILY Name					IRD N	lumber				
Date of Birth	Place of Birth (Town/City):	Cou	untry of	Birth:		Are y	ou a New	Zealand	l Citize	n?	
						Circ	le one	Ye	s	١	No
Email *Required:										1	
Address: Flat/Apartment No:				Street:							
RD/PO Box No./Suburb:				Town/C	itv:						
Postcode:					(if not NZ)	•					
Phone (mobile) * Required					home/worl						
	ase specify which Countries you ho	d Citizo		,		y.					
Politically Exposed Person (F				л.			l		Ci	ircle	one
	mber, held a public office position e.g. dip	lomat, hig	gh level jud	dicial or mi	ilitary or mini	sterial p	osition?		Ye		No
If yes, please specify:		-									
PARTNER TWO – Individual Deta	ails										
Legal FIRST Names(s)	Legal FAMILY Name					IRD I	Number				
Date of Birth	Place of Birth (Town/City):	Coun	ntry of B	Birth:		Are y	/ou a Nev	/ Zealan	d Citize	en?	
						Circl	e one	Yes		N	0
Email * Required:											
Address: Flat/Apartment				Olive ett.							
No:				Street:							
RD/PO Box No./Suburb:				Town/C	City:						
Postcode:					/ (if not NZ):					
Phone (mobile) *Required				Phone (home/\	work):						
If you hold dual Citizenship, ple	ase specify which Countries you ho	old Citize	enship fo	or:							
Politically Exposed Person (F	PEP) – PLEASE COMPLETE								Cire	cle o	ne
Have you, or an immediate family me	mber, held a public office position e.g. dip	lomat, hig	gh level jud	dicial or mi	ilitary or mini	sterial p	osition?		Yes		No
If yes, please specify:											
PARTNER THREE – Individual D	etails										
Legal FIRST Names(s)	Legal FAMILY Name				IRD Nu	mber					
Date of Birth	Place of Birth (Town/City):	Coun	ntry of B	Birth:	Are you	ı a Nev	v Zealand	Citizen	?		
					Cir	cle on	e	Yes		Ν	١o
Email *Required:											
Address: Flat/Apartment No:			Street	:							
RD/PO Box No./Suburb:			Town/	City:							
Postcode:			Count	ry (if not	NZ):						
Phone (mobile) *Required				e (home/\							
· · · ·	ase specify which Countries you ho	old Citize		`	,						
Politically Exposed Person (F									Ci	rcle c	one
Have you, or an immediate family me	mber, held a public office position e.g. dip	lomat, hig	gh level jud	dicial or mi	ilitary or mini	sterial p	osition?		Yes	3	No
If yes, please specify:											_

INVESTOR CERTIFICATES

PLEASE COMPLETE AN INVESTOR CERTIFICATE FOR EACH ENTITY

PART THREE

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

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

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

Certificate A (1. i)	Certificate A (1. ii)	Certificate A (1. iii)
An "Investment Business"	Meets "Investment Criteria"	A "Large" Investor
Schedule 1, Clause 3(2)(a) FMCA Act	Schedule 1, Clause 3(2)(b) FMCA Act	Schedule 1, Clause 3(2)(c) FMCA Act
	 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" NB: <u>Excludes</u> Category 2 products 	b. In the last 2 years had turnover of \$5 m+

OR

CERTIFICATE C CERTIFICATE B Completed by either: "Eligible Investor" Chartered accountant Schedule 1, Clause 3(3)(a) Lawyer AND Has experience in buying and selling financial Financial advisor products sufficient to assess: Confirms the certification made in The merits and risks of the investment а completed Certificate B The information required to assess the b. Confirms the investor has been sufficiently . investment. advised of the consequences of The adequacy of the information provided C. completing Certificate B by MyFarm. Confirms there is no reason to believe the contents of Certificate B are incorrect.

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

- Please note: If you have invested with MyFarm within the last two years you may not need to provide a Wholesale Investor Certificate. Please contact MyFarm (investments@myfarm.co.nz) to confirm if the Wholesale Investor Certificate utilised for your most recent MyFarm investment is current and able to be used for Terra Verde Investments LP.
- For all <u>new applicants</u> MyFarm will require a valid Wholesale Investor certificate to be completed and approved.

14. CERTIFICATE A (1. i – iii inclusive) – WHOLESALE INVESTOR CERTIFICATE

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

In relation to the offer by MyFarm of Units in Terra Verde Investments Limited Partnership ("the fina offer and "the transaction"), that:	ancial product" on
1) I/WE,	("the Investor")
HEREBY CERTIFY THAT I am/we are a Wholesale Investor under Schedule 1, clause 3(2) of the following kind (tick one of the following):	FMCA of the

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 Schedu	le 1, clause 39 of the FMCA.

Full definitions of each of the exclusions above can be found in the Terra Verde Investments LP IM dated 7th September 2023.

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

THIS SECTION MUST BE COMP	LETED								
3) I/We do understand the consequences of certifying myself or ourselves to be a Wholesale Investor.									
Signed at:	this	day of	2023.						
Signature:			(the Investor)						

WARNING:

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

If you are a wholesale investor, the usual rules do not apply to offers of financial products made to you. As a result, you may not receive a complete and balanced set of information. You will also have fewer other legal protections for these investments. Ask questions, read all documents carefully, and seek independent financial advice before committing yourself.

Offence

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

15. CERTIFICATE B - ELIGIBLE INVESTOR CERTIFICATE

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

This Certificate and Confirmation (in the form of Certificate C on the following page) is required to verify that the investor meets the eligibility requirements as an "Eligible Investor" under Schedule 1, clause 3(3)(a) of the FMCA and accordingly confirm that neither AGInvest Trading Limited (trading as MyFarm), nor Terra Verde Investments LP are required to make disclosure in respect of this offer under Part 3 of the FMCA.

Full definitions of "Eligible investor" can be found in the Terra Verde Investments LP IM dated 7th September 2023, including the financial products which qualify.

n relation to the offer by MyFarm of Units in Terra Verde Investments Limited Partnership ("the Financial Product" on offer and "the transaction")	
We,("the Investor")	
CERTIFY THAT:	
1. I/We have previous experience in acquiring or disposing of financial products* that allows me/us to assess:	
 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:thisday of2023.	
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 Terra Verde Investments Limited Partnership are required to make disclosure in respect of this offer under Part 3 of the FMCA.

Please Note: by signing this Certificate C you are confirming that you have sighted the investor's information used in Certificate B and that you have advised the investor in respect of these certificates.

l,	as	a financial advisor/ charter	red accountant/ lawyer						
Certify that I have considered("the Investor") grounds for his/her/their certification and I:									
 Am satisfied that the Investor has been sufficiently advised of the consequences of the certification, and: 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	_ 2023.						
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.