

如果你不是美国公民，不需填写此表格。

ACCREDITED PARTICIPANT QUESTIONNAIRE
AND VERIFICATION OF PARTICIPATION

Instructions: Check all boxes below which correctly describe you.

You are one of the following:

(i) a bank, meaning any national bank, or any banking institution organized under the law of any State, Territory, or the District of Columbia, the business of which is substantially confined to banking and is supervised by the state or territorial banking commission or similar official;

(ii) a savings and loan association, building and loan association, cooperative bank, homestead association, or similar institution, which is supervised and examined by State or Federal authority having supervision over any such institution;

(iii) a registered broker or dealer;

(iv) an insurance company, meaning a company whose primary and predominant business activity is the writing of insurance or the reinsuring of risks underwritten by insurance companies, and which is subject to supervision by the insurance commissioner or a similar official or agency, of a State, Territory, or the District of Columbia, or any receiver or similar official or any liquidating agent for such company, in his capacity as such;

(v) a registered investment company;

(vi) a business development company meaning any closed-end company which is organized under the laws of, and has its principal place of business in, any State or States, and operates for the purpose of making investments and providing managerial services to companies in which it has invested;

(vii) a Small Business Investment Company licensed by the U.S. Small Business Administration;

(viii) a plan established and maintained by a state, its political subdivisions, or an agency or instrumentality of a state or its political subdivisions, for the benefit of its employees and you have total assets in excess of Five Million U.S. Dollars (\$5,000,000.00); or

(ix) an employee benefit plan within the meaning of the Employee Retirement Income Security Act of 1974, as amended (“**ERISA**”) and (1) your decision to acquire the Tokens of the Company, including the RHOC Tokens (“**Private Token Sale**”) (collectively referred to herein as the “**RHOC**”), within the context of the Private Token Sale and related Token Sale Documents and/or Instructions provided or made accessible to you by RChain Cooperative. (a non-exhaustive list of which is attached hereto as **Exhibit A**) (collectively, the “**Informational Documents**”), is made by a plan fiduciary, as defined in Section 3(21) of ERISA, which is either a bank, savings and loan association, insurance company, or registered investment adviser, (2) you have total assets in excess of Five Million U.S. Dollars (\$5,000,000.00) and your decision to purchase RHOC is made solely by persons or entities that are accredited participants, as defined herein, or (3) you are a self-directed plan and the decision that you shall acquire RHOC is made solely by persons or entities that are accredited participants.

You are an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the “**Code**”), a corporation, Massachusetts or similar business trust or a partnership, in each case not formed for the specific purpose of making a purchase of RHOC and with total assets in excess of Five Million U.S. Dollars (\$5,000,000.00).

You are a director or executive officer of RChain Cooperative

You are a natural person whose individual net worth, or joint net worth with your spouse, exceeds One Million U.S. Dollars (\$1,000,000.00) at the time of your purchase of RHOC.

You are a natural person who had an individual income in excess of Two Hundred Thousand U.S. Dollars (\$200,000.00) in each of the two most recent years or joint income with your spouse in excess of Three Hundred Thousand U.S. Dollars (\$300,000.00) in each of the two most recent years, and who has a reasonable expectation of reaching the same income level in the current year.

You are a trust, with total assets in excess of Five Million U.S. Dollars (\$5,000,000.00), not formed for the specific purpose of purchasing the RHOC, whose purchase of the RHOC is directed by a sophisticated person with such knowledge and experience in financial and business matters that he or she is capable of evaluating the merits and risks of the prospective purchase, or the issuer reasonably believes immediately prior to making any sale that such purchaser comes within this description.

You are a trust, and the trustee making the investment decision on the trust’s behalf is a bank, a saving and loan association, or other institution as defined as defined above, acting in its fiduciary capacity.

You are a trust, and the grantor(s) of the trust may revoke the trust at any time and regain title to the trust assets and has (have) retained sole purchase control over the assets of the trust and the grantor(s) meet at least one of the conditions described above for a natural person.

You are an entity (but not an individual person) in which all equity owners of this entity are accredited participants. If an entity, please list the names of all equity owners as well as all directors and officers (or the foreign jurisdiction’s functional equivalent) below.

<u>Equity Owners</u>	<u>Directors and Officers (or the foreign jurisdiction’s functional equivalent)</u>
_____	_____
_____	_____
_____	_____
_____	_____

The undersigned hereby represents and warrants that all of its answers to this Accredited participant Questionnaire and Verification of Purchase are true as of the date of his, her or its execution of the private token sale purchase pursuant to which he, she or it purchased RHOC.

[Remainder of page left blank intentionally; Signature page to follow]

Date:_____

Date:_____

Name of Purchaser (Please Print)

Name of Additional Purchaser (Please Print)

Signature of Purchaser (*Entities please
provide signature of Purchaser's duly
authorized signatory.*)

Signature of Additional Purchaser

Street Address of Purchaser

Street Address of Additional Purchaser

Country of Residence of Purchaser

Country of Residence of Additional Purchaser

Phone Number of Purchaser

Phone Number of Additional Purchaser

Email of Purchaser

Email of Additional Purchaser

Name of Signatory (*Entities only*)

Title of Signatory (*Entities only*)

VERIFICATION OF PURCHASE

I state that I am familiar with the financial affairs and purchasing objectives of the purchaser named above and reasonably believe that a purchaser of the RHOC is a suitable purchase for this purchaser and that the purchaser, either individually or together with his or her representative, understands the terms of and is able to evaluate the merits of this private token sale. I acknowledge:

- (a) that I have reviewed the Private Token Sale and RHOC Documents and/or Instructions presented to me, and attached hereto;
- (b) that the Private Token Sale documents and attachments hereto have been fully completed and executed by the appropriate party; and
- (c) that the Private Token Sale documents will be deemed received by the Company upon acceptance of the purchase receipt by the Purchaser.

Purchaser

(Name of Purchasing Entity)

(Street Address of Branch Office)

(City of Branch Office) (State) (Zip)

(____) _____-_____
(Telephone Number of Branch Office)

(____) _____-_____
(Fax Number of Branch Office)

Representative

(Signature)

(Print Name)

(Representative I.D. Number, if any)

(Date)

(E-mail Address of Representative)

EXHIBIT A

RHOC Documents and/or Instructions

1. RHOC Private Token Sale Terms and Conditions
2. RChain Coop Bylaws
3. RChain Coop Board Consent Authorizing Private Token Sale
4. Membership Application
5. Membership Agreement
6. Privacy Policy
7. RChain Token Governance
8. RChain White Paper