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Use a black or blue pen. Print in CAPITAL letters inside the grey areas as shown in this example.

A B C

1 2 3

X

Holder Account Number

C

Please complete the information fields below (print clearly) in full

Registered Name in which account is held (eg. John Smith)

Apt. Street Number Street Name

City Prov. / State Postal / Zip Code

EXHIBIT A FORM OF CERTIFICATION

Ag Growth International Inc.
 198 Commerce Drive
 Winnipeg, MB, Canada
 R3P 0Z6
 Attention: General Counsel

Re: Participation in Dividend Reinvestment Plan by United States Person

Reference is hereby made to the Dividend Reinvestment Plan (the "Plan") of Ag Growth International Inc. (the "Issuer"). Capitalized terms used but not defined herein shall have the meanings given to them in the Plan.

In connection with participation in the Plan, the undersigned United States Person hereby acknowledges and agrees that its participation in the Plan is being effected pursuant to and in accordance with Rule 506 of Regulation D under the U.S. Securities Act, but is being made available only to accredited investors that also meet the definition of Qualified Institutional Buyers within the meaning of Rule 144A under the U.S. Securities Act ("QIB"). Accordingly, the undersigned United States Person certifies to the Issuer and the Plan Agent that it is a QIB and that its participation in the Plan constitutes a transaction meeting the requirements of Rule 506 and such purchase is in compliance with any applicable blue sky securities laws of any state of the United States. The undersigned United States Person acknowledges and agrees that upon consummation of the proposed purchase of Plan Shares for the benefit of the United States Person in accordance with the terms of the Plan, the Plan Shares will be subject to the restrictions on transfer enumerated in the Plan and the U.S. Securities Act. Additionally, such United States Person hereby agrees that so long as it is a participant in the Plan it will immediately notify the Issuer when it is no longer a QIB. The undersigned United States Person further acknowledges and agrees that upon such notification, such United States Person's participation in the Plan will be terminated by the Issuer in accordance with the Plan.

This certificate and the statements contained herein are made for your benefit and the benefit of the Issuer.

Registered Name in which account is held (e.g. John Smith)

AGGQ

EXHIBIT A FORM OF CERTIFICATION

To be valid, this form must be signed by all registered account holder(s) or applicable authorized individual(s).

Signature 1 - Please keep signature within the box

Signature 2 - Please keep signature within the box

Day Month Year

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Please return completed form to:

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