



PHOTODIVERSITY™
FILMS LLC

THE AFTERLIFE OF WHALES™: an Inhumanities™ Series

INVESTOR QUESTIONNAIRE
The Afterlife of Whales LLC

(Confidential – For Use by Prospective Investors Only)



This Investor Questionnaire must be completed and returned by any individual or entity interested in purchasing Profit-sharing Membership Interests in *The Afterlife of Whales* ^{LLC}.

All responses will be kept confidential and used solely to determine your eligibility as an Accredited Investor under Regulation D, Rule 506(c) of the Securities Act of 1933.

1. PERSONAL INFORMATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ SSN/Tax ID: _____

2. TYPE OF INVESTOR (Check One)

☐ Individual

☐ Joint (Spouse/Partner)

☐ Corporation

☐ Trust

☐ LLC or Partnership

☐ Other: _____

3. ACCREDITED INVESTOR STATUS (Check all that apply)

☐ I am an individual with income exceeding \$200,000 (or \$300,000 jointly with spouse) in each of the past two years and expect the same this year.

☐ I have a net worth exceeding \$1,000,000, excluding my primary residence.

☐ I am a director, executive officer, or general partner of The Afterlife of Whales LLC.

☐ I am an entity where all equity owners are accredited investors.

☐ I am a trust with assets in excess of \$5,000,000 and not formed to acquire the securities offered.



4. INVESTMENT OBJECTIVES & EXPERIENCE

Investment Amount Intended: \$_____

Do you have experience investing in private offerings? ☐ Yes ☐ No

Briefly describe your investment experience: _____

5. ACKNOWLEDGMENTS

☐ I acknowledge that this investment is speculative and illiquid.

☐ I understand that my investment is subject to restrictions on transfer and resale.

☐ I have received and reviewed the **Private Placement Memorandum** of *The Afterlife of Whales* ^{LLC}.

SIGNATURE

Signature: _____ Date: _____

Name (Printed): _____