INVESTOR ACKNOWLEDGMENT & DOCUMENT RECEIPT
MYDENTALWIG PRIVATE INVESTMENT OFFERING

CONFIDENTIAL

This acknowledgment confirms that the undersigned investor has received, reviewed, and understands the documents relating to the MYDENTALWIG private investment offering.

By signing below, the Investor acknowledges the following:

Document Receipt

The Investor confirms receipt of the following documents relating to the offering:

• MYDENTALWIG Executive Highlight
• Platform Architecture Overview
• Private Placement Memorandum (PPM)
• All Supplements to the PPM
• Exhibit A – SAFE Investment Opportunity Summary
• Simple Agreement for Future Equity (SAFE)
• Subscription Agreement
• Accredited Investor Questionnaire
• AML / KYC Verification Requirements
• Wire Instructions

Risk Understanding

The Investor understands that the securities offered are speculative and involve a high degree of risk, including the possible loss of the entire investment.

The Investor further understands that:

• The securities have not been registered under the Securities Act of 1933 or applicable state securities laws.
• The offering is made pursuant to Rule 506(c) of Regulation D and is available only to verified accredited investors.
• The SAFE represents a contractual right to receive equity upon the occurrence of specified future events and does not represent immediate equity ownership.

Independent Evaluation

The Investor confirms that the Investor has had the opportunity to ask questions of the Company and to consult with independent legal, tax, and financial advisors regarding this investment.

The Investor is relying solely upon the information contained in the Private Placement Memorandum and related offering documents.

No Guarantee of Returns

The Investor acknowledges that no representations or guarantees have been made regarding potential returns, profitability, valuation, or future financing events.

Investor Confirmation

The Investor affirms that the Investor has sufficient knowledge and financial capacity to evaluate the risks of this investment and to sustain the loss of the entire investment.

INVESTOR INFORMATION

Investor Name: _____

Address: _____

City / State / ZIP: _____

Email: _____

Phone: _____

INVESTOR SIGNATURE

Signature: _____

Printed Name: _____

Date: _____