Form 45-106F1 Report of Exempt Distribution

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

| ITEM 1 - REPORT TYPE | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| ✓ New report | | | | | | | | |
| Amended report If amended, provide filing date of report that is being amended (YYYY-MM-DD) | | | | | | | | |
| ITEM 2 - PARTY CERTIFYING THE REPORT | | | | | | | | |
| Indicate the party certifying the report (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106. | | | | | | | | |
| ☐ Investment fund issuer | | | | | | | | |
| ☑ Issuer (other than an investment fund) | | | | | | | | |
| ☐ Underwriter | | | | | | | | |
| ITEM 2 TOCHED NAME AND OTHER IDENTIFIEDS | | | | | | | | |
| ITEM 3 - ISSUER NAME AND OTHER IDENTIFIERS | | | | | | | | |
| Provide the following information about the issuer, or if the issuer is an investment fund, about the fund. Full legal name Trez Capital Yield Trust US | | | | | | | | |
| | | | | | | | | |
| Previous full legal name | | | | | | | | |
| If the issuer's name changed in the last 12 months, provide most recent previous legal name. | | | | | | | | |
| Website www.trezcapital.com (if applicable) | | | | | | | | |
| If the issuer has a legal entity identifier, provide below. Refer to Part B of the Instructions for the definition of "legal entity identifier". | | | | | | | | |
| Legal entity identifier | | | | | | | | |
| Item 4 - Underwriter Information | | | | | | | | |
| | | | | | | | | |
| If an underwriter is completing the report, provide the underwriter's full legal name and firm National Registration Database (NRD) number. | | | | | | | | |
| Full legal name | | | | | | | | |
| Firm NRD number (if applicable) | | | | | | | | |
| If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter. | | | | | | | | |
| Street address | | | | | | | | |
| Municipality Province/State | | | | | | | | |
| Country Postal code/Zip code | | | | | | | | |
| Telephone number Website (if applicable) | | | | | | | | |

| Item 5 - Issuer Information |
|--|
| If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6. |
| a) Primary industry |
| Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that corresponds to the issuer's primary business activity. For more information on finding the NAICS industry code go to Statistics Canada's NAICS industry search tool . |
| NAICS industry code 5 2 6 9 1 3 |
| If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations. |
| Is the issuer's primary business is to invest all or substantially all of its assets in any of the following? If yes, select all that apply. Mortgages Real estate Commerial/business debt Consumer debt Private companies |
| b) Number of employees |
| Number of employees: |
| c) SEDAR profile number |
| Does the issuer have a SEDAR profile? |
| No ✓ Yes If yes, provide SEDAR profile number 0 0 0 3 8 7 8 8 |
| If the issuer does not have SEDAR profile complete item 5(d) - (h). |
| d) Head office address |
| Street address Province/State |
| Municipality Postal code/Zip code |
| Country Telephone number |
| e) Date of formation and financial year-end |
| Date of formation Financial year-end MM DD MM DD |
| f) Reporting issuer status |
| Is the issuer a reporting issuer in any jurisdication of Canada? No Yes |
| If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. |
| ☐ AII ☐ AB ☐ BC ☐ MB ☐ NB ☐ NL ☐ NT |
| NS NU ON PE QC SK YT |
| g) Public listing status |
| If the issuer has a CUSIP number, provide below (first 6 digits only) CUSIP number |
| |
| If the issuer is publicly listed, provide the names of all exchanges on which its securities are listed. Include only the names of exchanges for which the issuer has applied for and received a listing, which excludes, for example, automated trading systems. |
| Exchange name(s): |
| h) Size of issuer's assets |
| Select the size of the issuer's assets for its most recent financial year-end (Canadian \$). If the issuer has not existed for a full financial year, provide the size of the issuer's assets at the distribution end date. |
| □ \$0 to under \$5M □ \$5M to under \$25M □ \$25M to under \$100M |
| ☐ \$100M to under \$500M ☐ \$500M to under \$1B ☐ \$1B or over |

| ITEM 6 - INVESTMENT | Fund Issuer Information |
|---------------------------------|---|
| If the issuer is an investm | ent fund, provide the following information. |
| a) Investment fund man | nager information |
| Full legal name | |
| Firm NRD number | (if applicable) |
| If the investment fund mana | ger does not have a firm NRD number, provide the head office contact information of the investment fund manager. |
| Street address | |
| Municipality | Province/State |
| | |
| Country | Postal code/Zip code |
| Telephone number | Website (if applicable) |
| b) Type of investment for | und |
| Type of investment fund that r | most accurately identifies the issuer (select only one) . |
| Money market | Equity Fixed income |
| Balanced | Alternative strategies Other (describe) |
| Indicate whether one or both o | of the following apply to the investment fund . |
| ☐ Invests primarily in o | other investment fund issuers |
| ☐ Is a UCITs Fund¹ | |
| | Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) investment schemes to operate throughout the EU on a passport basis on authorization from one member state. |
| | d financial year-end of the investment fund |
| • | |
| Date of formatio | n Financial year-end MM DD |
| d) Reporting issuer stat | us of the investment fund |
| Is the investment fund a repor | ting issuer in any jurisdication of Canada? No Yes |
| · · · <u></u> · · · · <u></u> · | Canada in which the investment fund is a reporting issuer. |
| ☐ All ☐ | AB BC MB NB NL NT |
| | NU ON PE QC SK T |
| e) Public listing status c | of the investment fund |
| | CUSIP number, provide below (first 6 digits only) |
| (| CUSIP number |
| | cly listed, provide the names of all exchanges on which its securities are listed. Include only the names of exchanges for or and received a listing, which excludes, for example, automated trading systems. |
| Exchange names | |
| f) Net asset value (NAV | ') of the investment fund |
| Select the NAV range of the in | vestment fund as of the date of the most recent NAV calculation (Canadian \$). |
| \$0 to under \$5M | \$5M to under \$25M \$25M to under \$100M |
| \$100M to under \$500M | \$500M to under \$1B \$1B or over Date of NAV calculation: |
| | YYYY MM DD |

| ITEM 7 - INFORMATION A | BOUT THE DISTRIBUTION | ON | | | | | |
|---|--|--|--|---|---|----------------------------------|--|
| If an issuer located outside of Cana purchasers resident in that jurisdict should be disclosed in Item 8. The in | on of Canada only. Do not inc | clude in Item 7 secur | ties issued a | s payment of cor | nmissions or find | ler's fees, which | |
| a) Currency | | | | | | | |
| Select the currency or currencies in | which the distribution was ma | de. All dollar amoun | ts provided i | n the report mus | t be in Canadian | dollars. | |
| ☐ Canadian dollar ☐ US dollar ☐ Euro ☐ Other (describe) | | | | | | | |
| b) Distribution date(s) | | | | | | | |
| State the distribution start and end as both the start and end dates. If distribution period covered by the Start da | the report is being filed for sec report. | urities distributed or | | e 2017 | | | |
| c) Detailed purchaser inform | nation | | | | | | |
| Complete Schedule 1 of this fo | orm for each purchaser a | nd attach the sch | edule to t | he completed | report. | | |
| d) Types of securities distrik | outed | | | - | • | | |
| Instructions for how to indicate the distributed. The information inclused Asked Questions. | | | | | tible securities, se | | |
| | | | | | Canadian \$ | | |
| Security code (if applicable) | Description of security | | ber of urities | Single or lowest price | Highest price | Total amount | |
| U N T Tru | st Units | | 91,340.00 | 13.3000 | 13.4000 | 1,216,072.00 | |
| e) Details of rights and conv | rertible/exchangeable secu | urities | | | | | |
| If any rights (e.g. warrants, option | | | | | | changeable securities | |
| Security Underlying code Security code | Exercise price (Canadian \$) Lowest Highest | Expiry date (YYYY- MM-DD) | | | applicable) | | |
| f) Summary of the distribution | on by jurisdiction and exen | nption | | | | | |
| State the total dollar amount of some purchaser resides and for each extendistribution in a jurisdiction of Ca This table requires a separate line purchaser resides, if a purchaser resides. | emption relied on in Canada fo nada, include distributions to p | or that distribution. I ourchasers resident i where a purchaser re | However, if a n that jurisdi sides, (ii) eac | n issuer located of ction of Canada Th exemption reli | outside of Canad only. ed on in the juris | a completes a diction where a | |
| jurisdiction. For jurisdictions within Canada, s | • | | · | ed on in Canada, | if a purchaser re | sides in a foreign | |
| • | rate the province or territory, o | | · | Number of purchasers | | nt (Canadian \$) | |

| Province or country | Exemption relied on | Number of purchasers | Total amount (Canadian \$) |
|---------------------|--|----------------------|----------------------------|
| Manitoba | NI 45-106 2.10 [Minimum amount investment] | 1 | 665,000.00 |
| Manitoba | NI 45-106 2.3 [Accredited investor] | 1 | 100,500.00 |
| Ontario | NI 45-106 2.3 [Accredited investor] | 3 | 450,572.00 |
| | 1,216,072.00 | | |
| | Total number of unique purchasers ² | 5 | |

²In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides. If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

| Province or country | Net proceeds (Canadian \$) |
|---|-------------------------------|
| | |
| Total net proceeds to the investment fund | |

³"Net proceeds" means the gross proceeds realized in the jurisdiction from the distributions for which the report is being filed, less the gross redemptions that occurred during the distribution period covered by the report.

h) Offering materials - This section applies only in Saskatchewan, Ontario, Québec, New Brunswick and Nova Scotia.

If a distribution has occurred in Saskatchewan, Ontario, Québec, New Brunswick or Nova Scotia, complete the table below by listing the offering materials that are required under the prospectus exemption relied on to be filed with or delivered to the securities regulatory authority or regulator in those jurisdictions.

In Ontario, if the offering materials listed in the table are required to be filed with or delivered to the Ontario Securities Commission (OSC), attach an electronic version of the offering materials that have not been previously filed with or delivered to the OSC.

| Description | Description Description Date of document or other material (YYYY-MM-DD) | | Date previously filed or delivered (YYYY-MM-DD) |
|-------------|---|--|---|
| | | | |

| with the distribution. Complete additional copies of this page if more than one person was, or will be, compensated. Indicate whether any compensation was paid, or will be paid, in connection with the distribution. No Yes If yes, indicate number of persons compensated. 1 Name of person compensated and registration status Indicate whether the person compensated is a registrant. No Yes If the person compensated is an individual, provide the name of the individual. Full legal name of individual Rajagopalan Vikram Family name First given name Secondary given names If the person compensated is not an individual, provide the following information. Full legal name of non-individual |] |
|---|----------------|
| a) Name of person compensated and registration status Indicate whether the person compensated is a registrant. If the person compensated is an individual, provide the name of the individual. Full legal name of individual Rajagopalan Family name Family name First given name Secondary given names If the person compensated is not an individual, provide the following information. |] |
| a) Name of person compensated and registration status Indicate whether the person compensated is a registrant. If the person compensated is an individual, provide the name of the individual. Full legal name of individual Rajagopalan Family name Family name First given name Secondary given names If the person compensated is not an individual, provide the following information. |] |
| Indicate whether the person compensated is a registrant. If the person compensated is an individual, provide the name of the individual. Full legal name of individual Rajagopalan Family name First given name Secondary given names If the person compensated is not an individual, provide the following information. |] |
| If the person compensated is an individual, provide the name of the individual. Full legal name of individual Rajagopalan Vikram Family name First given name Secondary given names If the person compensated is not an individual, provide the following information. |] |
| Full legal name of individual Rajagopalan Vikram Family name First given name Secondary given names If the person compensated is not an individual, provide the following information. |] |
| Family name First given name Secondary given names If the person compensated is not an individual, provide the following information. | J |
| If the person compensated is not an individual, provide the following information. | |
| | |
| Full legal name of non-individual | |
| | |
| Firm NRD number (if applicable) | |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. | lo 🗌 Yes |
| b) Business contact information | |
| If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated. | |
| Street address 1404 - 401 Bay Street | |
| Municipality Toronto Province/State Ontario | |
| Country Canada Postal code/Zip code M5H 2Y4 | |
| Email address Telephone number | |
| c) Relationship to issuer or investment fund manager | |
| Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. | ' in Part |
| Connect with the issuer or investment fund manager Insider of the issuer (other than an investment) | nt fund) |
| ☐ Director or officer of the investment fund or investment fund manager ☐ Employee of the issuer or investment fund manager | , |
| ☐ None of the above | 3. |
| d) Compensation details | |
| Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all | l amounts in |
| Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payme services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about | |
| on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer. | suc, or report |
| Cash commissions paid 2,793.07 Security codes Security code 1 Security code 2 Security code 3 | curity code 3 |
| Value of all securities | |
| distributed as compensation⁴ | |
| Describe terms of warrants, options or other rights | |
| Other compensation ⁵ Describe | |
| Total compensation paid 2,793.07 | |
| Check box if the person will or may receive any deferred compensation (describe the terms below) | |
| | |
| ⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to a | acquire |

| a) Name of person com | pensated and re | egistration status | | | | | | |
|--|---|---|---|--|--|-------------------|--|--|
| Indicate whether the person compensated is a registrant. ☐ No ✓ Yes | | | | | | | | |
| If the person compensated is an individual, provide the name of the individual. | | | | | | | | |
| Full legal name of indi | vidual | Cooper | Dav | rid | James | | | |
| | | Family name | First given | name | Secondary given nan | nes | | |
| If the person compensated is not an individual, provide the following information. | | | | | | | | |
| Full legal name of non-individual | | | | | | | | |
| F | irm NRD numb | er | | (i | f applicable) | | | |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves | | | | | | | | |
| b) Business contact info | rmation | | | | | | | |
| If a firm NRD number is not | provided in Item 8 | 3 (a), provide the business | contact information | on of the person be | eing compensated. | | | |
| Street address | 1404 - 401 Bay | / Street | | | | | | |
| Municipality | Toronto | |] | Province/S | tate Ontario | | | |
| Country | Canada | |] P | ostal code/Zip c | ode M5H 2Y4 | | | |
| Email address | | | | Telephone num | nber | | | |
| c) Relationship to issuer or investment fund manager | | | | | | | | |
| Indicate the person's relatior B(2) of the Instructions and t | • | | • | | • | nected" in Part | | |
| Connect with the issu | • | | | | er (other than an inv | estment fund) | | |
| Director or officer of | the investment fu | nd or investment fund m | anager 🔽 E | Employee of the is | suer or investment | fund manager | | |
| None of the above | | | | | | | | |
| d) Compensation details | 3 | | | | | | | |
| Provide details of all compen Canadian dollars. Include cas services incidental to the dist on, internal allocation arrang | sh commissions, se ribution, such as c | ecurities-based compensa lerical, printing, legal or d | tion, gifts, discount accounting services. | s or other compen . An issuer is not re | sation. Do not report equired to ask for de | t payments for | | |
| Cash commissions p | aid : | 2,679.25 | Security codes | Security cod | de 1 Security code | 2 Security code 3 | | |
| Value of all securiti | | | occurry codes | | | | | |
| distributed compensation | | | | | | | | |
| Describe | terms of warrants | , options or other rights | | | | | | |
| Other compensation | on ⁵ | Describe | | | | | | |
| Total compensation pa | aid 2 | 2,679.25 | | | | | | |
| Check box if the pe | erson will or may | receive any deferred cor | npensation (descri | be the terms below | w) | | | |
| | | | | | | | | |
| ⁴ Provide the aggregate valuadditional securities of the ingights exercisable to acquire ⁵ Do not include deferred co. | ssuer. Indicate the e additional secur | e security codes for all se | | | | | | |

| a) Name of person com | pensated and | registration status | | | | | | | |
|--|--|--|--|---|-------------------------|---|--|--|--|
| Indicate whether the person compensated is a registrant. | | | | | | | | | |
| If the person compensated is | an individual, p | rovide the name of the i | ndividual. | | | | | | |
| Full legal name of indi | vidual | Lavoie | Ste | phan | R | ichard Kenny | | | |
| | Family name First given name Secondary given names | | | | | | | | |
| If the person compensated | is not an indivia | ual, provide the following | g information. | | | | | | |
| Full legal name | of non-indivi | dual | | | | | | | |
| Firm NRD number (if applicable) | | | | | | | | | |
| Indicate whether the persor | compensated i | acilitated the distribution | through a funding | portal or an inter | net-base | d portal. 🔽 No 🗌 Yes | | | |
| b) Business contact info | • | | <u> </u> | , , | | <u>, </u> | | | |
| If a firm NRD number is not | provided in Iten | 8 (a), provide the busine | ess contact inform | ition of the person | being co | mpensated. | | | |
| Street address | 1404 - 401 B | ay Street | | | | | | | |
| Municipality | Toronto | | | Province | /State | Ontario | | | |
| Country | Canada | | _ | Postal code/Zip | code | M5H 2Y4 | | | |
| Email address | | | | Telephone nu | ımber | | | | |
| c) Relationship to issue | or investmer | t fund manager | | | | | | | |
| | | | | | | eaning of "connected" in Part | | | |
| B(2) of the Instructions and t Connect with the issu | - | | INI 45-106 for the | | - | section. er than an investment fund) | | | |
| | | fund or investment fund | manager 🖂 | | , | , | | | |
| | uie iiivesiiileiii | and or investment fand | manager | Limployee of the | issuei u | r investment fund manager | | | |
| None of the above | | | | | | | | | |
| d) Compensation details | | ha naid to the nerson i | dantified in Itam 9 | (a) in connection w | ith the d | istribution. Provide all amounts in | | | |
| Canadian dollars. Include cas | h commissions, ribution, such as | securities-based compen clerical, printing, legal o | sation, gifts, discou or accounting servi | ints or other comp ces. An issuer is not | ensation. t required | Do not report payments for I to ask for details about, or report | | | |
| _ | | | pioyees of a non-ii | iatviauat compensi | nea by ti | ie issuer. | | | |
| Cash commissions p | | 332.50 | Security codes | Security of | code 1 | Security code 2 Security code 3 | | | |
| Value of all securiti distributed compensatio | as | | | | | | | | |
| • | | ts, options or other right | is | | | | | | |
| Other compensation | | Describ | | | | | | | |
| Total compensation pa | | 332.50 | | | | | | | |
| Check box if the pe | erson will or ma | y receive any deferred o | compensation (des | cribe the terms be | elow) | | | | |
| | | | | | • | | | | |
| | ssuer. Indicate e additional sec | the security codes for all | | | | rights exercisable to acquire ding options, warrants or other | | | |

| a) Name of person compensa | ited and registration status | | | | | | | | |
|--|--|---|--|---|--|--|--|--|--|
| Indicate whether the person com | pensated is a registrant. | ✓ No | Yes | | | | | | |
| If the person compensated is an inc | lividual, provide the name of the ind | lividual. | | | | | | | |
| Full legal name of individual | Full legal name of individual Lanteri Isabelle Karin | | | | | | | | |
| | Family name | First given name | e Sec | ondary given names | | | | | |
| If the person compensated is not o | n individual, provide the following | information. | | | | | | | |
| Full legal name of no | n-individual | | | | | | | | |
| Firm N | RD number | | (if app | olicable) | | | | | |
| Indicate whether the person comp | ensated facilitated the distribution t | hrough a funding portal | or an internet-bas | sed portal. No Yes | | | | | |
| b) Business contact information | | 3 , 3, | | <u> </u> | | | | | |
| If a firm NRD number is not provid | ed in Item 8 (a), provide the busines | s contact information of | the person being c | compensated. | | | | | |
| Street address 1404 | - 401 Bay Street | | | | | | | | |
| Municipality Toro | nto | | Province/State | Ontario | | | | | |
| Country Cana | nda | Posta | I code/Zip code | M5H 2Y4 | | | | | |
| Email address | | _ Tele | ephone number | | | | | | |
| c) Relationship to issuer or in | vestment fund manager | | | | | | | | |
| B(2) of the Instructions and the me | with the issuer or investment fund maning of "control" in section 1.4 of Notice investment fund manager restment fund or investment fund manager | II $4\overline{5}$ -106 for the purpose Inside | es of completing the er of the issuer (ot | | | | | | |
| d) Compensation details | | | | | | | | | |
| Provide details of all compensation Canadian dollars. Include cash com services incidental to the distributio on, internal allocation arrangement | missions, securities-based compenson, such as clerical, printing, legal or | ation, gifts, discounts or a accounting services. An | other compensation issuer is not require | n. Do not report payments for ed to ask for details about, or report | | | | | |
| Cash commissions paid | 883.57 | Security codes | Security code 1 | Security code 2 Security code 3 | | | | | |
| Value of all securities distributed as compensation⁴ | | , | | | | | | | |
| Describe terms | of warrants, options or other rights | | | | | | | | |
| Other compensation ⁵ | Describe | | | | | | | | |
| Total compensation paid | 883.57 | | | | | | | | |
| Check box if the person | will or may receive any deferred co | mpensation (describe th | ne terms below) | | | | | | |
| | | | | | | | | | |
| | l securities distributed as compens | | | | | | | | |
| additional securities of the issuer. rights exercisable to acquire addit ⁵ Do not include deferred compens | | ecurities distributed as o | compensation, <u>inc</u> | <u>lluding</u> options, warrants or other | | | | | |

| a) Name of person comp | pensated and reg | gistration status | | | | | | | |
|--|--|---|---|-------------------------------------|---------------------------|---|-----------------|--|--|
| Indicate whether the person | n compensated is a | registrant. | ✓ No | Yes | | | | | |
| If the person compensated is | an individual, prov | ide the name of the ind | dividual. | | | | | | |
| Full legal name of indiv | Full legal name of individual Yau Winnie | | | | | | | | |
| | F | amily name | First give | en name | Seco | ondary given names | | | |
| If the person compensated is not an individual, provide the following information. | | | | | | | | | |
| Full legal name of non-individual | | | | | | | | | |
| Firm NRD number (if applicable) | | | | | | | | | |
| Indicate whether the person | compensated facil | itated the distribution i | through a funding | portal or an ir | nternet-bas | ed portal. ✓ | No Yes | | |
| b) Business contact infor | rmation | | | | | | | | |
| If a firm NRD number is not բ | provided in Item 8 (| a), provide the busines | s contact informa | tion of the pers | son being c | ompensated. | | | |
| Street address | 1404 - 401 Bay | Street | | | | | | | |
| Municipality [| Toronto | | | Provin | ce/State | Ontario | | | |
| Country [| Canada | | | Postal code/ | Zip code | M5H 2Y4 | | | |
| Email address | | | | Telephone | number | | | | |
| c) Relationship to issuer | or investment fu | nd manager | | | | | | | |
| Indicate the person's relations B(2) of the Instructions and th | ship with the issuer | or investment fund m | - | | | - | cted" in Part | | |
| Connect with the issu | - | | | • | | her than an inves | lment fund) | | |
| Director or officer of the | he investment fund | d or investment fund m | nanager 🔽 | Employee of | the issuer | or investment fur | ıd manager | | |
| None of the above | | | | | | | | | |
| d) Compensation details | | | | | | | | | |
| Provide details of all compens Canadian dollars. Include casl services incidental to the distr on, internal allocation arrange | h commissions, sec ibution, such as cle | urities-based compenso rical, printing, legal or | ation, gifts, discoul accounting service | nts or other co es. An issuer is | mpensation not require | n. Do not report po ed to ask for detail | ayments for | | |
| Cash commissions pa | aid | 121.61 | Security codes | Secur | ity code 1 | Security code 2 | Security code 3 | | |
| Value of all securitie distributed a compensatio | ns | | coodiny codes | | | | | | |
| Describe t | erms of warrants, | options or other rights | | | | | | | |
| Other compensation | n ⁵ | Describe | | | | | | | |
| Total compensation pa | id | 121.61 | | | | | | | |
| Check box if the pe | rson will or may re | ceive any deferred co | mpensation (desc | cribe the terms | below) | | | | |
| | | | | | | | | | |
| ⁴ Provide the aggregate value additional securities of the is rights exercisable to acquire ⁵ Do not include deferred con | suer. Indicate the additional securiti | security codes for all s | | | | | | | |

ITEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER If the issuer is an investment fund, do not complete Item 9. Proceed to Item 10. Indicate whether the issuer is any of the following (select all that apply). Reporting issuer in any jurisdiction of Canada Foreign public issuer Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada⁶ Provide name of reporting issuer Wholly owned subsidiary of a foreign public issuer⁶ Provide name of foreign public issuer Issuer distributing eligible foreign securities only to permitted clients⁷ If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10. ⁶An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions. $\sqrt{}$ If the issuer is none of the above, check this box and complete Item 9(a) - (c). Directors, executive officers and promoters of the issuer Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to issuer", "D" - Director, "O" - Executive Officer, "P" - Promoter. Business location of Relationship to non-individual or issuer residentail First given (select all that Secondary given jurisdiction of Organization or company name Family name name names apply) individual Province or country D 0 Ρ British Columbia ✓ ✓ **√** Greene Morley Derek British Columbia Perkins Robert Maxwell Manson Alexander British Columbia Hin-Fai British Columbia I ai Ken Scott Vorwaller Gregory British Columbia Promoter information b) If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to promoter", "D" - Director, "O" - Executive Officer. Residential Relationship to promoter iurisdiction of First given Secondary given (select one or both if applicable) individual Organization or company name Family name name names Province or D 0 country

c) Residential address of each individual

Complete Schedule 2 of this form providing the full residential address for each individual listed in Item 9(a) and (b) and attach to the completed report. Schedule 2 also requires information to be provided about control persons.

ITEM 10 - CERTIFICATION

Provide the following certification and business contact information of an officer or director of the issuer or underwriter. If the issuer or underwriter is not a company, an individual who performs functions similar to that of a director or officer may certify the report. For example, if the issuer is a trust, the report may be certified by the issuer's trustee. If the issuer is an investment fund, a director or officer of the investment fund manager (or, if the investment fund manager is not a company, an individual who performs similar functions) may certify the report if the director or officer has been authorized to do so by the investment fund.

The certification may not be delegated to an agent or other individual preparing the report on behalf of the issuer or underwriter. If the individual completing and filing the report is different from the individual certifying the report, provide their name and contact details in Item 11.

The signature on the report must be in typed form rather than handwritten form. The report may include an electronic signature provided the name of the signatory is also in typed form.

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

By completing the information below, I certify to the securities regulatory authority or regulator that:

- I have read and understand this report; and
- all of the information provided in this report is true.

| Full legal name | LaFontaine | Sandra | | | · |
|--|-----------------------------|------------------|-------------------------|----------------|----------|
| | Family name | First given name | <u>-</u> | Secondary give | en names |
| Title | Director of Compliance | | | | |
| Name of issuer/underwriter/ investment fund manager | Trez Capital Yield Trust US | | | | |
| Telephone number | 6044841461 | Email address | sandral@trezcapital.com | | |
| Signature | "Sandra LaFontaine" | Date | 2017 | 04 | 12 |
| | | _ | YYYY | MM | DD |

ITEM 11- CONTACT PERSON Provide the following business contact information for the individual that the securities regulatory authority or regulator may contact with any questions regarding the contents of this report, if different than the individual certifying the report in Item 10. Same as individual certifying the report Full legal name Paton Ronald G. Barrister & Solicitor Family name First given name Secondary given names Owen Bird Law Corporation Name of company Email address rpaton@owenbird.com Telephone number 6046917504

Notice - Collection and use of personal information

The personal information required under this form is collected on behalf of and used by the securities regulatory authority or regulator under the authority granted in securities legislation for the purposes of the administration and enforcement of the securities legislation.

If you have any questions about the collection and use of this information, contact the securities regulatory authority or regulator in the local jurisdiction(s) where the report is filed, at the address(es) listed at the end of this form.

The attached Schedules 1 and 2 may contain personal information of individuals and details of the distribution(s). The information in Schedules 1 and 2 will not be placed on the public file of any securities regulatory authority or regulator. However, freedom of information legislation may require the securities regulatory authority or regulator to make this information available if requested.

By signing this report, the issuer/underwriter confirms that each individual listed in Schedule 1 or 2 of the report who is resident in a jurisdiction of Canada:

- a) has been notified by the issuer/underwriter of the delivery to the securities regulatory authority or regulator of the information pertaining to the individual as set out in Schedules 1 or 2, that this information is being collected by the securities regulatory authority or regulator under the authority granted in securities legislation, that this information is being collected for the purposes of the administration and enforcement of the securities legislation of the local jurisdiction, and of the title, business address and business telephone number of the public official in the local jurisdiction, as set out in this form, who can answer questions about the security regulatory authority's or regulator's indirect collection of the information, and
- b) has authorized the indirect collection of the information by the securities regulatory authority or regulator.