# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8869846

ITEM 1 - REPORT TYPE							
✓ New report							
☐ Amended report If ame	ended, provide filing date	of report that is being a	mended	(YYYY-MM-DD)			
ITEM 2 - PARTY CERTIFYING TH	ie 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 inve	etment fund)						
Underwriter	siment iunu)						
Onderwhiter							
ITEM 3 - ISSUER NAME AND O	THER IDENTIFIERS						
Provide the following information about	the issuer, or if the issuer is an in	vestment fund, about the fund					
Full legal name	Trez Capital Prime Tru	st					
Previous full legal name	)						
If the issuer's name changed in t	he last 12 months, provide most	recent previous legal name.					
Website	www.trezcapital.com	(if applic	able)				
If the issuer has a legal entity identifier. p	rovide below. Refer to Part B of t	he Instructions for the definiti	on of "legal entity identifier".				
Legal entity identifier							
If two or more issuers distributed a single	security, provide the full legal no	ame(s) of the co-issuer(s) other	than the issuer named above	2.			
Full legal name(s) of co-issuer(s	)	(if applic	able)				
ITEM 4 - UNDERWRITER INFOR	MATION						
If an underwriter is completing the report	, provide the underwriter's full le	gal name and firm NRD numl	er.	_			
Full legal name							
Firm NRD number		(if applicable)					
If the underwriter does not have a firm N	RD number, provide the head off	ice contact information of the	underwriter.				
Street address							
Municipality		Province/Stat	Province/State				
Country		Postal code/Zip cod	code/Zip code				
Telephone number	Website (if app						

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 in your reasonable judgment most closely corresponds to the issuer's primary business activity.						
NAICS industry code 5 2 6 9 1 3						
If the issuer is in the <b>mining industry</b> , 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.						
Exploration Development Production						
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.						
✓ Mortgages ☐ Real estate ☐ Commercial/business debt ☐ Consumer debt ☐ Private companies						
☐ Cryptoassets						
b) Number of employees						
Number of employees: 0 - 49  50 - 99  100 - 499  500 or more						
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 7						
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 Financial year-end						
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 name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.						
Exchange name						
h) Size of issuer's assets						

Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first 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 inves	tment fund, provide the following information.						
a) Investment fund ma	a) Investment fund manager information						
Full legal name							
Firm NRD number	(if applicable)						
If the investment fund mand	ager 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	fund						
Type of investment fund tha	it most accurately identifies the issuer (select only one) .						
Money market	☐ Equity ☐ Fixed income ☐ Balanced						
Alternative strate	gies Cryptoasset Other (describe)						
Indicate whether one or bot	h of the following apply to the investment fund .						
Invests primarily in	n other investment fund issuers						
☐ Is a UCITs Fund¹							
	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union of ollective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.						
c) Date of formation a	nd financial year-end of the investment fund						
Date of forma	tion Financial year-end MM DD						
d) Reporting issuer st	atus of the investment fund						
Is the investment fund a rep	orting issuer in any jurisdication of Canada? No Yes						
If yes, select the jurisdictions	s of Canada in which the investment fund is a reporting issuer.						
AII	AB BC MB NB NL NT						
☐ NS ☐	NU ON PE QC SK T						
e) Public listing status	s of the investment fund						
If the investment fund has a CUSIP number, provide below (first 6 digits only)							
CUSIP number							
If the investment fund is publicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the							
name of an exchange and not a trading facility such as, for example, an automated trading system.  Exchange name							
f) Net asset value (NAV) of the investment fund							
Select the NAV range of the investment 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 \$500	DM S500M to under \$1B S1B or over Date of NAV calculation:						
	YYYY MM DD						

#### ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees in connection with the distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report. Currency a) Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars. US dollar ✓ Canadian dollar Euro Other (describe) Distribution date(s) State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report. Start date End date 2019 2019 07 80 07 15 YYYY MM DD YYYY MM DD Detailed purchaser information Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report. Types of securities distributed Provide the following information for all distributions reported on a per security basis. Refer to Part A(12) of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed. Canadian \$

# **Trust Units** Details of rights and convertible/exchangeable securities

Description of security

CUSIP number

(if applicable)

Security

code

NIT

If any rights (e.g. warrants, options) were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.

Number of

securities

23,482.18

Single or

lowest

price

10.0000

Highest price

10.0000

Total amount

2,348,261.84

Convertible / exchangeable security code		Underlying security code		Exercise price (Canadian \$)		Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)		
			Lowest	Highest						

#### Summary of the distribution by jurisdiction and exemption

State the total dollar amount of securities distributed and the number of purchasers for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides and for each exemption relied on in Canada for that distribution. However, if an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include distributions to purchasers resident in that jurisdiction of Canada only.

This table requires a separate line item for: (i) each jurisdiction where a purchaser resides, (ii) each exemption relied on in the jurisdiction where a purchaser resides, if a purchaser resides in a jurisdiction of Canada, and (iii) each exemption relied on in Canada, if a purchaser resides in a foreign

For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Exemption relied on	Number of unique <sup>28</sup> purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.9(1) [Offering memorandum] (BC, NL)	5	235,150.00
Alberta	NI 45-106 2.3 [Accredited investor]	2	268,009.31
Nova Scotia	NI 45-106 2.3 [Accredited investor]	1	297,203.50
Ontario	NI 45-106 2.3 [Accredited investor]	10	1,353,100.00
Ontario	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)		71,000.00
Québec	Québec NI 45-106 2.3 [Accredited investor]		123,799.03
	2,348,261.84		

- <sup>2a</sup> In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.
- <sup>2b</sup> In 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	

<sup>&</sup>lt;sup>3</sup>"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	Date of document or other material (YYYY-MM-DD)	Previously filed with or delivered to regulator? (Y/N)	Date previously filed or delivered (YYYY-MM-DD)			

TEM 8 - COMPENSATION INFORMATION								
Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. <b>Complete additional copies of this page if more than one person was, or will be, compensated.</b>								
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.								
No ✓ Yes	If yes, indicate nur	mber of perso	ns compens	ated.		9		
a) 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 nan	ne of the individ	lual.					
Full legal name of individual Rajagopalan Vikram								
	Family name First given name Secondary given names							
If the person compensated is no	t an individual, provide the	following infor	mation.					
Full legal name	of non-individual							
F	rm NRD number					(if appli	icable)	
Indicate whether the person cor	nnensated facilitated the dis	stribution throu	ah a fundina r	oortal or i	an intern	」 et-hased n	ortal	✓ No ☐ Yes
b) Business contact infor					arr arcerri	er buseu p		<u> </u>
If a firm NRD number is not pro		the husiness co	ntact informa	tion of th	ne nerson	heina com	nensated	
	1404-401 Bay St	the business co	That anyonna		e person	being com	perisatea.	
L	•				Drovino	a/Ctata	Ontorio	
[	Toronto				Provinc	e/State	Ontario	
Country	Canada			Postal	I code/Z	ip code	M5H 2Y4	
Email address				Tele	ephone	number		
c) Relationship to issuer	or investment fund man	ager						
Indicate the person's relationshi the Instructions and the meanir							ning of "conn	ected" in Part B(2) of
Connect with the issu	er or investment fund mana	ager		Inside	er of the i	ssuer (oth	er than an inv	vestment fund)
Director or officer of the	ne investment fund or inves	stment fund ma	nager 🔽	Emplo	oyee of tl	ne issuer d	or investment	fund manager
None of the above								
d) Compensation details								
Provide details of all compensat Canadian dollars. Include cash of incidental to the distribution, su allocation arrangements with th	ommissions, securities-base ch as clerical, printing, legal	ed compensation or accounting	n, gifts, discou services. An iss	nts or oth suer is no	ner compe ot required	ensation. D I to ask for	Do not report p	payments for services
Cash commissions pa	id 2,084.13				Security	code 1	Security code	2 Security code 3
Value of all securitie distributed as compensatio		5	Security codes					
Describe to	erms of warrants, options of	or other rights						
Other compensation	n <sup>5</sup>	Describe						
Total compensation pa	id 2,084.13							
Check box if the pe	rson will or may receive an						nhts exercisab	ole to acquire
additional securities of the issurights exercisable to acquire action of the include deferred comparts.	er. Indicate the security co dditional securities of the is	des for all secu						

inciuae aererrea compensatio

a) Name of person comp	pensated and registration statu	ıs						
Indicate whether the person compensated is a registrant.  No  Yes								
If the person compensated is a	n individual, provide the name of t	he individual.						
Full legal name of indi	vidual Cooper	D	avid		James			
	Family name	<b>I</b>	First giv	ven name	Secondary (	given names		
If the person compensated is n	ot an individual, provide the follow	ing informatio	n.					
Full legal name	of non-individual							
F	Firm NRD number			(if app	licable)			
Indicate whether the person co	mpensated facilitated the distribut	ion through a	funding portal	or an internet-based μ	oortal. 🗸	No Yes		
b) Business contact information								
If a firm NRD number is not pr	ovided in Item 8 (a), provide the bu	siness contact	information of	the person being con	npensated.			
Street address	1404-401 Bay St							
Municipality	Toronto			Province/State	Ontario			
Country	Canada		Pos	stal code/Zip code	M5H 2Y4			
Email address			Т	elephone number				
c) Relationship to issuer	or investment fund manager							
	ip with the issuer or investment fu ng of "control" in section 1.4 of NI				ning of "connecte	ed" in Part B(2) of		
	uer or investment fund manager	15 100   01 1110	· ·	sider of the issuer (oth	ner than an invest	ment fund)		
_	the investment fund or investment	fund manage	_	nployee of the issuer				
<u> </u>	the investment fund of investment	Turiu manage	er [✓] Em	ipioyee of the issuer	or investment fun	u manager		
None of the above								
d) Compensation details								
	tion paid, or to be paid, to the persiconmissions, securities-based com							
incidental to the distribution, su	ich as clerical, printing, legal or acc	ounting service	es. An issuer is	not required to ask fo				
Cash commissions p	he directors, officers or employees of	of a non-indivi	dual compensa	ited by the issuer.				
·	, , , , ,			Security code 1	Security code 2	Security code 3		
Value of all securiti distributed as compensation		Secur	ity codes					
Describe	terms of warrants, options or othe	r rights						
Other compensation	on <sup>5</sup>	escribe						
Total compensation pa	4,764.38							
Check box if the pe	erson will or may receive any defe	rred compens	ation (describe	e the terms below)				
<sup>4</sup> Provide the aggregate value	of all securities distributed as com	nensation ev	cludina ontions	s warrants or other ri	nhts exercisable t	o acquire		
additional securities of the iss	or air securities distributed as com- uer. Indicate the security codes fo additional securities of the issuer.							
Do not include deferred comp								

a) Name of person compensated and registration status								
Indicate whether the person compensated is a registrant.    No    Yes								
If the person compensated is an individual, pro	vide the name of the indiv	idual.						
Full legal name of individual Lavoid		Stephan		Richard, Kenny				
	Family name	First g	iven name	Secondary given names				
If the person compensated is not an individual	provide the following info	rmation.						
Full legal name of non-indivi	dual							
Firm NRD num	ber		(if app	olicable)				
Indicate whether the person compensated faci	itated the distribution thro	ugh a funding portal	or an internet-based	portal.  Ves				
b) Business contact information								
If a firm NRD number is not provided in Item 8	(a), provide the business c	ontact information o	f the person being cor	mpensated.				
Street address 1404-401 Ba	y St							
Municipality Toronto			Province/State	Ontario				
Country		Pos	stal code/Zip code	M5H 2Y4				
Email address		1	Telephone number					
c) Relationship to issuer or investmen	t fund manager	_						
Indicate the person's relationship with the issu								
the Instructions and the meaning of "control" i		· · · <u></u>						
Connect with the issuer or investme	nt fund manager		sider of the issuer (of	her than an investment fund)				
Director or officer of the investment	fund or investment fund m	anager <b>√</b> Er	mployee of the issuer	or investment fund manager				
None of the above								
d) Compensation details								
Provide details of all compensation paid, or to								
Canadian dollars. Include cash commissions, se incidental to the distribution, such as clerical, p								
allocation arrangements with the directors, offi				·				
Cash commissions paid	433.30		Security code 1	Security code 2 Security code 3				
Value of all securities		Security codes						
distributed as compensation <sup>4</sup>	ts, options or other rights							
Other compensation <sup>5</sup>	Describe							
Total compensation paid	433.30							
Check box if the person will or ma	y receive any deferred cor	mpensation (describe	e the terms below)					
<sup>4</sup> Provide the aggregate value of all securities	distributed as compensati	on, <u>excluding</u> option	s, warrants or other ri	ights exercisable to acquire				
additional securities of the issuer. Indicate the rights exercisable to acquire additional security		urities distributed as	compensation, includ	ding options, warrants or other				
<sup>5</sup> Do not include deferred compensation.								

a) Name of person compensated and registration status									
Indicate whether the person compensated is a registrant. No Ves									
If the person compensated is an	n individual, provide t	the name of the indivi	dual.						
Full legal name of indiv	ridual Lanteri		Isabelle			K	arin		
		Family name	Fir	st given n	ame		Secondary	given names	
If the person compensated is no	ot an individual, prov	ide the following infor	mation.						
Full legal name	of non-individual								
Fi	irm NRD number				(if	appli	cable)		
Indicate whether the person cor	mpensated facilitated	the distribution thro	ıgh a funding po	rtal or ar	n internet-bas	sed p	ortal. ✓	No Yes	
b) Business contact infor	mation								
If a firm NRD number is not pro	ovided in Item 8 (a), p	provide the business co	ontact informatio	on of the	person being	com	pensated.		
Street address	1404-401 Bay St								
Municipality	Toronto			P	rovince/Sta	ite	Ontario		
Country	Canada			Postal o	code/Zip co	de	M5H 2Y4		
Email address				Telep	hone numb	er			
c) Relationship to issuer	or investment fund	d manager							
Indicate the person's relationshi							ning of "connecte	ed" in Part B(2) of	
the Instructions and the meaning	-		or the purposes o		-				
Connect with the issu	er or investment fun	d manager	Ш	Insider	of the issuer	(oth	er than an inves	ment fund)	
Director or officer of the	he investment fund o	or investment fund ma	anager 🗸	Employ	ee of the iss	uer c	or investment fur	id manager	
None of the above									
d) Compensation details									
Provide details of all compensati									
Canadian dollars. Include cash c incidental to the distribution, suc									
allocation arrangements with th						•		,	
Cash commissions pa	aid 4:	90.15			Security code	1	Security code 2	Security code 3	
Value of all securitie			Security codes						
distributed as compensatio									
Describe to	erms or warrants, or	otions or other rights							
Other compensation	n <sup>5</sup>	Describe							
Total compensation pa	nid 49	90.15							
Check box if the pe	rson will or may rece	eive any deferred con	npensation (desc	cribe the	terms below	)			
<sup>4</sup> Provide the aggregate value of	of all securities distri	buted as compensation	on, excludina on	tions. wa	nrrants or other	er ria	nhts exercisable	to acquire	
additional securities of the issurights exercisable to acquire ac	ıer. Indicate the secເ	urity codes for all sec							
	<sup>5</sup> Do not include deferred compensation.								

a) Name of person com	pensated and regis	tration status								
Indicate whether the person co	ompensated is a regist	rant.	✓ No	Yes						
If the person compensated is a	ın individual, provide t	he name of the indivi	dual.							
Full legal name of indi	Full legal name of individual McDonald Douglas James									
	1	amily name	Firs	t given name	Secondary given names					
If the person compensated is n	oot an individual, provi	de the following infor	mation.							
Full legal name	e of non-individual									
F	Firm NRD number			(if ap	plicable)					
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  V No Yes										
b) Business contact info	ormation									
If a firm NRD number is not pr	rovided in Item 8 (a), p	rovide the business co	ontact information	of the person being co	ompensated.					
Street address	1404-401 Bay St									
Municipality	Toronto			Province/State	Ontario					
Country	Canada		P	ostal code/Zip code	M5H 2Y4					
Email address				Telephone number	r					
c) Relationship to issuer or investment fund manager										
					eaning of "connected" in Part B(2) of					
the Instructions and the mean	•		· · · <u>—</u>							
<u> </u>	uer or investment fun	•		·	ther than an investment fund)					
Director or officer of	the investment fund of	or investment fund ma	anager 🗸	Employee of the issue	r or investment fund manager					
None of the above										
d) Compensation details	5									
					listribution. Provide all amounts in					
					. Do not report payments for services for details about, or report on, internal					
allocation arrangements with t					, , , , , , , , , , , , , , , , , , ,					
Cash commissions p	aid 2,1	11.24		Security code 1	Security code 2 Security code 3					
Value of all securit			Security codes							
distributed as compensati		Cara and the second term								
Describe	terms of warrants, op	tions or other rights								
Other compensation	on <sup>5</sup>	Describe								
Total compensation p	2,1	11.24								
Check box if the p	erson will or may rece	eive any deferred con	npensation (descr	ibe the terms below)						
<sup>4</sup> Provide the aggregate value	of all securities distril	outed as compensation	on excluding option	ons warrants or other	rights exercisable to acquire					
	suer. Indicate the secu	rity codes for all secu			uding options, warrants or other					
5Do not include deferred com		100001.								

a) Name of person compensated and r	egistration status									
Indicate whether the person compensated is a r	egistrant.	✓ No	Yes							
If the person compensated is an individual, prov	ride the name of the indivi	dual.								
Full legal name of individual Mayoo	ran	Kartheegan								
	Family name	First	given name	Secondary given names						
If the person compensated is not an individual,	If the person compensated is not an individual, provide the following information.									
Full legal name of non-individ	ual									
Firm NRD numl	per		(if app	icable)						
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  Ves										
b) Business contact information										
If a firm NRD number is not provided in Item 8	(a), provide the business co	ontact information	of the person being con	npensated.						
Street address 1404-401 Bay	St									
Municipality Toronto			Province/State	Ontario						
Country		Po	ostal code/Zip code	M5H 2Y4						
Email address			Telephone number							
c) Relationship to issuer or investment fund manager										
Indicate the person's relationship with the issue the Instructions and the meaning of "control" in				ning of "connected" in Part B(2) of						
Connect with the issuer or investmen		· · · <u>—</u>		ner than an investment fund)						
_	•	_	,	,						
Director or officer of the investment for	und or investment fund ma	anager <b>[√</b> ] E	Employee of the issuer	or investment fund manager						
None of the above										
d) Compensation details										
Provide details of all compensation paid, or to be										
Canadian dollars. Include cash commissions, sec incidental to the distribution, such as clerical, pro										
allocation arrangements with the directors, offic	ers or employees of a non-	individual compens	sated by the issuer.							
Cash commissions paid	1,083.50		Security code 1	Security code 2 Security code 3						
Value of all securities		Security codes								
distributed as compensation <sup>4</sup> Describe terms of warrant	s ontions or other rights									
	Describe									
Other compensation and										
Total compensation paid	1,083.50									
Check box if the person will or may	receive any deferred con	npensation (describ	pe the terms below)							
<sup>4</sup> Provide the aggregate value of all securities of										
additional securities of the issuer. Indicate the rights exercisable to acquire additional securit.		urities distributed a	s compensation, <u>includ</u>	ling options, warrants or other						
<sup>5</sup> Do not include deferred compensation.										

a) Name of person comp	pensated and regis	tration 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 Yau Winnie									
	!	Family name	<b>'</b>	First given	name		Secondary (	given names	
If the person compensated is no	If the person compensated is not an individual, provide the following information.								
Full legal name	of non-individual								
F	Firm NRD number				(	if appli	icable)		
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 pro	ovided in Item 8 (a), p	provide the business o	ontact inform	ation of the	person beir	ng com	pensated.		
Street address	1404-401 Bay St								
Municipality	Toronto				Province/S	state	Ontario		
Country	Canada		Ī	Postal	code/Zip c	ode	M5H 2Y4		
Email address			Ī	Tele	phone nun	nber			
c) Relationship to issuer or investment fund manager									
Indicate the person's relationsh							ning of "connecte	ed" in Part B(2) of	
the Instructions and the meaning	-		for the purpos		_				
Connect with the issu	der or investment fun	d manager	L	Inside	r of the issu	er (oth	er than an invest	ment fund)	
Director or officer of t	the investment fund o	or investment fund m	anager [	✓ Emplo	yee of the is	ssuer o	or investment fun	d manager	
None of the above									
d) Compensation details	,								
Provide details of all compensat									
Canadian dollars. Include cash incidental to the distribution, su									
allocation arrangements with th								,	
Cash commissions pa	aid 2	16.87		[	Security cod	de 1	Security code 2	Security code 3	
Value of all securities			Security code	es					
distributed as compensation		utions or other rights							
Describe	terms of warrants, op								
Other compensation		Describe							
Total compensation pa	aid 21	16.87							
Check box if the pe	erson will or may rece	eive any deferred co	mpensation (d	describe the	e terms belo	w)			
<sup>4</sup> Provide the aggregate value	of all securities distric	buted as compensat	ion, excludina	options. w	arrants or o	ther ric	nhts exercisable i	o acquire	
additional securities of the issurights exercisable to acquire a	uer. Indicate the secน	ırity codes for all sed							
Do not include deferred comp									

a) Name of person com	pensated and regis	stration status										
Indicate whether the person co	ompensated is a regist	rant.		☐ No		$\checkmark$	Yes					
If the person compensated is an individual, provide the name of the individual.												
Full legal name of indi	Full legal name of individual Narayan Poornima											
		Family name		·	Firs	t given i	name	· · · · · · · · · · · · · · · · · · ·	Second	ary give	n names	
If the person compensated is not an individual, provide the following information.												
Full legal name	e of non-individual											
ī	Firm NRD number							(if app	licable)			
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  Ves												
b) Business contact info	ormation											
If a firm NRD number is not p	rovided in Item 8 (a), p	provide the busir	iess coi	ntact info	ormation	of the	person	being con	npensated.			
Street address	1404-401 Bay St											
Municipality	Toronto					F	Provinc	e/State	Ontario			
Country	Canada				F	Postal	code/Z	ip code	M5H 2Y4			
Email address						Tele	phone	number				
c) Relationship to issuer or investment fund manager												
Indicate the person's relations the Instructions and the mean									ning of "coni	ected"	in Part B(2)	of
	uer or investment fun		- 100 10	т ите риг		-	-		ner than an in	/estme	nt fund)	
<u> </u>		-						•			·	
Director or officer of	the investment fund of	or investment fu	nd mai	nager	$\checkmark$	Emplo	yee of th	ne issuer	or investmen	fund m	anager	
None of the above												
d) Compensation details	6											
Provide details of all compensa												
Canadian dollars. Include cash incidental to the distribution, s												
allocation arrangements with t	he directors, officers o	r employees of a	non-i	ndividua	l compe	nsated	by the is	ssuer.				
Cash commissions p	paid 6	03.21					Security	/ code 1	Security code	2 Se	ecurity code	3
Value of all securit distributed as compensati			S	Security codes								
•	terms of warrants, or	 otions or other ri	ahts									
Other compensation	. ,	Desc	إ									
Total compensation p		03.21										
	erson will or may rece		d com	nensatio	n (desci	rihe the	terms l	nelow)				
					(4000.							$\neg$
<sup>4</sup> Provide the aggregate value additional securities of the iss												
rights exercisable to acquire a	additional securities o		Jocui	nics aist		<i>ao con</i>	,ponsali	on, <u>micial</u>	<u></u>	anant		
<sup>5</sup> Do not include deferred com	μ <del>α</del> τιδαιι <b>υ</b> Π.											

a) Name of person compens	ated and regist	ration 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 Castonguay Nicholas												
	F	amily name			Firs	t given ı	name		Second	ary give	n names	
If the person compensated is not an individual, provide the following information.												
Full legal name of n	non-individual											
Firm I	NRD number							(if appl	licable)			
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  V No Yes												
b) Business contact informat	ion											
If a firm NRD number is not provide	ed in Item 8 (a), pr	ovide the busin	ess coi	ntact info	rmation	of the	person	being com	npensated.			
Street address 140	4-401 Bay St											
Municipality Toro	onto					F	Provinc	e/State	Ontario			
Country	nada				P	ostal	code/Z	ip code	M5H 2Y4			
Email address						Tele	ohone	number				
c) Relationship to issuer or investment fund manager												
Indicate the person's relationship wi									ning of "coni	ected"	in Part B(2	?) of
the Instructions and the meaning of			·106 fo	r the pur		-	-					
Connect with the issuer or	r investment fund	manager			Ш	Insider	of the i	ssuer (otr	ner than an in	vestme	nt fund)	
Director or officer of the in	nvestment fund or	investment fur	nd mai	nager	$\checkmark$	Emplo	yee of tl	ne issuer	or investmen	fund m	nanager	
None of the above												
d) Compensation details												
Provide details of all compensation p												
Canadian dollars. Include cash commincidental to the distribution, such as												
allocation arrangements with the dir												
Cash commissions paid	12	3.80					Security	code 1	Security code	2 S	ecurity code	e 3
Value of all securities			S	Security codes								
distributed as compensation <sup>4</sup>	s of warrants, opt	ione or other ri	ahta									
Г	s or warrants, opt											$\blacksquare$
Other compensation <sup>5</sup>		Desc	ribe									
Total compensation paid	12:	3.80										
Check box if the person	will or may recei	ve any deferre	d com	pensatio	n (descr	ibe the	terms l	pelow)				
<sup>4</sup> Provide the aggregate value of all	securities distrib	uted as compe	nsatio	n, <u>exclud</u>	ing optic	ons, wa	arrants (	or other rig	ghts exercisa	ble to a	cquire	
additional securities of the issuer. It rights exercisable to acquire addition			l secui	rities dist	ributed	as con	pensati	ion, <u>includ</u>	ding options, I	varrant	s or other	
<sup>5</sup> Do not include deferred compensa												

#### ITEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER If the issuer is an investment fund, do not complete Item 9. Procced to Item 10. Indicate whether the issuer is any of the following (select the one that applies - if more than one applies, select only one). Reporting issuer in any jurisdiction of Canada Foreign public issuer Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada<sup>6</sup> Provide name of reporting issuer Wholly owned subsidiary of a foreign public issuer<sup>6</sup> Provide name of foreign public issuer Issuer distributing only eligible foreign securities and the distribution is to permitted clients only If the issuer is at least one of the above, do not complete Item 9(a) - (c). Proceed to Item 10. <sup>6</sup>An 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. <sup>7</sup>Check 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. ✓ 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 a) 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 non-individual or Relationship to issuer residentail Secondary given (select all that apply) jurisdiction of Organization or company name Family name First given name names individual D 0 Ρ Province or country ✓ / **√** Greene Morley British Columbia Derek ✓ ✓ **√** Perkins Robert British Columbia Maxwell ✓ ✓ Alexander British Columbia ✓ Manson Hin-Fai I ai Ken British Columbia Scott British Columbia Vorwaller Gregory Promoter information 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 jurisdiction of Secondary given (select one or both if applicable) individual Family name First given name Organization or company 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, director or agent 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 be delegated, but only to an agent that has been authorized by an officer or director of the issuer or underwriter to prepare and certify the report on behalf of the issuer or underwriter. If the report is being certified by an agent on behalf of the issuer or underwriter, provide the applicable information for the agent in the boxes below.

If the individual completing and filing the report is different from the individual certifying the report, provide the name and contact details for the individual completing and filing the report 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.

Securities legislation requires an issuer or underwriter that makes a distribution of securities under certain prospectus exemptions to file a completed report of exemt distribution.

By completing the information below, I certify, on behalf of the issuer/underwriter/investment fund manager, to the securities regulatory authority or regulator, as applicable, that I have reviewed this report and to my knowledge, having exercised reasonable diligence, the information provided in this report is true and, to the extent required, complete.

Name of issuer/underwriter/ investment fund manager/agent	Trez Capital Prime Trust									
Full legal name	LaFontaine									
	Family name	•	Secondary given names							
Title	Director of Compliance									
Telephone number	6044841461	Email address	sandral@	trezcapit	tal.com					
Signature	"Sandra LaFontaine"	2019	07	18						
			YYYY	MM	DD					

TEM 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.	Title	Barrister & Solicitor					
	Family name	First given name	Secondary given names	•						
Name of company	Owen Bird Law Corpora	tion								
Telephone number	6046917504	En	nail address rpaton@ow	enbird.co	m					

## 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.