Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8822454

| ITEM 1 - REPORT TYPE | | | | | | | | | | |
|--|---------------|-----------------|-----------------|----------|------------|---------------|-----------------|------------------|--------------|-----------------|
| ✓ New report | | | | | | | | | | |
| Amended report | lf amer | ided, provi | de filing da | ate of | report | that is | being ame | ended | | (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) | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| ITEM 3 - ISSUER NAME | | | | | | | | | | |
| Provide the following informat | egal name | | | | stment fu | na, abou | it the fund. | | |] |
| Previous full le | - | | | | | | | | | |
| | • | | | | | | | | | |
| If the issuer's name ch | anged in the | | - | | ent previ | ous legal | l name. | | | |
| | Website | www.trez | capital.cor | n | | | (if applicable | e) | | |
| If the issuer has a legal entity i | | ovide below. R | Refer to Part E | 8 of the | Instructio | ons for th | he definition o | of "legal entity | identifier". | |
| Legal entity | identifier | | | | | | | | | |
| If two or more issuers distribut | ed a single s | ecurity, provic | de the full leg | al nam | e(s) of th | e co-issu | ier(s) other th | an the issuer n | amed above | , |
| Full legal name(s) of co | o-issuer(s) | | | | | | (if applicable | e) | | |
| Item 4 - Underwriter | R INFORM | IATION | | | | | | | | |
| If an underwriter is completing | | | nderwriter's fi | ıll lega | l name ai | nd firm N | NRD number. | | | |
| Full legal name | | | | | | | | | |] |
| Firm NRD number | | | | | | (if app | licable) | | |] |
| If the underwriter does not hav | ve a firm NRI | D number, pro | ovide the hea | d office | contact | ı informat | tion of the un | derwriter. | | |
| Street address | | | | | | | | | | |
| Municipality | | | | | | Provi | ince/State | | | |
| Country | | | | | Post | tal code | e/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 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 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. |
| 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 |
| 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 |
| YYYY 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 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 |
|-----------------------|---------------------|-------------------------|
| S100M to under \$500M | S500M to under \$1B | S1B or over |

| ib close is an investment fund, provide the following information: iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | | | | | | | |
|---|--|--|--|--|--|--|--|
| Full legal name | | | | | | | |
| Firm NRD number | | | | | | | |
| If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Country Postal code/Zjp code Telephone number Website (if applicable) D Type of investment fund Type of investment fund fund that most accurately identifies the issuer (select only one). Money market Country Postal code/Zjp code Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Country Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment fund Date of formation and financial year-end of the investment fund YYYY MM DD MM DD | | | | | | | |
| Street address Municipality Province/State Country Postal code/Zip code Telephone number Website (if applicable) b Type of investment fund b Type of investment fund b Type of investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Is a UCITs Fund b Type of formation and financial year-end of the investment funds is on authorization from one member state. c Date of formation and financial year-end of the investment fund is a reporting issuer. c All All All All All All All All All Al | | | | | | | |
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| d) Reporting issuer status of the investment fund Is the investment fund a reporting issuer in any jurisdication of Canada? No If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer. All AB BC MB NB NL NT NS NU ON PE QC SK YT e) Public listing status of the investment fund If the investment fund has a CUSIP number, provide below (first 6 digits only) CUSIP number USIP number | | | | | | | |
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| If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer. All All NS NU ON PE QC SK YT | | | | | | | |
| AII AB BC MB NB NL NT NS NU ON PE QC SK YT e) Public listing status of the investment fund If the investment fund has a CUSIP number, provide below (first 6 digits only) CUSIP number | | | | | | | |
| e) Public listing status of the investment fund If the investment fund has a CUSIP number, provide below (first 6 digits only) CUSIP number | | | | | | | |
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| If the investment fund has a CUSIP number, provide below (first 6 digits only) CUSIP number | | | | | | | |
| 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 \$500M \$500M to under \$1B \$1B or over Date of NAV calculation: | | | | | | | |

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

| connection with the distribution, w Schedule 1 of the report. | ada completes a distribution in a jurisc ction of Canada only. Do not include in vhich must be disclosed in Item 8. The | n Item 7 securities issue | ed as payment of c | ommissions or fi | inder's fees in | | | | | |
|--|---|---|--|---|--|--|--|--|--|--|
| a) Currency | a) Currency | | | | | | | | | |
| Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars. | | | | | | | | | | |
| ✓ Canadian dollar | US dollar 🛛 Euro | Other (describe | e) | | | | | | | |
| b) 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 da | ^{te} 2019 05 14 | End dat | ^{te} 2019 | 05 21 | | | | | | |
| | YYYY MM DD | | YYYY | MM DD | | | | | | |
| c) Detailed purchaser infor | | | | | | | | | | |
| Complete Schedule 1 of this | form for each purchaser and a | ttach the schedule | to the complet | ed report. | | | | | | |
| d) Types of securities distr | ibuted | | | | | | | | | |
| | for all distributions reported on a per s SIP number, indicate the full 9-digit CU | | | | now to indicate the | | | | | |
| | | | | Canadian \$ | 5 | | | | | |
| Security code CUSIP number (if applicable) | Description of security | Number of securities | Single or lowest price | Highest price | Total amount | | | | | |
| UNT | | 6 10.0000 | | 3,512,893.61 | | | | | | |
| e) Details of rights and convertible/exchangeable securities | | | | | | | | | | |
| | 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. | | | | | | | | | |
| exchangeable Underlying security code security code | Exercise price (Canadian \$) Lowest Highest | Expiry date (YYYY- MM-DD) | Conversion ratio | Describe other items (if applicable) | | | | | | |
| | | | | | | | | | | |
| f) Summary of the distribut | ion 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 jurisdiction. For jurisdictions within Canada, state the province or territory, otherwise state the country. | | | | | | | | | | |
| distribution in a jurisdiction of Ca This table requires a separate line purchaser resides, if a purchaser r jurisdiction. | item for: (i) each jurisdiction where a period estimation in a jurisdiction of Canada, and | ers resident in that juris purchaser resides, (ii) e (iii) each exemption re | diction of Canada ach exemption rel | only. ied on in the juri | da completes a isdiction where a | | | | | |
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| Q | Québec | NI 45-106 2.3 [Accredited investor] | 3 | 631,785.00 |
|---|--------|---|----------------------|--------------|
| | | Total dollar amount of se | curities distributed | 3,512,893.61 |
| | | Total number of unique purchasers ^{2b} | 22 | |

^{2a} In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

^{2b} 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.³ 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 | 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) |
|-------------|---|---|---|
| | | | |

| ITEM 8 - COMPENSATIO | N INFORMATION | | | | | | |
|---|--|--------------------------------|---|----------------------------|----------------------------------|----------------|--------------------------|
| Provide information for each pe the distribution. Complete add | | | | | | | ation in connection with |
| Indicate whether any compens | ation was paid, or will be p | aid, in connecti | on with the distri | bution. | | | |
| 🗌 No 🗹 Yes | If yes, indicate nur | mber of perso | ns compensate | ed. | 10 | | |
| a) Name of person comp | ensated and registratior | n status | | | | | |
| Indicate whether the person cor | npensated is a registrant. | | No No | ✓ \ | res | | |
| If the person compensated is an | individual, provide the nam | ne of the individ | lual. | | | | |
| Full legal name of indiv | idual Rajagopalan | | Vikram | | | | |
| | Family r | name | Firs | t given nar | ne | Secon | dary given names |
| If the person compensated is no | t an individual, provide the | following infor | mation. | | | | |
| Full legal name | of non-individual | | | | | | |
| Fi | rm NRD number | | | | (if ap | plicable) | |
| Indicate whether the person cor | · · | stribution throu | gh a funding por | tal or an i | nternet-based | portal. | ✓ No 🗌 Yes |
| b) Business contact infor | | | | | | | |
| If a firm NRD number is not pro | - | the business co | ntact information | n of the pe | erson being co | mpensated. |] |
| Street address | 1404-401 Bay St | | | | | | |
| Municipality | Toronto | | | Pro | ovince/State | Ontario | |
| Country | Canada | | F | Postal co | de/Zip code | M5H 2Y4 | 1 |
| Email address | | | | Teleph | one number | | |
| c) Relationship to issuer | or investment fund man | ager | | | | | |
| Indicate the person's relationshi the Instructions and the meaning | | | | | | | nected" in Part B(2) of |
| Connect with the issu | er or investment fund mana | ager | | Insider of | the issuer (o | ther than an i | nvestment fund) |
| Director or officer of th | ne investment fund or inves | stment fund ma | nager 🗸 | Employee | e of the issue | r or investmer | nt fund manager |
| None of the above | | | | | | | |
| d) Compensation details | | | | | | | |
| Provide details of all compensation Canadian dollars. Include cash c incidental to the distribution, suc allocation arrangements with th | ommissions, securities-base ch as clerical, printing, legal e directors, officers or emple | d compensatio or accounting | n, gifts, discounts services. An issue | or other c r is not rea | compensation. quired to ask j | Do not report | t payments for services |
| Cash commissions pa | id 1,409.95 | | | S | ecurity code 1 | Security coo | le 2 Security code 3 |
| Value of all securitie distributed as compensatio | - | S | ecurity codes | | | | |
| Describe to | erms of warrants, options of | or other rights | | | | | |
| Other compensation | 1 ⁵ | Describe | | | | | |
| Total compensation pa | id 1,409.95 | | | | | | |
| Check box if the pe | rson will or may receive an | y deferred com | pensation (desc | ribe the te | erms below) | | |
| | | | | | | |] |
| ⁴ Provido the aggregate value | of all coourition distributed | c componenti- | n ovoludina ant | one wor | ante er ether | riabte overei- | |
| ⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire ad- rights exercisable to acquire ad- ri | er. Indicate the security co | des for all secu | | | | | |
| ⁵ Do not include deferred comp | | - | | | | | |

| a) Name of person com | pensated and registration | on status | | | | | | | |
|---|---|-------------------------------------|--|---|------------------------------------|--------------------|---------------------|--|--|
| Indicate whether the person co | mpensated is a registrant. | | No No | ✓ Ye | es | | | | |
| If the person compensated is a | If the person compensated is an individual, provide the name of the individual. | | | | | | | | |
| Full legal name of indi | vidual Cooper | | David | | | | | | |
| | Family | / name | First | t given name | e | Secondary g | given names | | |
| If the person compensated is n | ot an individual, provide th | e following infor | mation. | | | | | | |
| Full legal name | e of non-individual | | | | | | | | |
| F | Firm NRD number | | | | (if appl | icable) | | | |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Vo Yes | | | | | | | | | |
| b) Business contact info | rmation | | | | | | | | |
| If a firm NRD number is not pr | ovided in Item 8 (a), provid | le the business co | ontact information | of the per | son being com | pensated. | | | |
| Street address | 1404-401 Bay St | | | | | | | | |
| Municipality | Toronto | |] | Prov | vince/State | Ontario | | | |
| Country | Canada | |] P | ostal cod | le/Zip code | M5H 2Y4 | | | |
| Email address | | |] | Telepho | ne number | | | | |
| c) Relationship to issuer | or investment fund ma | nager | | | | | | | |
| Indicate the person's relationsh the Instructions and the mean | | | | | | ning of "connecte | ed" in Part B(2) of | | |
| | uer or investment fund ma | | · · · | | - | er than an invest | ment fund) | | |
| | | | | | | | | | |
| | the investment fund or inv | estment rund ma | anager 🗸 | Employee | or the issuer t | or investment fun | u manager | | |
| None of the above | | | | | | | | | |
| d) Compensation details | 3 | | | | | | | | |
| Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with t | commissions, securities-ba ıch as clerical, printing, leg | sed compensatio al or accounting | n, gifts, discounts services. An issuer | or other co [.] is not requ | ompensation. D uired to ask for | Do not report payı | nents for services | | |
| Cash commissions p | aid 4,354.9 | 5 | | Sec | curity code 1 | Security code 2 | Security code 3 | | |
| Value of all securiti | | | Security codes | | | | | | |
| distributed as compensation | on ^₄ | | , | | | | | | |
| Other compensatio | | | | | | | | | |
| | | | | | | | | | |
| Total compensation p | aid 4,354.95 | | | | | | | | |
| Check box if the p | erson will or may receive a | iny deferred con | npensation (descr | ibe the teri | ms below) | | | | |
| | | | | | | | | | |
| ⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred composition ⁵ Do not include deferred composition | uer. Indicate the security of additional securities of the | codes for all secu | | | | | | | |

| a) Name of person com | pensated and registrati | on status | | | | | | | |
|---|---|--|---|---------------------------|----------------------|-------------------------|-------------|--------------|----------------|
| Indicate whether the person co | mpensated is a registrant. | | No No | \checkmark | Yes | | | | |
| If the person compensated is a | n individual, provide the n | ame of the indivi | dual. | | | | | | |
| Full legal name of indi | vidual Jenkin | | Taylor | | | | | | |
| | Famil | y name | Fi | rst given n | ame | | Seco | ondary given | names |
| If the person compensated is n | ot an individual, provide th | e following infor | mation. | | | | | | |
| Full legal name | e of non-individual | | | | | | | | |
| F | Firm NRD number | | | | | (if appl | 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 pr | ovided in Item 8 (a), provid | le the business co | ontact informatic | on of the | person b | eing com | pensated. | | |
| Street address | 1404-401 Bay St | | | | | | | | |
| Municipality | Toronto | | | Р | rovince | e/State | Ontario | | |
| Country | Canada | | | Postal c | code/Zip | o code | M5H 2Y | ′4 | |
| Email address | | | | Telep | hone n | umber | | | |
| c) Relationship to issuer | or investment fund ma | inager | <u>.</u> | | | | | | |
| the Instructions and the mean | Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part 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. | | | | | | | | |
| Director or officer of | the investment fund or inv | estment fund ma | anager 🗸 | Employ | vee of the | e issuer o | or investme | ent fund ma | inager |
| None of the above | | | | | | | | | |
| d) Compensation details | 3 | | | | | | | | |
| Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with t | commissions, securities-ba uch as clerical, printing, leg he directors, officers or em | sed compensatio al or accounting ployees of a non- | n, gifts, discount services. An issu | s or othei er is not i | r compei required | nsation. E to ask fo | Do not repo | rt payments | s for services |
| Cash commissions p | aid 273.0 | 2 | | | Security | code 1 | Security co | ode 2 Sec | curity code 3 |
| Value of all securiti distributed as compensation | | ; | Security codes | | | | | | |
| | terms of warrants, options | or other rights | | | | | | | |
| Other compensation | on⁵ | Describe | | | | | | | |
| Total compensation p | aid 273.00 | | | | | | | | |
| Check box if the person will or may receive any deferred compensation (describe the terms below) | | | | | | | | | |
| | | | | | | | | | |
| ⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred com | uer. Indicate the security of additional securities of the | codes for all secu | | | | | | | |

| a) Name of person compensated | and registration status | | | | | | |
|---|---|--|--|--------------------------------|--------|--|--|
| Indicate whether the person compensated | l is a registrant. | ✓ No | Yes | | | | |
| If the person compensated is an individuc | l, provide the name of the ind | ividual. | | | | | |
| Full legal name of individual | avoie | Stephan | | | | | |
| | Family name | First g | jiven name | Secondary given names | | | |
| If the person compensated is not an indiv | | formation. | | | | | |
| Full legal name of non-ir | ndividual | | | | | | |
| Firm NRD | number | | (if appl | 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 I | | contact information o | of the person being com | pensated. | | | |
| Street address 1404-40 | 1 Bay St | | | | | | |
| Municipality Toronto | | | Province/State | Ontario | | | |
| Country Canada | | Po | stal code/Zip code | M5H 2Y4 | | | |
| Email address | | - | Telephone number | | | | |
| c) Relationship to issuer or invest | ment fund manager | | | | | | |
| Indicate the person's relationship with the the Instructions and the meaning of "cont | | | | ning of "connected" in Part B | (2) of | | |
| Connect with the issuer or inve | | · · · | | er than an investment fund) | | | |
| Director or officer of the investr | | _ | | or investment fund manager | | | |
| None of the above | | | | | | | |
| | | | | | | | |
| d) Compensation details | | | | | | | |
| Provide details of all compensation paid, of Canadian dollars. Include cash commissio incidental to the distribution, such as cleri allocation arrangements with the director. | ns, securities-based compensa cal, printing, legal or accounti | tion, gifts, discounts or ng services. An issuer is | ^r other compensation. L s not required to ask fo | Do not report payments for ser | vices | | |
| Cash commissions paid | 2,211.25 | n-matviadat compensi | | | | | |
| | | | Security code 1 | Security code 2 Security cod | le 3 | | |
| Value of all securities distributed as compensation ⁴ | | Security codes | | | | | |
| Describe terms of w | arrants, options or other right | 5 | | | | | |
| Other compensation ⁵ | Describ | e | | | | | |
| Total compensation paid | 2,211.25 | | | | | | |
| Check box if the person will o | or may receive any deferred c | ompensation (describ | e the terms below) | | | | |
| | | | | | | | |
| ⁴ Provide the aggregate value of all secu additional securities of the issuer. Indica rights exercisable to acquire additional s ⁵ Do not include deferred compensation. | te the security codes for all se | | | | , r | | |

| a) Name of person com | pensated and regist | tration status | | | | | | | | |
|---|--|---|---|----------------------------|--------------------------|------------------------|---|--------------|-------------|---------|
| Indicate whether the person co | ompensated is a registr | ant. | 🗌 No | \checkmark | Yes | | | | | |
| If the person compensated is a | n individual, provide tl | ne name of the ind | ividual. | | | | | | | |
| Full legal name of indi | vidual Lanteri | | Isabelle | | | | | | | |
| | F | amily name | Fi | irst given n | name | | Seco | ndary give | n names | |
| If the person compensated is n | ot an individual, provid | de the following inf | formation. | | | | | | | |
| Full legal name | e of non-individual | | | | | | | | | |
| F | Firm NRD number | | | | | (if appli | icable) | | | |
| Indicate whether the person co | ompensated facilitated | the distribution th | ough a funding po | ortal or ar | n internet | -based p | ortal. | \checkmark | No 🗌 | Yes |
| b) Business contact info | rmation | | | | | | | | | |
| If a firm NRD number is not pr | ovided in Item 8 (a), p | rovide the business | contact information | on of the | person be | eing com | pensated. | | | |
| Street address | 1404-401 Bay St | | | | | | | | | |
| Municipality | Toronto | | | P | Province/ | State | Ontario | | | |
| Country | Canada | | | Postal o | code/Zip | code | M5H 2Y4 | | | |
| Email address | | | | Telep | phone nu | umber | | | | |
| c) Relationship to issuer | or investment fund | manager | | | | | | | | |
| | | on 1.4 of NI 45-10 I manager | 5 for the purposes | of comple | eting this of the iss | section. suer (oth | ning of "con er than an or investme | investme | ent fund) | 1 |
| None of the above | | | | | | | | | | |
| d) Compensation details | 3 | | | | | | | | | |
| Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with t | commissions, securitie uch as clerical, printing he directors, officers or | s-based compensa , legal or accountir employees of a no | tion, gifts, discount ng services. An issu | ts or othe Ier is not I | r compen required t | sation. D o ask for | o not repoi | rt payme | nts for se | ervices |
| Cash commissions p | aid 1,13 | 1.27 | | _ | Security c | ode 1 | Security co | de 2 S | Security co | ode 3 |
| Value of all securit distributed as compensation | | | Security codes | | | | | | | |
| Describe | terms of warrants, op | tions or other right | s | | | | | | | |
| Other compensation | on ⁵ | Describ | e | | | | | | | |
| Total compensation p | aid 1,13 | 1.27 | | | | | | | | |
| Check box if the p | erson will or may rece | ive any deferred c | ompensation (des | cribe the | terms be | low) | | | | |
| | | | | | | | | | | |
| ⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred com | uer. Indicate the secu additional securities of | rity codes for all se | | | | | | | | er |

| a) Name of person com | pensated and regist | ration status | | | | | | | | |
|--|--|---|--|---------------------------|-------------------------|---------------------------------|---|--------------|----------|------------|
| Indicate whether the person co | ompensated is a registro | ant. | ✓ No | | Yes | | | | | |
| If the person compensated is a | - | ne name of the indiv | idual. | | | | | | | |
| Full legal name of indi | vidual McDonald | | Douglas | | | | | | | |
| | F | amily name | Fire | st given n | ame | | Seco | ndary giv | /en nam | es |
| If the person compensated is n | ot an individual, provid | le the following info | rmation. | | | | | | | |
| Full legal name | e of non-individual | | | | | | | | | |
| F | Firm NRD number | | | | | (if appl | icable) | | | |
| Indicate whether the person co | ompensated facilitated | the distribution thro | ugh a funding por | rtal or ar | n interne | t-based p | ortal. | \checkmark | No | Yes |
| b) Business contact info | rmation | | | | | | | | | |
| If a firm NRD number is not pr | ovided in Item 8 (a), pr | ovide the business o | contact informatio | n of the | person b | eing com | pensated. | | | |
| Street address | 1404-401 Bay St | | | | | | | | | |
| Municipality | Toronto | | | Р | rovince | e/State | Ontario | | | |
| Country | Canada | | I | Postal c | code/Zip | o code | M5H 2Y4 | | | |
| Email address | | | | Telep | hone n | umber | | | | |
| c) Relationship to issuer | or investment fund | manager | | | | | | | | |
| | | on 1.4 of NI 45-106 I manager | for the purposes o | of comple | eting this of the is | s <i>section</i> . suer (oth | <i>ning of "co</i> er than an or investme | investn | nent fun | nd) |
| | | | | | | | | | | |
| d) Compensation details Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with t | tion paid, or to be paia commissions, securitie: .ch as clerical, printing, he directors, officers or | s-based compensati , legal or accounting employees of a non | on, gifts, discounts 7 services. An issue | s or othei er is not i | r compei required | nsation. E to ask foi | Do not repo | rt paym | ents for | · services |
| Cash commissions p | | 6.04 | | _ | Security | code 1 | Security co | ode 2 | Security | code 3 |
| Value of all securit distributed as compensation | | | Security codes | | | | | | | |
| Describe | terms of warrants, opt | ions or other rights | | | | | | | | |
| Other compensation | on ⁵ | Describe | | | | | | | | |
| Total compensation p | aid 72 | 6.04 | | | | | | | | |
| ⁴ Provide the aggregate value | | uted as compensati | ion, <u>excluding</u> opt | tions, wa | nrrants of | r other rig | | | | |
| additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred com | additional securities of | | curities distributed | as com | pensatio | n, <u>Includ</u> | <u>ing</u> options | s, warra | nts or o | iner |

| a) Name of person com | pensated and regist | ration status | | | | | | | | | |
|---|--------------------------------|---------------------|------------------------------|----------------|------------|-------------|--------------|--------------|---------|---------|-------|
| Indicate whether the person co | ompensated is a registro | int. | 🖌 No | | Yes | | | | | | |
| If the person compensated is a | | e name of the ind | ividual. | | | | | | | | |
| Full legal name of indi | vidual Mayooran | | Karthe | egan | | | | | | | |
| | Fa | amily name | | First giver | name | | Seco | ondary g | iven na | mes | |
| If the person compensated is n | | le the following in | formation. | | | | | | | | |
| Full legal name | e of non-individual | | | | | | | | | | |
| F | Firm NRD number | | | | | (if appl | icable) | | | | |
| Indicate whether the person co | | the distribution th | rough a fundii | ng portal or | an interne | t-based p | oortal. | \checkmark |] No | | Yes |
| b) Business contact info | | | | | | | | | | | |
| If a firm NRD number is not p | | ovide the busines | s contact infor | mation of th | e person b | eing com | pensated. | | | | |
| Street address | 1404-401 Bay St | | | | | | | | | | |
| Municipality | Toronto | | | | Province | e/State | Ontario | | | | |
| Country | Canada | | Postal code/Zip code M5H 2Y4 | | | | | | | | |
| Email address | | | Telephone number | | | | | | | | |
| c) Relationship to issue | r or investment fund | manager | | | | | | | | | |
| Indicate the person's relations the Instructions and the mean | | | | | | | ning of "co | onnecte | d" in P | art B(2 | ') of |
| | uer or investment fund | | | | - | | er than an | invest | ment fi | und) | |
| | the investment fund or | | manager | _ | | | or investme | | | | |
| | the investment fund of | investment fund | manager | | | e issuel (| or investing | | umana | iger | |
| None of the above | | | | | | | | | | | |
| d) Compensation details | | | | | | | | | | | |
| Provide details of all compensa Canadian dollars. Include cash | | | | | | | | | | | |
| incidental to the distribution, su allocation arrangements with t | uch as clerical, printing, | legal or accounti | ng services. Aı | n issuer is no | t required | to ask fo | | | | | |
| Cash commissions p | | 3.40 | | compensated | | suer. | | | | | |
| | | | | | Security | code 1 | Security co | ode 2 | Securi | ty code | :3 |
| Value of all securit distributed as compensati | | | Security co | des | | | | | | | |
| Describe | terms of warrants, opti | ions or other right | s | | | | | | | | |
| Other compensation | on ⁵ | Describ | e | | | | | | | | |
| Total compensation p | aid 243 | 3.40 | | | | | | | | | |
| Check box if the p | erson will or may recei | ve any deferred o | ompensation | (describe th | e terms b | elow) | | | | | |
| | | | | | | | | | | | |
| ⁴ Provide the aggregate value | of all securities distribution | uted as compens | ation evoludiu | na ontione w | varrante o | r other riv | nhts everci | sahla ti | | ire |] |
| additional securities of the iss rights exercisable to acquire a | suer. Indicate the secur | ity codes for all s | | | | | | | | | |
| ⁵ Do not include deferred com | | une 1880Cl. | | | | | | | | | |

| a) Name of person com | pensated and registrat | ion status | | | | | | | | |
|---|--|---------------------------------------|---|---------------------------|----------------------|-------------------------|--------------|-------------|----------------|---|
| Indicate whether the person co | ompensated is a registrant. | | ✓ No | | Yes | | | | | |
| If the person compensated is a | n individual, provide the n | ame of the indivi | dual. | | | | | | | |
| Full legal name of indi | vidual Yau | | Winnie | | | | | | | |
| | Fami | ly name | Fir | st given n | iame | • | Seco | ndary given | names | - |
| If the person compensated is n | ot an individual, provide t | he following infor | mation. | | | | | | | |
| Full legal name | e of non-individual | | | | | | | | | |
| F | Firm NRD number | | | | | (if appl | icable) | | | |
| Indicate whether the person co | ompensated facilitated the | distribution throu | igh a funding poi | rtal or an | n interne | et-based p | oortal. | ✓ N | o 🗌 Yes | |
| b) Business contact info | rmation | | | | | | | | | |
| If a firm NRD number is not pr | ovided in Item 8 (a), provi | de the business co | ontact informatio | n of the | person b | peing com | pensated. | | | |
| Street address 1404-401 Bay St | | | | | | | | | | |
| Municipality | Toronto | | | Р | rovince | e/State | Ontario | | | |
| Country | Canada | Postal code/Zip code | | | | | M5H 2Y | <u>′</u> 4 | | |
| Email address | | | | Telep | hone n | | | | | |
| c) Relationship to issuer or investment fund manager | | | | | | | | | | |
| Indicate the person's relations the Instructions and the mean | | | | | | | ining of "co | nnected" in | Part B(2) of | |
| Connect with the iss | uer or investment fund ma | anager | | Insider | of the is | suer (oth | er than an | investmen | t fund) | |
| Director or officer of | the investment fund or inv | vestment fund ma | anager 🗸 | Employ | vee of th | e issuer (| or investme | ent fund ma | anager | |
| None of the above | | | | | | | | | | |
| d) Compensation details | 3 | | | | | | | | | |
| Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with t | commissions, securities-bo uch as clerical, printing, leg | ased compensatio gal or accounting | n, gifts, discounts services. An issue | s or othei er is not i | r compei required | nsation. L to ask fo | Do not repo | rt payment | s for services | l |
| Cash commissions p | aid 550.2 | :9 | | | Security | code 1 | Security co | ode 2 Sec | curity code 3 | |
| Value of all securiti distributed as compensati | | ; | Security codes | | | | | | | |
| | terms of warrants, option | s or other rights | | | | | | | | |
| Other compensation | on⁵ | Describe | | | | | | | | |
| Total compensation p | aid 550.2 | 9 | | | | | | |] | |
| Check box if the p | erson will or may receive | any deferred con | npensation (desc | ribe the | terms b | elow) | | | | |
| | | | | | | | | | | |
| ⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred com | uer. Indicate the security additional securities of the | codes for all secu | | | | | | | | |

| a) Name of person com | pensated and registra | ation status | | | | | | | | |
|---|---|---|---|------------------------|----------------------|-------------------------|-------------|--------------|----------|------------|
| Indicate whether the person co | mpensated is a registrar | nt. | No No | \checkmark | Yes | | | | | |
| If the person compensated is a | | name of the indivi | dual. | | | | | | | |
| Full legal name of indi | vidual Narayan | | Poornima | | | | | | | |
| | Far | nily name | Firs | st given n | ame | | Seco | ndary gi | ven nam | nes |
| If the person compensated is n | ot an individual, provide | the following infor | mation. | | | | | | | |
| Full legal name | e of non-individual | | | | | | | | | |
| F | Firm NRD number | | | | | (if app | licable) | | | |
| Indicate whether the person co | ompensated facilitated th | e distribution throu | ıgh a funding por | tal or an | internet | t-based p | oortal. | \checkmark | No | Yes |
| b) Business contact info | rmation | | | | | | | | | |
| If a firm NRD number is not pr | ovided in Item 8 (a), pro | vide the business co | ontact information | n of the p | person b | eing con | npensated. | | | |
| Street address 1404-401 Bay St | | | | | | | | | | |
| Municipality | Toronto | | Province/State | | | /State | Ontario | | | |
| Country | Canada | | Postal code/Zip code | | | | e M5H 2Y4 | | | |
| Email address | | | Telephone number | | | | | | | |
| c) Relationship to issuer or investment fund manager | | | | | | | | | | |
| Indicate the person's relationsh the Instructions and the meani | | | | | | | ning of "co | onnected | d" in Pa | rt B(2) of |
| Connect with the iss | uer or investment fund r | nanager | | Insider | of the is | suer (oth | ner than an | investr | nent fur | nd) |
| Director or officer of | the investment fund or i | nvestment fund ma | anager 🗸 | Employ | ee of the | e issuer | or investme | ent func | l manaç | ger |
| None of the above | | | | | | | | | | |
| d) Compensation details | 3 | | | | | | | | | |
| Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with t | commissions, securities- uch as clerical, printing, l he directors, officers or e | based compensatic egal or accounting mployees of a non- | n, gifts, discounts services. An issue | or other r is not r | r comper required | nsation. I to ask fo | Do not repo | rt payn | nents fo | r services |
| Cash commissions p | aid 207 | .44 | | | Security | code 1 | Security co | ode 2 | Security | v code 3 |
| Value of all securiti distributed as compensation | | | Security codes | | | | | | | |
| | terms of warrants, optic | ons or other rights | | | | | | | | |
| Other compensation | on ⁵ | Describe | | | | | | | | |
| Total compensation p | aid 207. | .44 | | | | | | | | |
| Check box if the p | erson will or may receive | e any deferred con | npensation (desc | ribe the | terms be | elow) | | | | |
| | | | | | | | | | | |
| ⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred com | uer. Indicate the securit additional securities of th | y codes for all sec | | | | | | | | |

| a) Name of person com | pensated and regist | ration status | | | | | | |
|---|---|--|---|---|--------------------------------------|-----------------|--|--|
| Indicate whether the person co | ompensated is a registro | ant. | ✓ No | | Yes | | | |
| If the person compensated is a | n individual, provide th | e name of the indivi | dual. | | | | | |
| Full legal name of indi | vidual Castonguay | | Nicolas | | | | | |
| | F | amily name | Firs | st given na | me | Seconda | ry given names | |
| If the person compensated is n | ot an individual, provid | le the following infor | mation. | | | | | |
| Full legal name | e of non-individual | | | | | | | |
| F | Firm NRD number | | | | (if appl | icable) | | |
| Indicate whether the person co | ompensated facilitated | the distribution throu | igh a funding por | tal or an i | internet-based p | oortal. | 🖌 No 🗌 Yes | |
| b) Business contact info | rmation | | | | | | | |
| If a firm NRD number is not p | rovided in Item 8 (a), pr | ovide the business co | ontact information | n of the pe | erson being com | pensated. | | |
| Street address | 1404-401 Bay St | | | | | | | |
| Municipality | Toronto | | | Pro | ovince/State | Ontario | | |
| Country | Canada | | F | Postal co | ode/Zip code | M5H 2Y4 | | |
| Email address | | | Telephone number | | | | | |
| c) Relationship to issue | or investment fund | manager | J | | | | | |
| | | on 1.4 of NI 45-106 f manager | or the purposes o | f complete Insider o | | er than an inve | estment fund) | |
| d) Compensation details | 3 | | | | | | | |
| Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with t Cash commissions p | tion paid, or to be paid commissions, securities uch as clerical, printing, he directors, officers or aid | s-based compensatio legal or accounting | n, gifts, discounts services. An issue | or other or r is not re nsated by | compensation. L equired to ask fo | Do not report p | ayments for services or report on, internal | |
| Value of all securit distributed as compensati | | 5 | Security codes | | | | | |
| | terms of warrants, opt | ions or other rights | | | | | | |
| Other compensation | on ⁵ | Describe | | | | | | |
| Total compensation p | aid 63 ⁻ | 1.79 | | | | | | |
| ⁴ Provide the aggregate value additional securities of the iss | uer. Indicate the secur | uted as compensation | on, <u>excluding</u> opti | ions, warr | rants or other rig | | | |
| rights exercisable to acquire a ⁵ Do not include deferred com | | the issuer. | | | | | | |

| ITEM 9 - DIRECTORS, EXECU | TIVE OFFICERS | AND PROMOT | ERS OF THE ISS | JER | | | | | |
|--|---|--|---|---|---|------------------------|-----------------------------------|--------|--|
| If the issuer is an investment fun | d, do not complete | Item 9. Procced to | Item 10. | | | | | | |
| Indicate whether the issuer is any o | f the following (seled | t the one that appli | es - if more than one | applies, select onl | y one). | | | | |
| Reporting issuer in any juris | sdiction of Canada | | | | | | | | |
| Foreign public issuer | | | | | | | | | |
| Wholly owned subsidiary of | a reporting issuer in | n any jurisdiction of | Canada ⁶ | | | | | | |
| Provide nar | ne of reporting issue | er | | | | | |] | |
| Wholly owned subsidiary of | a foreign public iss | uer ⁶ | | | | | | | |
| Provide name of foreign public issuer | | | | | | | | | |
| Issuer distributing only eligi | ble foreign securitie | s and the distributio | n is to permitted clie | nts only ⁷ | | | | | |
| If the issuer is at least one of the | above, do not com | plete Item 9(a) – (d | :). Proceed to Item 1 | 0. | | | | | |
| ⁶ An issuer is a wholly owned subsid securities that are required by law t respectively. ⁷ Check this box if it applies to the c clients. Refer to the definitions of "e ✓ If the issuer is none of the | o be owned by its di urrent distribution ev ligible foreign secur | rectors, are benefic ven if the issuer mad ity" and "permitted o | ially owned by the re, de previous distributi client" in Part B(1) of | porting issuer or i ons of other types | the foreign | public is | suer, | | |
| a) Directors, executive office | | - | | | | | | | |
| Provide the following information fo territory; otherwise state the country Organization or company name | | | | | noter. ation of ual or tail on of | Relatio | province onship to all that | issuer | |
| | | | | Province or | country | D | 0 | Р | |
| | Greene | Morley | | British Columb | ia | ✓ | ~ | ✓ | |
| | Perkins | Robert | Derek | British Columb | ia | ✓ | ~ | ✓ | |
| | Manson | Alexander | Maxwell | British Columb | ia | ~ | ✓ | ✓ | |
| | Lai | Ken | Hin-Fai | British Columb | ia | ~ | ~ | ✓ | |
| | Vorwaller | Gregory | Scott | British Columb | ia | | ✓ | ✓ | |
| b) Promoter information | | | | | | | | | |
| If the promoter listed above is not ar within Canada, state the province or | | - | | | | - | | | |
| Organization or company name | Family name | First given name | Secondary given | Residential jurisdiction of individual Province or | | ationship one or bo | | | |
| | | | | country | D | | C |) | |
| c) Residential address of eac | h 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 Fund Manageme Trust | ez Capital Fund Management Limited Partnership as Manager of Trez Capital Prime ust | | | | | | | | |
|--|-------------------------------------|--|----------|------------------------|----|--|--|--|--|--|
| Full legal name | LaFontaine | Sandra | | | | | | | | |
| | Family name | First given name | Ľ | Secondary given names | | | | | | |
| Title | Director of Compliance | | | | | | | | | |
| Telephone number | 6044841461 | Email address | sandral@ | andral@trezcapital.com | | | | | | |
| Signature | "Sandra LaFontaine" Date | | 2019 | 05 | 23 | | | | | |
| | | | 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 | Ron | | | Title | Barrister & Solicitor |
|------------------|-----------------------|------------------|--------------|-------------|-----------|-----------------------|
| | Family name | First given name | Secondary | given names | | |
| Name of company | Owen Bird Law Corpora | tion | | | | |
| Telephone number | 6046917504 | E | mail address | rpaton@owe | 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.