Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8705293

| ITEM 1 - REPORT TYPE | | | | | | |
|--|------------------------------------|-----------------------|----------------------|------------------------------|---------------------|--|
| ✓ New report | | | | | | |
| ☐ Amended report If amer | nded, provide filing date | of report that i | s being ame | ended | (YYYY-MM-DD) | |
| ITEM 2 - PARTY CERTIFYING THE | REPORT | | | | | |
| Indicate the party certifying the report (sele Instrument 81-106 Investment Fund Contin | | | | vestment fund, refer to sect | ion 1.1 of National | |
| ☐ Investment fund issuer | naous Disclosure and the comp | umon policy to TVI | 01 100. | | | |
| ✓ Issuer (other than an inves | tment fund) | | | | | |
| Underwriter | , | | | | | |
| Item 3 - Issuer Name and Ot | LIED IDENTIFIEDS | | | | | |
| Provide the following information about th | | vestment fund, ab | out the fund | | | |
| Full legal name | Trez Capital Yield Trus | | out the junu. | | | |
| Previous full legal name | Trop Capital From Trac | | | | | |
| If the issuer's name changed in the | e last 12 months, provide most | recent nrevious lei | aal name | | | |
| Website | | recent previous leg | 1 | ۵ | | |
| | www.trezcapital.com | d 1 t | (if applicable | | | |
| If the issuer has a legal entity identifier, pro Legal entity identifier | oviae below. Refer to Part B of t | ne instructions for | tne aejinition (| of legal entity laentifier . | | |
| If two or more issuers distributed a single s | ecurity, provide the full legal pe | ama(s) of the co-is | suar(s) other th | an the issuer named above | 0 | |
| Full legal name(s) of co-issuer(s) | ecunty, provide the fall legal no | arrie(s) of the co-is | (if applicable) | | <i>.</i> . | |
| 3 | | | (| | | |
| Item 4 - Underwriter Inform | IATION | | | | | |
| If an underwriter is completing the report, p | provide the underwriter's full le | gal name and firn | n NRD number. | | _ | |
| Full legal name | | | | | | |
| Firm NRD number | | (if a | oplicable) | | | |
| If the underwriter does not have a firm NRI | O number, provide the head off | ice contact inform | ation of the un | derwriter. | | |
| Street address | | | | | | |
| Municipality | | Pro | vince/State | | | |
| Country | | Postal co | de/Zip code | | | |
| Telephone number | | Website (if | | | | |

| 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 ☐ Real estate ☐ Commercial/business debt ☐ Consumer debt ☐ Private companies | | | | | |
| ☐ Cryptoassets | | | | | |
| b) Number of employees | | | | | |
| Number of employees: ☐ 0 - 49 | | | | | |
| c) SEDAR profile number | | | | | |
| Does the issuer have a SEDAR profile? | | | | | |
| No ✓ Yes If yes, provide SEDAR profile number 0 0 0 3 8 7 8 8 | | | | | |
| If the issuer does not have SEDAR profile complete item 5(d) - (h). | | | | | |
| d) Head office address | | | | | |
| Street address Province/State | | | | | |
| Municipality Postal code/Zip code | | | | | |
| Country Telephone number | | | | | |
| e) Date of formation and financial year-end | | | | | |
| Date of formation Financial year-end MM DD MM DD | | | | | |
| f) Reporting issuer status | | | | | |
| Is the issuer a reporting issuer in any jurisdication of Canada? No Yes | | | | | |
| If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer. | | | | | |
| ☐ AII ☐ AB ☐ BC ☐ MB ☐ NB ☐ NT | | | | | |
| NS | | | | | |
| 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 | anager 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 Province/State | | | | |
| Country | Postal code/Zip code | | | | |
| Telephone number | Website (if applicable) | | | | |
| b) Type of investment | fund | | | | |
| Type of investment fund tha | nt most accurately identifies the issuer (select only one) . | | | | |
| Money market | ☐ Equity ☐ Fixed income ☐ Balanced | | | | |
| Alternative strateg | gies Cryptoasset Other (describe) | | | | |
| | h of the following apply to the investment fund . | | | | |
| | n other investment fund issuers | | | | |
| ☐ Is a UCITs Fund¹ | | | | | |
| ¹ Undertaking for the Collec (EU) directives that allow co | tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union 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 format | 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? | | | | |
| 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 n | | | | | |
| f) Net asset value (NA | AV) 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 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) 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 01 09 2019 01 14 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 \$ | |
|---------------|------------------------------|-------------------------|----------------------|------------------------------|---------------|--------------|
| Security code | CUSIP number (if applicable) | Description of security | Number of securities | Single or lowest price | Highest price | Total amount |
| UNT | | | 17,700.00 | 13.2000 | 13.2000 | 233,640.00 |

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.

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

f) 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 jurisdiction.

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

| Province or country | Exemption relied on | Number of unique ² purchasers | Total amount (Canadian \$) |
|---------------------|---|---|----------------------------|
| British Columbia | NI 45-106 2.9(1) [Offering memorandum] (BC, NL) | 2 | 15,840.00 |
| Ontario | NI 45-106 2.3 [Accredited investor] | 2 | 217,800.00 |
| | 233,640.00 | | |
| | Total number of unique purchasers ^{2b} | 4 | |

^{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. 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) | | Date previously filed or delivered (YYYY-MM-DD) | |
|-------------|---|--|---|--|
| | | | | |

| Item 8 - Compensatio | 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. Complete additional copies of this page if more than one person was, or will be, compensated. | | | | | | | |
| Indicate whether any compens | ation was paid, or will be p | aid, in connecti | on with the dis | tribution | | | | |
| No ✓ Yes | If yes, indicate nur | mber of perso | ns compens | ated. | 5 | | | |
| a) Name of person comp | ensated and registration | n status | | | | | | |
| Indicate whether the person cor | npensated is a registrant. | | ☐ No | √ | Yes | | | |
| If the person compensated is an | individual, provide the nan | ne of the individ | lual. | | | | | |
| Full legal name of indiv | idual 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 | cable) | |
| Indicate whether the person cor | mpensated facilitated the di | stribution throu | gh a funding p | ortal or o | an internet- | based po | ortal. | No Yes |
| b) Business contact infor | mation | | | | | | | |
| If a firm NRD number is not pro | ovided in Item 8 (a), provide | the business co | ntact informat | tion of the | e person be | ing com | pensated. | |
| Street address | 1404-401 Bay St | | | | | | | |
| Municipality | Toronto | | | | Province/ | State | Ontario | |
| Country | Canada | | | Postal | code/Zip | code | M5H 2Y4 | |
| Email address | | | | Tele | phone nu | mber | | |
| c) Relationship to issuer | or investment fund man | ager | | | | | | |
| Indicate the person's relationshi the Instructions and the meanir | | | | | | | ning of "connect | ed" in Part B(2) of |
| Connect with the issu | er or investment fund mana | ager | | Inside | er of the iss | uer (othe | er than an inves | tment fund) |
| Director or officer of the | ne investment fund or inves | stment fund ma | nager 🗸 |] Emplo | oyee of the | issuer o | or investment fur | nd manager |
| None of the above | | | | | | | | |
| d) Compensation details | | | | | | | | |
| Provide details of all compensat Canadian dollars. Include cash of incidental to the distribution, sur allocation arrangements with th | ommissions, securities-base ch as clerical, printing, legal e directors, officers or empl | ed compensation or accounting | n, gifts, discour services. An iss | nts or oth uer is no | er compen: t required t | sation. D o ask for | o not report pay | ments for services |
| Cash commissions pa | id 186.12 | | | | Security c | ode 1 | Security code 2 | Security code 3 |
| Value of all securitie distributed as compensatio | - | \$ | Security codes | | | | | |
| Describe t | erms of warrants, options of | or other rights | | | | | | |
| Other compensation | 15 | Describe | | | | | | |
| Total compensation pa | Total compensation paid 186.12 | | | | | | | |
| | rson will or may receive an | | | | | | hte overeignt! | to consider |
| ⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire at ⁵ Do not include deferred comp | er. Indicate the security co dditional securities of the is | des for all secu | | | | | | |

inciuae aererrea compensatio

| a) Name of person compe | nsated and regis | tration status | | | | | | |
|--|------------------------------------|-------------------------|-------------------|------------|-------------|-----------|-------------------|---------------------|
| Indicate whether the person compensated is a registrant. No Ves | | | | | | | | |
| If the person compensated is an i | ndividual, provide t | he name of the individ | dual. | | | | | |
| Full legal name of individ | | David | | | | | | |
| | F | Family name | Fir | st given n | ame | I | Secondary | given names |
| If the person compensated is not | an individual, provi | ide the following infor | mation. | | | | | |
| Full legal name of | f non-individual | | | | | | | |
| Firr | m NRD number | | | | | (if appli | icable) | |
| Indicate whether the person comp | pensated facilitated | the distribution throu | ıgh a funding poı | rtal or an | internet- | based p | ortal. | No Yes |
| b) Business contact information | | | | | | | | |
| If a firm NRD number is not provi | ided in Item 8 (a), p | provide the business co | ontact informatio | n of the p | person be | ing com | pensated. | |
| Street address 14 | 404-401 Bay St | | | | | | | |
| Municipality To | oronto | | | Р | rovince/ | State | Ontario | |
| Country C | anada | | ! | Postal c | ode/Zip | code | M5H 2Y4 | |
| Email address | | | | Telep | hone nu | mber | | |
| c) Relationship to issuer or | r investment fund | d manager | | | | | | |
| Indicate the person's relationship | | | | | | | ning of "connecte | ed" in Part B(2) of |
| the Instructions and the meaning | | | or the purposes o | - | | | | |
| Connect with the issuer | r or investment fun | d manager | Ш | Insider | of the issi | uer (oth | er than an inves | tment fund) |
| Director or officer of the | e investment fund o | or investment fund ma | anager 🗸 | Employ | ee of the | issuer c | or investment fur | nd manager |
| None of the above | | | | | | | | |
| d) Compensation details | | | | | | | | |
| Provide details of all compensation | | | | | | | | |
| Canadian dollars. Include cash con incidental to the distribution, such | | • | • . | | • | | | |
| allocation arrangements with the | directors, officers of | r employees of a non- | individual compe | ensated b | y the issu | er. | | |
| Cash commissions paid | 74 | 18.44 | | | Security co | ode 1 | Security code 2 | Security code 3 |
| Value of all securities distributed as compensation ⁴ | 4 | | Security codes | | | | | |
| • | | otions or other rights | | | | | | |
| Other compensation ⁵ | | Describe | | | | | | |
| Total compensation paid | | 18.44 | | | | | | |
| Check box if the pers | | | npensation (desc | cribe the | terms bel | ow) | | |
| | | | | | | | | |
| | | | | | | | | |
| ⁴ Provide the aggregate value of additional securities of the issue | | | | | | | | |
| rights exercisable to acquire add 5Do not include deferred comper | ditional securities o | | | - 7 | | | <u>.</u> , , , , | |
| _ ccciddo doi oi i o do i i por | ze nei metate denoted eempeneaten. | | | | | | | |

| a) Name of person compensated | I and registration status | | | | | | |
|---|---|-----------------------------------|--------------------------|-------------------------------------|--|--|--|
| Indicate whether the person compensate | Indicate whether the person compensated is a registrant. No Ves | | | | | | |
| If the person compensated is an individue | al, provide the name of the in | dividual. | | | | | |
| Full legal name of individual | anteri | Isabelle | | | | | |
| _ | Family name | First giv | ven name | Secondary given names | | | |
| If the person compensated is not an indiv | vidual, provide the following in | nformation. | | | | | |
| Full legal name of non-i | ndividual | | | | | | |
| Firm NRD |) number | | (if appl | icable) | | | |
| Indicate whether the person compensate | d facilitated the distribution th | hrough a funding portal o | or an internet-based p | oortal. Ves | | | |
| b) Business contact information | | | | | | | |
| If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated. | | | | | | | |
| Street address 1404-40 | 01 Bay St | | | | | | |
| Municipality Toronto | | | Province/State | Ontario | | | |
| Country Canada | | Postal code/Zip code M5H 2Y4 | | | | | |
| Email address | | | elephone number | | | | |
| c) Relationship to issuer or inves | tment fund manager | | | | | | |
| Indicate the person's relationship with th | | | | ning of "connected" in Part B(2) of | | | |
| the Instructions and the meaning of "con | ntrol" in section 1.4 of NI 45-10 | 06 for the purposes of co | empleting this section. | | | | |
| Connect with the issuer or inve | estment fund manager | Ins | sider of the issuer (oth | ner than an investment fund) | | | |
| Director or officer of the invest | ment fund or investment fund | l manager 🕡 Em | nployee of the issuer | or investment fund manager | | | |
| None of the above | | | | | | | |
| d) Compensation details | | | | | | | |
| Provide details of all compensation paid, | | | | | | | |
| Canadian dollars. Include cash commission incidental to the distribution, such as cleri | | | | | | | |
| allocation arrangements with the director | | | | | | | |
| Cash commissions paid | 35.64 | | Security code 1 | Security code 2 Security code 3 | | | |
| Value of all securities | | Security codes | | | | | |
| distributed as compensation ⁴ | | | | | | | |
| Describe terms of v | varrants, options or other righ | nts | | | | | |
| Other compensation ⁵ | Descril | be | | | | | |
| Total compensation paid | 35.64 | | | | | | |
| Check box if the person will | or may receive any deferred | compensation (describe | e the terms below) | | | | |
| | | | | | | | |
| ⁴ Provide the aggregate value of all secu | urities distributed as compens | sation, <u>excludin</u> a options | s, warrants or other rid | ghts exercisable to acquire | | | |
| additional securities of the issuer. Indicarights exercisable to acquire additional | ate the security codes for all s | | | | | | |
| ⁵ Do not include deferred compensation. | | | | | | | |

| a) Name of person comp | pensated and regis | tration status | | | | | | | | |
|--|--------------------------|------------------------------|----------------|------------------|---------------------|----------|------------|------------------|-----------|---------------|
| Indicate whether the person co | mpensated is a registi | ant. | ✓ No | | | Yes | | | | |
| If the person compensated is a | n individual, provide t | he name of the indi | vidual. | | | | | | | |
| Full legal name of indiv | vidual Mayooran | | Karth | eegan | | | | | | |
| | F | amily name | · | First given name | | | | Seconda | y given i | names |
| If the person compensated is no | ot an individual, provi | de the following inf | ormation. | | | | | | | |
| Full legal name of non-individual | | | | | | | | | | |
| Firm NRD number (if applicable) | | | | | | | | | | |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V 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 info | ormation (| of the _l | person Ł | peing com | pensated. | | |
| Street address | 1404-401 Bay St | | | | | | | | | |
| Municipality | Toronto | Province/State Ontario | | | | | | | | |
| Country | Canada | Postal code/Zip code M5H 2Y4 | | | | | | | | |
| Email address | | Telephone number | | | | | | | | |
| c) Relationship to issuer or investment fund manager | | | | | | | | | | |
| Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" 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. | | | | | | | | | | |
| | | | i joi tile pui | | | - | | er than an inv | etmant | fund) |
| Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund) | | | | | | | | | | |
| Director or officer of t | the investment fund o | r investment fund r | nanager | √ E | mploy | ee of th | e issuer (| or investment f | und ma | nager |
| None of the above | | | | | | | | | | |
| d) Compensation details | . | | | | | | | | | |
| Provide details of all compensation | | | | | | | | | | |
| Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal | | | | | | | | | | |
| allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer. | | | | | | | | | | |
| Cash commissions pa | ssions paid 198.00 | | | | | Security | code 1 | Security code 2 | 2 Sec | curity code 3 |
| | Value of all securities | | | Security codes | | | | | | |
| distributed as compensation ⁴ Describe terms of warrants, options or other rights | | | | | | | | | | |
| Other compensation | on ⁵ | Describe | | | | | | | | |
| Total compensation pa | | 8.00 | | | | | | | | |
| Check box if the person will or may receive any deferred compensation (describe the terms below) | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| ⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other | | | | | | | | | | |
| rights exercisable to acquire a ⁵Do not include deferred comp | ndditional securities of | | | | , | | | - ,,, | | |
| The state about a some | | | | | | | | | | |

| a) Name of person compensated and registration status | | | | | | | | |
|---|-----------------------------------|------------------------------|-----------------------|-------------------|-----------------|--|--|--|
| Indicate whether the person compensate | d is a registrant. | ✓ No [| Yes | | | | | |
| If the person compensated is an individu | al, provide the name of the ind | vidual. | | | | | | |
| Full legal name of individual Y | 'au | Winnie | | | | | | |
| | First give | en name | Secondary given names | | | | | |
| If the person compensated is not an indi | vidual, provide the following inf | ormation. | | | | | | |
| Full legal name of non-individual | | | | | | | | |
| Firm NRD number (if applicable) | | | | | | | | |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves | | | | | | | | |
| b) Business contact information | | | | | | | | |
| If a firm NRD number is not provided in | Item 8 (a), provide the business | contact information of t | the person being con | npensated. | | | | |
| Street address 1404-40 | 01 Bay St | | | | | | | |
| Municipality Toronto | nto Province/State Ontario | | | | | | | |
| Country | | Postal code/Zip code M5H 2Y4 | | | | | | |
| Email address | | Te | | | | | | |
| c) Relationship to issuer or investment fund manager | | | | | | | | |
| Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" 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. | | | | | | | | |
| Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund) | | | | | | | | |
| Director or officer of the invest | ment fund or investment fund | manager 📝 Emp | ployee of the issuer | or investment fun | d manager | | | |
| None of the above | | | | | | | | |
| d) Compensation details | | | | | | | | |
| Provide details of all compensation paid, | | | | | | | | |
| Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal | | | | | | | | |
| allocation arrangements with the director | | | | | , | | | |
| Cash commissions paid | 23.36 | | Security code 1 | Security code 2 | Security code 3 | | | |
| Value of all securities | | | | Security codes | | | | |
| distributed as compensation ⁴ | | | | | | | | |
| Describe terms of warrants, options or other rights | | | | | | | | |
| Other compensation ⁵ | Describe | 9 | | | | | | |
| Total compensation paid 23.36 | | | | | | | | |
| Check box if the person will or may receive any deferred compensation (describe the terms below) | | | | | | | | |
| | | | | | | | | |
| ⁴ Provide the aggregate value of all securities distributed as compensation, excluding options, warrants or other rights exercisable to acquire | | | | | | | | |
| additional securities of the issuer. Indicarights exercisable to acquire additional | ate the security codes for all se | | | | | | | |
| ⁵ Do not include deferred compensation. | | | | | | | | |

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 Canada⁶ Provide name of reporting issuer Wholly owned subsidiary of a foreign public issuer⁶ Provide name of foreign public issuer Issuer distributing only eligible foreign securities and the distribution is to permitted clients only states of the distribution is to permitted clients only states of the distribution is to permitted clients only states of the distribution is to permitted clients only states of the distribution is to permitted clients only states of the distribution is to permitted clients only states only states of the distribution is to permitted clients only states only If the issuer is at least one of the above, do not complete Item 9(a) - (c). Proceed to Item 10. ⁶An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions. ✓ 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 Fund Management Limited Partnership as Manager of Trez Capital Yield Trust US | | | | | | | |
|--|--|------------------|------------------------|--|--|--|--|--|
| Full legal name | LaFontaine | | | | | | | |
| | Family name | First given name | Secondary given names | | | | | |
| Title | Director of Compliance | | | | | | | |
| Telephone number | 6044841461 | Email address sa | andral@trezcapital.com | | | | | |
| Signature | "Sandra LaFontaine" | Date | 2019 01 18 | | | | | |
| | | | 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 | Solicitor | | | |
| | Family name | First given name | Secondary given names | _ | | | | |
| Name of company | Owen Bird Law Corpora | tion | | | | | | |
| Telephone number | 6046917504 | En | nail address rpaton@o | wenbird.co | om | | | |
| | | | | | | | | |

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.