Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8944890

ITEM 1 - REPORT TYPE					
☐ New report					
Amended report If amended, provide filing date of report that is being amended 2019 10 18 (YYYY-MM-DD)					
ITEM 2 - PARTY CERTIFYING THI	REPORT				
Indicate the party certifying the report (sellonstrument 81-106 Investment Fund Conti		_	nvestment fund, refer to secti	on 1.1 of National	
☐ Investment fund issuer	radus Disclosure and the comp	amon policy to twi or 100.			
✓ Issuer (other than an investment of the state of th	stment fund)				
Underwriter	,				
TEM 2 ICCUED NAME AND OT	LIED IDENTIFIEDS				
ITEM 3 - ISSUER NAME AND OT					
Provide the following information about the					
Full legal name	Antrim Balanced Mortg	age Fund Ltd.			
Previous full legal name	Previous full legal name				
If the issuer's name changed in the	e last 12 months, provide most	recent previous legal name.			
Website	www.antriminvestment	nts.com (if applicable)			
If the issuer has a legal entity identifier, pr	ovide below. Refer to Part B of t	he Instructions for the definition	n of "legal entity identifier".		
Legal entity identifier					
If two or more issuers distributed a single s	ecurity, provide the full legal no	ame(s) of the co-issuer(s) other	than the issuer named above	2.	
Full legal name(s) of co-issuer(s)		(if applica	ole)		
ITEM 4 - UNDERWRITER INFORM	MATION				
If an underwriter is completing the report,	provide the underwriter's full le	gal name and firm NRD numbe	er.	٦	
Full legal name	Full legal name				
Firm NRD number	Firm NRD number (if applicable)				
If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.					
Street address]	
Municipality		Province/State		Ī	
Country		Postal code/Zip code]	
Telephone number		Website		(if applicable)	

ITEM 5 - ISSUER INFORMATION					
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.					
a) Primary industry					
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.					
NAICS industry code 5 2 2 9 9					
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:					
c) SEDAR profile number					
Does the issuer have a SEDAR profile?					
No ✓ Yes If yes, provide SEDAR profile number 0 0 0 3 8 5 6 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					
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					
11) 6120 01 100001 0 000010					

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	ITEM 6 - INVESTMENT FUND ISSUER INFORMATION					
If the issuer is an inves	tment fund, provide the following information.					
a) Investment fund manager information						
Full legal name						
Firm NRD number	(if applicable)					
If the investment fund mand	ager does not have a firm NRD number, provide the head office contact information of the investment fund manager.					
Street address						
Municipality	Province/State					
Country	Postal code/Zip code					
Telephone number	Website (if applicable)					
b) Type of investment	fund					
Type of investment fund tha	nt most accurately identifies the issuer (select only one) .					
Money market	☐ Equity ☐ Fixed income ☐ Balanced					
Alternative strateg	gies Cryptoasset Other (describe)					
Indicate whether one or bot	h of the following apply to the investment fund .					
Invests primarily in	n other investment fund issuers					
☐ Is a UCITs Fund¹						
¹ Undertaking for the Collec (EU) directives that allow c	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.					
c) Date of formation a	and financial year-end of the investment fund					
Date of forma	tion Financial year-end MM DD MM DD					
d) Reporting issuer st	atus of the investment fund					
Is the investment fund a rep	Is the investment fund a reporting issuer in any jurisdication of Canada? No Yes					
If yes, select the jurisdictions	s of Canada in which the investment fund is a reporting issuer.					
☐ AII ☐	AB BC MB NB NL NT					
□ NS □	NU ON PE QC SK YT					
e) Public listing status	s of the investment fund					
If the investment fund has a	If the investment fund has a CUSIP number, provide below (first 6 digits only)					
CUSIP number						
If the investment fund is publicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.						
Exchange name						
f) Net asset value (NAV) of the investment fund						
Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$).						
\$0 to under \$5M	s5M to under \$25M s25M to under \$100M					
\$100M to under \$500	DM \$500M to under \$1B \$1B 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.

١.	_	
a)) Currency	•
u	, Cullelley	

Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars.

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 date 2019

2019 10 10 YYYY MM DD

End date	2019	10	17
	YYYY	MM	DD

c) Detailed purchaser information

Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report.

d) 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 CUSIP number (if applicable)				I Description of security		Single or lowest price	Highest price	Total amount
Р	R	S		Class A Preferred Non-Voting Shares	1,697,000.00	1.0000		1,697,000.00
Р	R	S		Class B Series 'B' Preferred Non- Voting Shares	1,061,688.00	1.0000		1,061,688.00
Р	R	S		Class B Series 'C' Preferred Non- Voting Shares	8,270,222.00	1.0000		8,270,222.00

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.

excha	angea	ertible / ngeable Underlying ity code security code		I (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 ²⁸ purchasers	Total amount (Canadian \$)
Alberta	Alberta NI 45-106 2.3 [Accredited investor]		25,000.00
British Columbia	NI 45-106 2.3 [Accredited investor]	8	3,520,573.00
British Columbia NI 45-106 2.9(1) [Offering memorandum] (BC, NL)		31	2,923,688.00
Ontario	NI 45-106 2.3 [Accredited investor]	3	225,000.00

Ontario	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	7	90,000.00
Québec	NI 45-106 2.3 [Accredited investor]	1	40,000.00
Manitoba	NI 45-106 2.3 [Accredited investor]	1	4,204,649.00
	11,028,910.00		
	Total number of unique purchasers ^{2b}	52	

^{2a} In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one 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)	Previously filed with or delivered to regulator? (Y/N)	Date previously filed or delivered (YYYY-MM-DD)
1.	Offering Memorandum	2018-10-05	Υ	2018-10-10

^{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.

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 compensation was paid, or will be paid, in connection with the distribution.
No ✓ Yes If yes, indicate number of persons compensated. 7

a) Name of person compe	ensated and regis	tration statu	ıs								
Indicate whether the person com	pensated is a registi	rant.		☐ No		✓ \	Yes				
If the person compensated is an	individual, provide t	he name of th	ne indivi	dual.							
Full legal name of individ	dual										
	F	amily name			First o	given nar	me		Secondary	given names	i
If the person compensated is not	an individual, provi	de the followi	ng infor	mation.							
Full legal name of	of non-individual	Industrielle	Alliand	e Valeurs	Mobilie	eres Ind	C.				
Fir	m NRD number	1 5	4	0	0			(if appl	icable)		
Indicate whether the person com	pensated facilitated	the distributi	on throu	ıgh a fundi	ng porta	l or an i	nternet-l	based p	oortal.	No ✓	Yes
b) Business contact inform	nation										
If a firm NRD number is not prov	vided in Item 8 (a), p	rovide the bu	siness co	ontact infor	mation c	of the pe	erson bei	ng com	pensated.		
Street address											
Municipality						Pro	ovince/S	State			
Country]	Ро	stal co	de/Zip	code			
Email address					7	Telepho	one nur	mber			
c) Relationship to issuer of	or investment fund	d manager		1							
Indicate the person's relationship the Instructions and the meaning Connect with the issue	g of "control" in sect	ion 1.4 of NI 4			oses of c	ompleti	ing this s	ection.	ning of "connecto		
Director or officer of the	e investment fund o	or investment	fund ma	anager	□E	mploye	e of the	issuer (or investment fun	d managei	r
✓ None of the above											
d) Compensation details											
Provide details of all compensation Canadian dollars. Include cash continuities incidental to the distribution, such allocation arrangements with the	ommissions, securitienth as clerical, printing adirectors, officers of	es-based comp g, legal or acc r employees o	pensatio ounting	n, gifts, dis services. A	counts oi n issuer i	r other c s not red	compens quired to	ation. E ask fo	Do not report pay	ments for s	ervices
Cash commissions paid	a	29.28				S	ecurity co	ode 1	Security code 2	Security c	ode 3
Value of all securities distributed as compensation			9	Security co	des						
·	rms of warrants, op	tions or other	rights								
Other compensation	5	De	scribe								
Total compensation paid	d 2	29.28									
✓ Check box if the pers	son will or may rece	eive any defer	red con	npensation	(describ	e the te	erms bel	ow)			
Industrielle Alliance Preferred Non-Voti Preferred Non-Voti	ing Shares, 1% or										s A
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred compe	er. Indicate the secu Iditional securities of	ırity codes fol									er

a) Name of person comp	ensated and regis	stration st	atus								
Indicate whether the person cor	npensated is a regist	rant.		☐ No		√ \	Yes .				
If the person compensated is an	individual, provide	the name o	f the indivi	idual.							
Full legal name of indiv	idual										
		Family name	e		First gi	iven nan	ne		Secondary	given names	
If the person compensated is no	t an individual, prov	ide the foll	owing info	rmation.							
Full legal name	of non-individual	Echelon	Wealth F	artners In	C.						
Fi	rm NRD number	3	2 4	2	0		(i	if appli	cable)		
Indicate whether the person cor	npensated facilitated	the distrib	ution thro	ugh a fundi	ng portal	or an ii	nternet-b	ased po	ortal.	No ✓	Yes
b) Business contact infor	mation										
If a firm NRD number is not pro	vided in Item 8 (a), ¡	provide the	business c	ontact infor	mation o	f the pe	erson bein	ng com	pensated.		
Street address											
Municipality						Pro	ovince/S	state			
Country					Pos	stal co	de/Zip c	ode			
Email address					Т	elepho	one num	nber			
c) Relationship to issuer	or investment fun	d manage	er								
Indicate the person's relationship the Instructions and the meaning. Connect with the issues.	g of "control" in sec	tion 1.4 of I	NI 45-106 j		oses of co	ompleti	ng this se	ection.	ning of "connector		
Director or officer of the	ne investment fund	or investme	ent fund m	anager	☐ Er	nployee	e of the is	ssuer o	r investment fur	ıd manager	•
None of the above											
d) Compensation details											
Provide details of all compensations of all compensations and compensation can detail to the distribution, such allocation arrangements with the	ommissions, securiti ch as clerical, printin e directors, officers o	es-based co g, legal or o r employee	ompensatio accounting	on, gifts, dis services. A	counts or n issuer is	other c	compensa quired to	ition. D ask for	o not report pay	ments for se	ervices
Cash commissions pa	ia	19.04				S	ecurity cod	de 1	Security code 2	Security co	ode 3
Value of all securitie distributed as compensatio	-			Security co	des						
Describe to	erms of warrants, or	otions or ot	her rights								
Other compensation	1 ⁵		Describe								
Total compensation pa	id	19.04									
✓ Check box if the pe	rson will or may rec	eive any de	eferred cor	mpensation	(describe	e the te	erms belo	w)			
Echelon Wealth P Non-Voting Share Non-Voting Share	s, 1% on Class B										rred
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire ac ⁵ Do not include deferred comp	er. Indicate the seco Iditional securities o	urity codes	for all sec								er

a) Name of person compe	nsated and regis	tration s	status								
Indicate whether the person com	pensated is a regist	rant.		N	0	√	Yes				
If the person compensated is an i	ndividual, provide t	he name	of the inc	dividual.							
Full legal name of individ	dual										
		Family nar	me		Firs	t given n	ame		Secondary	given names	
If the person compensated is not	an individual, prov	de the fo	llowing in	nformation.							
Full legal name o	f non-individual	Raymo	nd Jame	es Ltd.							
Fin	m NRD number	8	2	4 0				(if app	licable)		
Indicate whether the person com	pensated facilitated	the distr	ibution th	rough a fui	nding port	tal or ar	internet	t-based _l	portal.	No √	Yes
b) Business contact inform	nation										
If a firm NRD number is not prov	ided in Item 8 (a), p	rovide th	e busines	s contact in	formation	of the	person b	eing con	npensated.		
Street address											
Municipality						Р	rovince	/State			
Country					F	Postal c	code/Zip	code			
Email address						Telep	hone nu	umber			
c) Relationship to issuer o	r investment fund	d manag	ger								
Indicate the person's relationship the Instructions and the meaning Connect with the issue	of "control" in sect	ion 1.4 o	f NI 45-10		urposes of	f comple	eting this	section.	aning of "connect ner than an inves		
_		_			_			,			
Director or officer of the	e investment iuna t	or investi	nent iuna	manager	Ш	Employ	ee or the	eissuei	or investment fu	iu manager	
✓ None of the above											
d) Compensation details											
Provide details of all compensation Canadian dollars. Include cash co- incidental to the distribution, such allocation arrangements with the	mmissions, securition as clerical, printing directors, officers o	es-based g, legal of r employ	compensor r account	ation, gifts, ing services	discounts . An issuei	or othei r is not i	r compen required	nsation. I to ask fo	Do not report pay	ments for se	ervices
Cash commissions paid	3 (53.87					Security	code 1	Security code 2	Security co	ode 3
Value of all securities distributed as compensation				Security	codes						
Describe te	rms of warrants, op	tions or	other righ	ts							
Other compensation ⁵	5		Describ	ре							
Total compensation paid	d (53.87									
✓ Check box if the pers	son will or may rece	eive any	deferred	compensat	on (descr	ribe the	terms be	elow)			
Raymond James L' Voting Shares, 1% Voting Shares.	td. will receive ar on Class B Serie	annual es 'B' Pr	trailer for fore	ee paid m Non-Votin	onthly in g Shares	the an	nount of 1% on C	1/2% (lass B	on Class A Pre Series 'C' Prefe	ferred Nor erred Non-)-
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred compe	r. Indicate the secu ditional securities o	ırity code	es for all s								er

a) Name of person compe	ensated and regis	tration s	tatus								
Indicate whether the person com	pensated is a registi	rant.		☐ No		√	Yes				
If the person compensated is an	individual, provide t	he name	of the indi	vidual.							
Full legal name of indivi	dual										
	F	amily nam	ne		First	given na	me		Secondary (given names	
If the person compensated is not	an individual, provi	de the fol	lowing inf	ormation.							
Full legal name of	of non-individual	Rethink	and Dive	ersify Secu	ırities In	c.					
Fir	m NRD number	4	7 2	2 5	0			(if appl	icable)		
Indicate whether the person com	pensated facilitated	the distri	bution thr	ough a fund	ing porta	l or an i	internet-	based p	oortal. 🗸	No [Yes
b) Business contact inform	nation										
If a firm NRD number is not prov	vided in Item 8 (a), p	rovide the	e business	contact info	rmation (of the p	erson be	ing com	pensated.		
Street address											
Municipality						Pr	ovince/	State			
Country					Po	ostal co	ode/Zip	code			
Email address					-	Teleph	one nu	mber			
c) Relationship to issuer of	or investment fund	d manag	er								
Indicate the person's relationship the Instructions and the meaning	g of "control" in sect	ion 1.4 of	NI 45-106		poses of a	complet	ing this s	section.	ning of "connecte		
_					_			,		·	
Director or officer of th	e investment fund c	or investm	ient tuna r	manager	□ -	mpioye	e of the	issuer	or investment fun	a manager	
✓ None of the above											
d) Compensation details											
Provide details of all compensation Canadian dollars. Include cash continuity incidental to the distribution, such allocation arrangements with the	ommissions, securitie h as clerical, printing e directors, officers of	es-based of g, legal or r employe	compensat accountin	tion, gifts, dis ng services. A	scounts o In issuer i	r other (is not re	compens equired to	ation. L o ask fo	Do not report payı	ments for se	ervices
Cash commissions pai	a	24.66				S	Security co	ode 1	Security code 2	Security co	ode 3
Value of all securities distributed as compensation				Security co	odes						
·	rms of warrants, op	tions or o	ther rights	S							
Other compensation	5		Describe	e							
Total compensation paid	d 2	24.66									
✓ Check box if the per-	son will or may rece	eive any d	leferred co	ompensation	n (describ	oe the te	erms bel	ow)			
Rethink and Divers Preferred Non-Voti Preferred Shares N	ing Shares, 1% or										
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire ad ⁵ Do not include deferred compe	er. Indicate the secu Iditional securities of	rity code:	s for all se								er

a) Name of person comp	ensated and regis	stration sta	tus								
Indicate whether the person con	npensated is a regist	rant.		☐ No		√ Y	'es				
If the person compensated is an	individual, provide	the name of	the indivi	dual.							
Full legal name of indiv	idual										
		Family name			First gi	ven nam	ne		Secondary g	jiven names	
If the person compensated is no	t an individual, prov	ide the follov	wing infor	mation.							
Full legal name	of non-individual	Genesis V	Vealth M	lanageme	nt Corpo	oration					
Fi	rm NRD number	6 4	1 5	7	0		(if	applica	able)		
Indicate whether the person con	npensated facilitated	the distribu	tion throu	ugh a fundi	ng portal	or an in	nternet-bas	sed por	tal. 🗸] No [Yes
b) Business contact infor	mation										
If a firm NRD number is not pro	vided in Item 8 (a), ¡	provide the b	usiness co	ontact infor	mation o	f the per	rson being	compe	ensated.		
Street address											
Municipality						Pro	vince/Sta	ite			
Country					Pos	stal cod	de/Zip co	de			
Email address					Т	elepho	ne numb	er			
c) Relationship to issuer	or investment fun	d manager									
Indicate the person's relationship the Instructions and the meaning Connect with the issued Director or officer of the content of the conten	g of "control" in sector	tion 1.4 of No	I 45-106 f	for the purp	oses of co	<i>mpletin</i> sider of	ng this sect	ion. (other	ng of "connecter than an invest investment fun	ment fund)	
None of the above	ie investinent fand v		it rana me	anagoi	□ -"	прюўсс	, or the 130	uoi oi	mvestment run	a manager	
d) Compensation details											
Provide details of all compensate Canadian dollars. Include cash c incidental to the distribution, suc allocation arrangements with the	ommissions, securiti ch as clerical, printin e directors, officers o	es-based cor g, legal or ac r employees	mpensatic ccounting	on, gifts, dis services. A	counts or n issuer is	other co	ompensati uired to a	on. Do	not report payr	ments for se	ervices
Cash commissions pa	ia	12.33				Se	curity code	1 S	Security code 2	Security co	ode 3
Value of all securitie distributed as compensation	-		;	Security co	des						
Describe to	erms of warrants, or	otions or oth	er rights								
Other compensation	1 ⁵		Describe								
Total compensation pa	id	12.33									
✓ Check box if the per	rson will or may rec	eive any def	erred con	npensation	(describe	e the ter	rms below)			
Genesis Wealth M Preferred Non-Vot Preferred Shares	ting Shares, 1% o										
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire ac ⁵ Do not include deferred comp	er. Indicate the seco Iditional securities o	urity codes f	or all sect								er

a) Name of person comp	ensated and regis	stration sta	atus								
Indicate whether the person con	npensated is a regist	rant.		☐ No		✓ Y	es				
If the person compensated is an	individual, provide	the name o	f the indivi	dual.							
Full legal name of indiv	idual										
		Family name)		First giv	en nam	e		Secondary (jiven names	
If the person compensated is no	t an individual, prov	ide the follo	owing infor	rmation.							
Full legal name	of non-individual	National	Bank Fin	ancial Inc							
Fi	rm NRD number	1	9 6	0			(if a	applicable)		
Indicate whether the person con	npensated facilitated	the distrib	ution thro	ugh a fundi	ng portal d	or an in	ternet-bas	ed portal.		No ✓	Yes
b) Business contact infor	mation										
If a firm NRD number is not pro	vided in Item 8 (a), ¡	provide the	business c	ontact info	mation of	the per	rson being	compensa	ted.		
Street address											
Municipality						Prov	vince/Sta	te			
Country]	Pos	tal cod	de/Zip cod	de			
Email address					Te	elepho	ne numb	er			
c) Relationship to issuer	or investment fund	d manage	r								
Indicate the person's relationship the Instructions and the meanin Connect with the issue	g of "control" in sect	tion 1.4 of I	NI 45-106 j		oses of co	mpletin	ng this sect	ion.	of "connecte n an invest		
Director or officer of the	no invostment fund (or invoctme	ant fund m	anagor		nlovoo	of the ice	or or invo	estment fun	d managar	
	ie investinent fund (or investine	ant rund m	anagei	□	ipioyee	01 1110 1331	dei oi ilive	Sunent run	J manager	
✓ None of the above											
d) Compensation details											
Provide details of all compensations and compensations and compensations. Include cash concidental to the distribution, such allocation arrangements with the	ommissions, securiti ch as clerical, printin e directors, officers o	es-based co g, legal or o r employee	mpensatio accounting	on, gifts, dis services. A	counts or c n issuer is	other co	ompensatio uired to as	on. Do not	report payı	ments for se	ervices
Cash commissions pa	ia	7.40				Se	curity code	1 Secu	rity code 2	Security co	ode 3
Value of all securitie distributed as compensation	-		;	Security co	des						
Describe to	erms of warrants, op	otions or ot	her rights								
Other compensation	1 ⁵		Describe								
Total compensation pai	id	7.40									
✓ Check box if the per	rson will or may reco	eive any de	eferred con	npensation	(describe	the ter	ms below)	1			
National Bank Fina Non-Voting Share Shares Non-Voting	s, 1% on Class B										ed
⁴ Provide the aggregate value of additional securities of the issurights exercisable to acquire ac ⁵ Do not include deferred compa	er. Indicate the secu Iditional securities o	urity codes	for all sec								er

a) Name of person comp	pensated and regi	stration status							
Indicate whether the person co	mpensated is a regis	trant.	☐ No	√] Yes				
If the person compensated is a	n individual, provide	the name of the indiv	idual.						
Full legal name of indiv	/idual								
		Family name	 	First given	name	I	Secondary of	jiven names	
If the person compensated is no	ot an individual, pro	vide the following info	rmation.						
Full legal name	of non-individual	PI Financial Corp	•						
F	irm NRD number	5 2 9	0			(if applica	able)		
Indicate whether the person co.	mpensated facilitate	d the distribution thro	ugh a fundi	ng portal or a	ın internet-l	based poi	rtal.	No ✓	Yes
b) Business contact info	rmation								
If a firm NRD number is not pro	ovided in Item 8 (a),	provide the business c	ontact info	mation of the	e person bei	ng comp	ensated.		
Street address									
Municipality					Province/S	State			
Country				Postal	code/Zip	code			
Email address				Tele	phone nur	mber			
c) Relationship to issuer	or investment fur	d manager	_						
Indicate the person's relationsh the Instructions and the meaning	ng of "control" in sec	tion 1.4 of NI 45-106	-	oses of comp	leting this s	ection.	ing of "connecter		
<u> </u>		-				,		ŕ	
✓ None of the above	ne mvesiment iunu	or investment fund m	anagei		lyee or the r	SSUEI OI	investment fun	ı manayer	
d) Compensation details Provide details of all compensation		uid to the nersen ident	ified in Itan	9(a) in conn	action with	tha distri	ibution Provide	all amount	to in
Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with the	commissions, securit ich as clerical, printin ne directors, officers	ies-based compensations and compensations are legal or accounting or employees of a non	on, gifts, dis services. A	counts or othe n issuer is not	er compenso trequired to	ation. Do ask for a	not report payı	ments for se	ervices
Cash commissions pa	aiu	2.47			Security co	de 1	Security code 2	Security co	ode 3
Value of all securitie distributed as compensation			Security co	des					
Describe	terms of warrants, o	ptions or other rights							
Other compensation	n ⁵	Describe							
Total compensation pa	aid	2.47							
✓ Check box if the pe	erson will or may red	eive any deferred cor	mpensation	(describe the	e terms belo	ow)			
		nnual trailer fee pai Preferred Non-Votin							
⁴ Provide the aggregate value additional securities of the issinghts exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec additional securities	curity codes for all sec	on, <u>excludi</u> urities distr	n <u>g</u> options, w ibuted as con	arrants or o npensation,	ther righ <u>includin</u>	its exercisable t g options, warra	ว acquire จกts or othe	er .

TEM 9 - DIRECTORS, EXECU				UER				
If the issuer is an investment fun	d, do not complete l	Item 9. Procced to	Item 10.					
Indicate whether the issuer is any o	f the following (select	t the one that applie	es - if more than one	applies, select only	one).			
Reporting issuer in any juris	sdiction of Canada							
Foreign public issuer								
Wholly owned subsidiary of	f a reporting issuer in	n any jurisdiction of	Canada ⁶					
Provide nar	me of reporting issue	r						
Wholly owned subsidiary of	f a foreign public issu	uer ⁶						
Provide name o	f foreign public issue	r						
Issuer distributing only eligi	ble foreign securities	and the distributio	n is to permitted clie	nts only ⁷				
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d	c). Proceed to Item	10.				
⁶ An issuer is a wholly owned subsice securities that are required by law to respectively. ⁷ Check this box if it applies to the collection. Refer to the definitions of "ellows". If the issuer is none of the	o be owned by its dir urrent distribution ev eligible foreign securi	rectors, are benefication in the issuer madity" and "permitted continued to the continued of the continue	ially owned by the re de previous distributi client" in Part B(1) of	porting issuer or the fons of other types	he foreign	public iss	suer,	
a) Directors, executive officer	rs and promoters of	of the issuer						
Provide the following information fo territory; otherwise state the country.						tate the p	rovince	or
Organization or company name	Family name	First given name	Secondary given names	Business loca non-individu residenta jurisdictior individu	ial or ail n of		onship to et all that	
				Province or o	country	D	0	Р
	Granleese	William		British Columbia	a	✓	✓	
	Granleese	William	R.	British Columbia	a	✓		
	Worsnup	Christopher	Gavin	British Columbia	a	✓		
b) Promoter information								
If the promoter listed above is not ar within Canada, state the province or								
			Secondary given	Residential jurisdiction of		itionship		

Residential address of each individual

Organization or company name

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.

names

First given name

Family name

individual

Province or

country

D

0

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	Antrim Balanced Mortgage Fu	nd Ltd.	
Full legal name	Granleese	William	R.
	Family name	First given name	Secondary given names
Title	Portfolio Manager		
Telephone number	6045302301	Email address	will@antriminvestments.com
Signature	"William Granleese"	Date	2019 10 21
			YYYY MM DD

ITEM 11- CONTACT F	PERSON				
		r the individual that the secu the individual certifying the	9)	regulator m	ay contact with any questions
Same as individua	al certifying the report				
Full legal name				Title	
	Family name	First given name	Secondary given names		
Name of company					
Telephone number		En	nail address		

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.