Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8478247

| ITEM 1 - REPORT TYPE | | | | | | | | |
|---|--------------------------------------|------------------------|-----------------|-------------------------------|-----------------|--|--|--|
| ☐ New report | | | | | | | | |
| Amended report If amended, provide filing date of report that is being amended 2018 04 20 (YYYY-MM-DD) | | | | | | | | |
| | | | | 2010 04 20 | | | | |
| ITEM 2 - PARTY CERTIFYING THE | E 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 investigation) | stment fund) | | | | | | | |
| Underwriter | | | | | | | | |
| ITEM 3 - ISSUER NAME AND OT | HER IDENTIFIERS | | | | | | | |
| Provide the following information about the | ne issuer, or if the issuer is an in | vestment fund, abou | it the fund. | | | | | |
| Full legal name | Antrim Balanced Mortg | age Fund Ltd. | | | | | | |
| Previous full legal name | | | | | | | | |
| If the issuer's name changed in the last 12 months, provide most recent previous legal name. | | | | | | | | |
| Website | www.antriminvestment | s.com | (if applicable | e) | | | | |
| If the issuer has a legal entity identifier. pr | ovide below. Refer to Part B of t | he Instructions for th | he definition o | of "legal entity identifier". | | | | |
| Legal entity identifier | | | | | | | | |
| If two or more issuers distributed a single s | security, provide the full legal no | ame(s) of the co-issu | er(s) other the | an the issuer named above | | | | |
| Full legal name(s) of co-issuer(s) | | | (if applicable | 2) | | | | |
| ITEM 4 - UNDERWRITER INFORMATION | | | | | | | | |
| If an underwriter is completing the report, | | gal name and firm I | NRD number. | | | | | |
| Full legal name | | | | | | | | |
| Firm NRD number (if applicable) | | | | | J | | | |
| If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter. | | | | | | | | |
| Street address | | | | | | | | |
| Municipality Province/State | | | | | | | | |
| Country | | Postal code | 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 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 analysis and not a trading facility such as for example, an automated trading system. | | | | | |
| 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 FUND ISSUER INFORMATION | | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| If the issuer is an inves | tment fund, provide the following information. | | | | | | | |
| a) Investment fund ma | a) Investment fund manager information | | | | | | | |
| Full legal name | | | | | | | | |
| Firm NRD number | 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 Collective Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow 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 | orting issuer in any jurisdication of Canada? No Yes | | | | | | | |
| If yes, select the jurisdictions 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 of the investment fund | | | | | | | | |
| If the investment fund has a CUSIP number, provide below (first 6 digits only) | | | | | | | | |
| CUSIP number | | | | | | | | |
| If the investment fund is publicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system. | | | | | | | | |
| Exchange name | | | | | | | | |
| - | f) Net asset value (NAV) of the investment fund | | | | | | | |
| Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$). | | | | | | | | |
| \$0 to under \$5M | \$5M to under \$25M \$25M to under \$100M | | | | | | | |
| \$100M to under \$500 | DM \$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.

| _ 1 | O | |
|-----|-----------|----|
| a |) Currenc | CV |

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)

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.

 End date 2018 04 18

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 \$ | | | | |
|---|---------------|---|------------------------------|--|----------------------|---|--------|--------------|--|--|
| | ecuri code | , | CUSIP number (if applicable) | Description of security | Number of securities | Single or lowest Highest price Total at price | | Total amount | | |
| Р | R | S | | Class A Preferred Non-Voting Shares | 2,639,659.00 | 1.0000 | 1.0000 | 2,639,659.00 | | |
| Р | R | S | | Class B Series 'B' Preferred Non- Voting Shares | 526,031.00 | 1.0000 | 1.0000 | 526,031.00 | | |
| Р | R | S | | Class B Series 'C' Preferred Non- Voting Shares | 1,000,990.00 | 1.0000 | 1.0000 | 1,000,990.00 | | |

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.

| ex | onverti change ecurity | eable | able Underlying 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 ²⁸ purchasers | Total amount (Canadian \$) |
|---------------------|--|---|----------------------------|
| British Columbia | NI 45-106 2.9(1) [Offering memorandum] (BC, NL) | 86 | 3,824,599.00 |
| Alberta | NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS) | 3 | 92,920.00 |
| Ontario | NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS) | 17 | 239,161.00 |

| British Columbia | NI 45-106 2.3 [Accredited investor] | 10,000.00 |
|------------------|-------------------------------------|-----------|
| | 4,166,680.00 | |
| | 102 | |

^{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) |
|-------------|---|---|---|
| | | | |

^{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 V Yes If yes, indicate number of persons compensated. | ITEM 8 - COMPENSATION INFORMATION |
|--|---|
| | |
| No ✓ Yes If yes, indicate number of persons 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. 5 |

| a) Name of person compe | nsated and regis | tration | status | | | | | | | | | | |
|--|---|------------------------------------|----------------------|-----------------|------------------------------|------------------------|-------------------|---------------------|-------------------------|--------------------------|---------|-----------------------|---------|
| Indicate whether the person comp | pensated is a regist | rant. | | | ☐ No | | √ | Yes | | | | | |
| If the person compensated is an i | ndividual, provide t | he name | of the i | ndivid | dual. | | | | | | | | |
| Full legal name of individ | lual | | | | | | | | | | | | |
| | | Family na | me | | | First | given r | name | | Seco | ndary g | ven names | 3 |
| If the person compensated is not | an individual, prov | ide the fo | ollowing | infor | mation. | | | | | | | | |
| Full legal name o | f non-individual | Raymo | ond Jan | nes L | _td. | | | | | | | | |
| Firm | m NRD number | 8 | 2 | 4 | 0 | | | | (if app | olicable) | | | |
| Indicate whether the person comp | pensated facilitated | the dist | ribution | throu | ıgh a fund | ing port | al or a | n interne | t-based | portal. | | No 🔽 | Yes |
| b) Business contact inform | b) Business contact information | | | | | | | | | | | | |
| If a firm NRD number is not prov | ided in Item 8 (a), բ | orovide ti | he busin | ess co | ontact info | rmation | of the | person l | peing cor | mpensated. | | | |
| Street address | | | | | | | | | | | | | |
| Municipality | | | | | | | F | Province | e/State | | | | |
| Country | | | | | | Р | ostal | code/Zi | p code | | | | |
| 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. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund) | | | | | | | | | | | | | |
| Director or officer of the | investment fund (| or invest | ment fur | nd ma | nager | | Employ | vee of th | e iccuer | or investme | nt func | l manage | r |
| <u> </u> | e investment rana t | n investi | illelit lui | iu iiic | anagei | Ш' | LIIIpio | yee or u | e issuei | or investine | in runc | imanage | ı |
| ✓ None of the above | | | | | | | | | | | | | |
| d) Compensation details | | | | | | | | | | | | | |
| Provide details of all compensatio 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 o r employ | compen or accour | nsatio nting | n, gifts, dis services. A | scounts (In issuer | or othe is not | r compe required | nsation. ' to ask fo | Do not repo | rt payn | nents for s | ervices |
| Cash commissions paid | 2 | 38.28 | | | | | | Security | code 1 | Security co | de 2 | Security of | ode 3 |
| Value of all securities distributed as compensation | 4 | | | 5 | Security co | odes | | | | | | | |
| Describe ter | ms of warrants, op | otions or | other rig | ghts | | | | | | | | | |
| Other compensation ⁵ | i | | Desc | ribe | | | | | | | | | |
| Total compensation paid | 23 | 38.28 | | | | | | | | | | | |
| ✓ Check box if the pers | on will or may rece | eive any | deferred | d com | npensatior | n (descri | ibe the | terms b | elow) | | | | |
| Raymond James Lt Voting Shares, 1% Voting Shares. | d. will receive ar on Class B Serie | annua es 'B' Pi | l trailer eferrec | fee d Nor | paid mor n-Voting | nthly in Shares | the ar | mount c | of 1/2% Class B | on Class A Series 'C' | Prefe | erred Nor red Non- | n- - |
| ⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred compet | r. Indicate the secu ditional securities o | ırity cod | es for all | | | | | | | | | | er |

| a) Name of person compe | ensated and regis | tration st | tatus | | | | | | | | |
|--|--|--|-------------------------|----------------------------------|-------------------------|------------------------|----------------------|--------------------|-------------------|---|---------|
| Indicate whether the person com | npensated is a regist | rant. | | ☐ No | | ✓ | Yes | | | | |
| If the person compensated is an | individual, provide t | he name o | of the indiv | ridual. | | | | | | | |
| Full legal name of indivi | dual | | | | | | | | | | |
| | | Family nam | ie | | First o | given nar | me | | Secondary | given names | i |
| If the person compensated is not | t an individual, provi | ide the foll | lowing info | ormation. | | | | | | | |
| Full legal name | of non-individual | Echelon | Wealth F | Partners In | C. | | | | | | |
| Fi | rm NRD number | 3 | 2 4 | . 2 | 0 | | | (if appl | icable) | | |
| Indicate whether the person com | npensated facilitatea | the distri | bution thro | ough a fundi | ng porta | l or an i | internet- | based p | oortal. | No ✓ | Yes |
| b) Business contact inform | b) Business contact information | | | | | | | | | | |
| If a firm NRD number is not pro | vided in Item 8 (a), p | rovide the | e business o | contact info | mation c | of the pe | erson bei | ing com | pensated. | | |
| Street address | | | | | | | | | | | |
| Municipality | | | | | | Pro | ovince/\$ | State | | | |
| Country | | | | | Po | stal co | de/Zip | code | | | |
| 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. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund) | | | | | | | | | | | |
| Director or officer of the | e investment fund o | or investm | ent fund m | nanager | ΠЕ | mplove | e of the | issuer o | or investment fun | d managei | r |
| ✓ None of the above | | | | | ш - | | | | | - · · · · · · · · · · · · · · · · · · · | |
| d) Compensation details | | | | | | | | | | | |
| Provide details of all compensations of all compensations and compensations are compensational to the distribution, such allocation arrangements with the | ommissions, securition h as clerical, printing e directors, officers o | es-based c g, legal or r employe | ompensati accounting | ion, gifts, dis g services. A | counts oi n issuer i | r other o s not red | compens quired to | ation. E ask fo | Do not report pay | ments for s | ervices |
| Cash commissions pai | a | 17.98 | | | | S | ecurity co | ode 1 | Security code 2 | Security c | ode 3 |
| Value of all securities distributed as compensation | | | | Security co | des | | | | | | |
| Describe to | erms of warrants, op | tions or o | ther rights | | | | | | | | |
| Other compensation | 5 | | Describe | | | | | | | | |
| Total compensation pai | d | 17.98 | | | | | | | | | |
| ✓ Check box if the per | son will or may rece | eive any d | eferred co | mpensation | (describ | e the te | erms bel | ow) | | | |
| Echelon Wealth Pa Non-Voting Shares Non-Voting Shares | s, 1% on Class B | | | | | | | | | | rred |
| ⁴ Provide the aggregate value o additional securities of the issue rights exercisable to acquire ad ⁵ Do not include deferred compe | er. Indicate the secu Iditional securities o | ırity codes | s for all sec | | | | | | | | er |

| a) Name of person com | pensated and regis | tration status | | | | | | | |
|--|---|--|---|------------------------------|------------------------|-------------------------------|--|--------------------------|---------|
| Indicate whether the person co | ompensated is a registi | ant. | ☐ No | \checkmark | Yes | | | | |
| If the person compensated is a | ın individual, provide t | he name of the indivi | idual. | | | | | | |
| Full legal name of indi | Johnson | | Gordon | | | | | | |
| | F | amily name | | First given n | ame | · · | Secondary (| jiven names | 3 |
| If the person compensated is r | not an individual, provi | de the following info | rmation. | | | | | | |
| Full legal name | e of non-individual | | | | | | | | |
| 1 | Firm NRD number | | | | | (if appl | icable) | | |
| Indicate whether the person co | ompensated facilitated | the distribution thro | ugh a funding բ | ortal or an | internet | -based p | ortal. | No ✓ | Yes |
| b) Business contact info | ormation | | | | | | | | |
| If a firm NRD number is not p | rovided in Item 8 (a), p | rovide the business c | ontact informa | tion of the | person be | eing com | pensated. | | |
| Street address | Street address #179 - 16080 82nd Avenue | | | | | | | | |
| Municipality | Surrey | | Р | rovince | /State | British Colum | bia | | |
| Country | Canada | 1 | Postal c | ode/Zip | code | V4N 0N6 | <u> </u> | | |
| Email address | gordjohnson@out | ook.com | Ī | Telep | hone nu | ımber | 6045973680 | | |
| 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 investment fund or investment fund manager | | | | | | | | | |
| ✓ None of the above | | | | _ | | | | | |
| d) Compensation details | S | | | | | | | | |
| Provide details of all compenses Canadian dollars. Include cash incidental to the distribution, s allocation arrangements with t | commissions, securitie uch as clerical, printing the directors, officers of | rs-based compensation, legal or accounting remployees of a non- | on, gifts, discou services. An iss | nts or other uer is not r | r compen required t | sation. E to ask for | Do not report payı | ments for s | ervices |
| Cash commissions p | Daid | 1.60 | | | Security of | ode 1 | Security code 2 | Security c | ode 3 |
| Value of all securit distributed as compensati | | | Security codes | | | | | | |
| Describe | terms of warrants, op | tions or other rights | | | | | | | |
| Other compensation | on ⁵ | Describe | | | | | | | |
| Total compensation p | aid | 1.60 | | | | | | | |
| ✓ Check box if the p | erson will or may rece | ive any deferred cor | mpensation (de | scribe the | terms be | low) | | | |
| | Gordon Johnson will receive an annual trailer fee paid monthly in the amount of 1/2% on Class A Preferred Non-Voting Shares, 1% on Class B Series 'B' Preferred Non-Voting Shares and 0% on Class B Series 'C' Preferred Non-Voting | | | | | | | | |
| ⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire of ⁵ Do not include deferred com | suer. Indicate the secu additional securities of | rity codes for all sec | on, <u>excluding</u> o urities distribut | eptions, wa ed as com | rrants or pensation | other rig n, <u>includ</u> | nhts exercisable t l <u>ing</u> options, warr | o acquire ants or oth | er |

| a) Name of person comp | pensated and reg | stration status | | | | | |
|--|---|--|---------------------------------|--------------------------------|-------------------------------|-----------------------|---------------------|
| Indicate whether the person co | mpensated is a regis | trant. | ☐ No | \checkmark | Yes | | |
| If the person compensated is a | n individual, provide | the name of the indiv | idual. | | | | |
| Full legal name of indi | vidual | | | | | | |
| | | Family name | | First given r | name | Secondary | given names |
| If the person compensated is n | ot an individual, pro | vide the following info | rmation. | | | | |
| Full legal name | of non-individual | Industrielle Allian | ce Valeurs | Mobilieres | | | |
| F | irm NRD number | 1 5 4 | 0 | 0 | (if | applicable) | |
| Indicate whether the person co | mpensated facilitate | d the distribution thro | ugh a fundin | g portal or a | n internet-ba | sed portal. | No ✓ Yes |
| b) Business contact info | rmation | | | | | | |
| If a firm NRD number is not pr | ovided in Item 8 (a), | provide the business o | ontact inforr | nation of the | person being | compensated. | |
| Street address | | | | | | | |
| Municipality | | | | F | Province/Sta | ate | |
| Country | | | Postal | code/Zip co | de | | |
| Email address | | | | Telep | hone numb | per | |
| 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 investment fund | or investment fund m | anager | Employ | ee of the iss | uer or investment fu | nd manager |
| ✓ None of the above | | | | | | | |
| d) Compensation details | | | | | | | |
| Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with the | commissions, securit uch as clerical, printi ne directors, officers | ies-based compensations, legal or accounting or employees of a non | on, gifts, disc services. An | ounts or othe issuer is not | r compensati required to a | on. Do not report pay | yments for services |
| Cash commissions pa | aid | 6.77 | | | Security code | 1 Security code 2 | Security code 3 |
| Value of all securition distributed as compensation | | | Security cod | les | | | |
| Describe | terms of warrants, o | ptions or other rights | | | | | |
| Other compensation | n ⁵ | Describe | | | | | |
| Total compensation pa | aid | 6.77 | | | | | |
| ✓ Check box if the pe | erson will or may red | ceive any deferred cor | mpensation | (describe the | terms below |) | |
| Preferred Non-Vo | Industrielle Alliance Valeurs Mobilieres will receive an annual trailer fee paid monthly in the amount of 1/2% on Class A Preferred Non-Voting Shares, 1% on Class B Series 'B' Preferred Non-Voting Shares and 0% on Class B Series 'C' Preferred Non-Voting | | | | | | |
| ⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred comp | uer. Indicate the sec additional securities | curity codes for all sec | | | | | |

| a) Name of person com | pensated and reg | istration status | | | | | | | |
|--|---|---|---|-------------------------------|-------------------------|--------------------------------|---|--|---------|
| Indicate whether the person co | ompensated is a regi | strant. | ☐ No | \checkmark | Yes | | | | |
| If the person compensated is a | ın individual, provide | the name of the indiv | idual. | | | | | | |
| Full legal name of indi | ividual Prasad | | Kumud | | | | | | |
| | | Family name | <u> </u> | First given na | ame | · · | Secondary (| jiven names | |
| If the person compensated is n | not an individual, pro | vide the following info | rmation. | | | | | | |
| Full legal name | e of non-individua | | | | | | | | |
| F | Firm NRD number | | | | | (if appli | cable) | | |
| Indicate whether the person co | ompensated facilitate | ed the distribution thro | ugh a funding p | portal or an | internet | -based p | ortal. | No ✓ | Yes |
| b) Business contact info | ormation | | | | | | | | |
| If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated. | | | | | | | | | |
| Street address | Street address 7812 18th Avenue | | | | | | | | |
| Municipality | Burnaby | | Р | rovince/ | State | British Colum | bia | | |
| Country | Canada | | 1 | Postal c | ode/Zip | code | V3N 1J4 | <u>- </u> | |
| Email address | prasadkumud56 | @gmail.com | 1 | Telep | hone nu | mber | 7787074960 | | |
| 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 investment fund | or investment fund m | anager | Employ | ee of the | issuer c | or investment fun | d managei | r |
| ✓ None of the above | | | | | | | | | |
| d) Compensation details | s | | | | | | | | |
| Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, so allocation arrangements with t Cash commissions p | commissions, securi uch as clerical, printi the directors, officers | ties-based compensations, legal or accounting | on, gifts, discou services. An iss | nts or other suer is not r | r compen: required t | sation. D o ask for | o not report payı | nents for s | ervices |
| Odon odminiodiono p | , and | 0.55 | | | Security of | ode 1 | Security code 2 | Security of | ode 3 |
| Value of all securiti distributed as compensati | | | Security codes | | | | | | |
| Describe | terms of warrants, | options or other rights | | | | | | | |
| Other compensation | on ⁵ | Describe | | | | | | | |
| Total compensation p | aid | 0.55 | | | | | | | |
| ✓ Check box if the p | erson will or may re | ceive any deferred cor | mpensation (de | scribe the | terms be | low) | | | |
| | | ual trailer fee paid n Preferred Non-Votin | | | | | | | |
| ⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred com | suer. Indicate the se additional securities | curity codes for all sec | on, <u>excluding</u> c urities distribut | options, wa ed as comp | rrants or pensatior | other rig n, <u>includi</u> | nhts exercisable t i <u>ng</u> options, warr | o acquire ants or oth | er |

| f the issuer is an investment fun | d, do not complete | Item 9. Procced to | Item 10. | | | | |
|---|---|--|--|--|-----------------------|---------------------------------------|------------------------|
| Indicate whether the issuer is any c | of the following (selec | t the one that applie | es - if more than one a | applies, select only one). | | | |
| Reporting issuer in any juri | sdiction of Canada | | | | | | |
| Foreign public issuer | | | | | | | |
| Wholly owned subsidiary o | f a reporting issuer i | n any jurisdiction of | Canada ⁶ | | | | |
| Provide nar | me of reporting issue | er | | | | | |
| Wholly owned subsidiary o | f a foreign public iss | uer ⁶ | | | | | |
| | f foreign public issue | | | | | | |
| | | | | 4 | | | |
| Issuer distributing only eligi | ible foreign securitie | s and the distribution | n is to permitted clien | ts only | | | |
| TICCK tills box if it applies to tile c | urreni aisinbullon et | en if the issuer mad | de previous distributio | ns of other types of securit | ties to noi | n-permiti | ted |
| | eligible foreign secur | ity" and "permitted o | client" in Part B(1) of to | | ties to noi | n-permiti | ted |
| lients. Refer to the definitions of "e | eligible foreign secur | ity" and "permitted o | client" in Part B(1) of to | | ties to noi | n-permit | ted |
| Ilients. Refer to the definitions of "e If the issuer is none of the a) Directors, executive officer rovide the following information fo | e above, check this a rs and promoters or each director, execu | ity" and "permitted of box and complete I of the issuer utive officer and pror | client" in Part B(1) of to Item 9(a) - (c). The moter of the issuer. For | he Instructions. r locations within Canada, s | | | |
| lients. Refer to the definitions of "e | e above, check this a rs and promoters or each director, execu | ity" and "permitted of box and complete I of the issuer utive officer and pror | client" in Part B(1) of to Item 9(a) - (c). The moter of the issuer. For | he Instructions. r locations within Canada, s | state the p | | or o issuer |
| If the issuer is none of the Directors, executive officer rovide the following information for the country; otherwise state the country | e above, check this are and promoters are each director, execute. For "Relationship to | box and complete I of the issuer utive officer and pror o issuer", "D" – Direct | then 9(a) - (c). The standard of the issuer. For the issuer. For the issuer. For the issuer. For the issuer. Secondary given | r locations within Canada, s fficer, "P" – Promoter. Business location of non-individual or residentail jurisdiction of | state the p | province | or) issue |
| If the issuer is none of the Directors, executive officer To vide the following information for the country; otherwise state the country | e above, check this are and promoters are each director, execute. For "Relationship to | box and complete I of the issuer utive officer and pror o issuer", "D" – Direct | then 9(a) - (c). The standard of the issuer. For the issuer. For the issuer. For the issuer. For the issuer. Secondary given | r locations within Canada, s fficer, "P" – Promoter. Business location of non-individual or residentail jurisdiction of individual | Relation (select | province onship to tot all that | or issue: apply) |
| If the issuer is none of the Directors, executive officer To vide the following information for the country; otherwise state the country | e above, check this are and promoters and promoters are each director, execute. For "Relationship to | box and complete I of the issuer utive officer and pror o issuer", "D" – Direct | then 9(a) - (c). The standard of the issuer. For the issuer. For the issuer. For the issuer. For the issuer. Secondary given | r locations within Canada, sfficer, "P" – Promoter. Business location of non-individual or residentail jurisdiction of individual Province or country | Relation (selection | orovince onship to tall that | or issue: apply) |
| If the issuer is none of the Directors, executive officer To vide the following information for the country; otherwise state the country | e above, check this are and promoters are each director, exect at For "Relationship to Family name Granleese | box and complete I of the issuer utive officer and pror o issuer", "D" – Direct First given name William | them 9(a) - (c). The moter of the issuer. For the issuer. For the issuer. For the issuer. For the issuer. The iss | r locations within Canada, sufficer, "P" – Promoter. Business location of non-individual or residentail jurisdiction of individual Province or country British Columbia | Relation (selection D | orovince onship to tall that | or o issue apply |

within Canada, state the province or territory; otherwise state the country. For "Relationship to promoter", "D" - Director, "O" - Executive Officer.

| Organization or company name | Family name | First given name | Secondary given names | Residential jurisdiction of individual | Relationship to promoter (select one or both if applicable) | |
|------------------------------|-------------------------------------|------------------|-----------------------|--|---|---|
| | y name Taminy name Thist given name | | | Province or country | D | 0 |
| | | | | | | |

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 | Antrim Balanced Mortgage Fu | Antrim Balanced Mortgage Fund Ltd. | | | | | | | | |
|--|-----------------------------|------------------------------------|--------|-------------|-----------------|--|--|--|--|--|
| Full legal name | Granleese | ranleese William | | | | | | | | |
| | Family name | First given name | | Seconda | ary given names | | | | | |
| Title | Portfolio Manager | | | | | | | | | |
| Telephone number | 6045302301 | Email address | will@a | ntriminvest | ments.com | | | | | |
| Signature | "William Granleese" | Villiam Granleese" Date 2 | | | 04 | | | | | |
| | | | YYYY | MM | DD | | | | | |

| TEM 11- CONTACT PERSON | | | | | | | | |
|--|--------------------------|------------------|-----------------------|-------|--|--|--|--|
| Provide the following business contact information for the individual that the securities regulatory authority or regulator may contact with any questions regarding the contents of this report, if different than the individual certifying the report in Item 10. | | | | | | | | |
| Same as 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.