# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9796943

| ITEM 1 - REPORT TYPE   |  |                                   |            |                               |                   |
|--|--|-----------------------------------|------------|-------------------------------|-------------------|
| ✓ New report   |  |                                   |            |                               |                   |
| ☐ Amended report If ame  | nded, provide filing date              | of report that is bein            | g ame      | ended                         | (YYYY-MM-DD)      |
| ITEM 2 - PARTY CERTIFYING TH   | E REPORT                               |                                   |            |                               |                   |
| Indicate the party certifying the report (sel<br>Instrument 81-106 Investment Fund Conti   |  |                                   |            | estment fund, refer to sectio | n 1.1 of National |
| ☐ Investment fund issuer   | naous Disclosure and the comp          | amon policy to 141 or 100         | •          |                               |                   |
| ✓ Issuer (other than an investment of the sum of th | stment fund)                           |                                   |            |                               |                   |
| Underwriter  | ······································ |                                   |            |                               |                   |
| ITEM 3 - ISSUER NAME AND OT  | LIED IDENTIFIEDS                       |                                   |            |                               |                   |
| Provide the following information about the  |  | vastment fund, about the          | fund       |                               |                   |
| Full legal name  | ·                                      | ·                                 | јина.      |                               |                   |
| Previous full legal name   | Antim Balancea Wortg                   |                                   |            |                               |                   |
| -  |  |                                   |            |                               |                   |
| If the issuer's name changed in th   | e last 12 months, provide most         | recent previous legal nam         | e.         |                               |                   |
| Website  | www.antriminvestment                   | s.com (if ap                      | oplicable  | e)                            |                   |
| If the issuer has a legal entity identifier. pr  | ovide below. Refer to Part B of t      | he Instructions for the def       | finition o | of "legal entity identifier". |                   |
| Legal entity identifier  |  |                                   |            |                               |                   |
| If two or more issuers distributed a single s  | security, provide the full legal no    | nme(s) of the co-issuer(s) o      | other the  | an the issuer named above.    |                   |
| Full legal name(s) of co-issuer(s) (if applicable)   |  |                                   |            |                               |                   |
| ITEM 4 - UNDERWRITER INFORM  | MATION                                 |                                   |            |                               |                   |
| If an underwriter is completing the report,  |  | gal name and firm NPD r           | numbar     |                               |                   |
| Full legal name  | provide the underwriter's fall te      | gat name ana ן מיזוו איזיין מיזור | iumber.    |                               |                   |
| Firm NRD number  |  | (if applicable                    | ۵)         |                               |                   |
|  |  | (if applicabl                     |            |                               |                   |
| If the underwriter does not have a firm NR   | D number, provide the head off         | ice contact information of        | f the und  | derwriter.                    |                   |
| Street address   |  |                                   |            |                               |                   |
| Municipality   |  | Province/                         | Į          |                               |                   |
| Country  |  | Postal code/Zip                   | code       |                               |                   |
| Telephone number   |  | We                                | ebsite     |                               | (if applicable)   |

| If the issuer is an investment fund, do not complete item 5. Proceed to Item 6.   a) Primary industry  | Item 5 - Issuer Information  |
|--|--|
| 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  | If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.            |
| AlcS industry code   | a) Primary industry  |
| 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   |  |
| mining industry. Select the category that best describes the issuer's stage of operations.  Exploration Development Production  Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.  Mortgages Real estate Commercial/business debt Consumer debt Private companies  Cryptoassets  b) Number of employees  Number of employees: 0 - 49 50 - 99 100 - 499 500 or more  c) SEDAR profile number  Does the issuer have a SEDAR profile?  No Yes If yes, provide SEDAR profile number 0 0 0 3 8 5 6 8  If the issuer does not have SEDAR profile complete item 5(d) - (h).  d) Head office address  Street address  Municipality Postal code/Zip code  Country Telephone number  e) Date of formation and financial year-end  Date of formation Financial year-end  Province/State Date of formation and financial year-end MMM 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.   | NAICS industry code 5 2 2 9 9  |
| Is the issuer does not have SEDAR profile complete item 5(d) - (h).  d) Head office address  Street address  Municipality  Country  Date of formation and financial year-end  Date of formation and financial year-end  Date of formation  The province/State  | mining industry. Select the category that best describes the issuer's stage of operations. |
| Mortgages  |  |
| Cryptoassets  b) Number of employees  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  Municipality  Country  Postal code/Zip code  Telephone number  e) Date of formation and financial year-end  Date of formation  The postal year-end  Pinancial 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.   | b) Number of employees   |
| 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 Postal code/Zip code Country Telephone number  e) Date of formation and financial year-end  Date of formation and financial year-end  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.   | Number of employees: ✓ 0 - 49 ☐ 50 - 99 ☐ 100 - 499 ☐ 500 or more                          |
| 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).    Head office address   Province/State   Postal code/Zip code   P    | c) SEDAR profile number  |
| If the issuer does not have SEDAR profile complete item 5(d) - (h).  d) Head office address  Street address  Municipality  Country  Postal code/Zip code  Telephone number  e) Date of formation and financial year-end  Date of formation  Financial year-end  MM DD  Financial year-end  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.   | Does the issuer have a SEDAR profile?  |
| Street address  Municipality  Country  Postal code/Zip code  Telephone number  e) Date of formation and financial year-end  Date of formation  The postal code/Zip code  Telephone number  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.  | No  ✓ Yes If yes, provide SEDAR profile number  0 0 0 3 8 5 6 8                            |
| Street address Province/State 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.   |  |
| Municipality Country Telephone number  Date of formation and financial year-end  The phone number  Date of formation Telephone number  Financial year-end MMM DD  The phone number  Financial year-end MMM DD  The phone number  The | d) Head office address   |
| Country  Telephone number  e) Date of formation and financial year-end  Date of formation  YYYY MM DD  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.  | Street address Province/State  |
| 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.  | Municipality Postal code/Zip code  |
| Date of formation  YYYY MM DD  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.   | Country Telephone number   |
| 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.   | e) Date of formation and financial year-end  |
| 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.   |  |
| If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.  | f) Reporting issuer status   |
|  | Is the issuer a reporting issuer in any jurisdication of Canada? No Yes                    |
| AII AB BC MB NB NL NT  | 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   | NS NU ON PE QC SK YT   |
| g) Public listing status   | 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  | Exchange name  |
| h) Size of issuer's assets   | 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   |
| 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 strate               | gies Cryptoasset Other (describe)  |
| Indicate whether one or bot      | h of the following apply to the investment fund .  |
| Invests primarily in             | n other investment fund issuers  |
| ☐ Is a UCITs Fund¹               |  |
|                                  | tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union of ollective investment schemes to operate throughout the EU on a passport basis on authorization from one member state. |
| c) Date of formation a           | nd financial year-end of the investment fund   |
| Date of forma                    | tion Financial year-end MM DD  |
| d) Reporting issuer st           | atus of the investment fund  |
| Is the investment fund a rep     | orting issuer in any jurisdication of Canada? No Yes   |
| If yes, select the jurisdictions | s of Canada in which the investment fund is a reporting issuer.  |
| AII                              | AB BC MB NB NL NT  |
| ☐ NS ☐                           | NU ON PE QC SK T   |
| e) Public listing status         | s of the investment fund   |
| If the investment fund has a     | CUSIP number, provide below (first 6 digits only)  |
|                                  | CUSIP number   |
|                                  | blicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the oot a trading facility such as, for example, an automated trading system.  |
| Exchange on                      |  |
| -                                | AV) of the investment fund   |
|                                  | 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.

| 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.

✓ 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.

Start date 2022 03 24

YYYY MM DD

End date 2022 03 31

#### 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<br>code | , | CUSIP number (if applicable) | Description of security                            | Number of securities | Single or<br>lowest<br>price | Highest price | Total amount |
| Р | R             | S |                              | Class A Preferred Non-Voting Shares                | 200,000.00           | 1.0000                       |               | 200,000.00   |
| Р | R             | S |                              | Class B Series 'B' Preferred Non-<br>Voting Shares | 616,626.00           | 1.0000                       |               | 616,626.00   |
| Р | R             | S |                              | Class B Series 'C' Preferred Non-<br>Voting Shares | 3,354,457.00         | 1.0000                       |               | 3,354,457.00 |

#### 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.

| Converti<br>exchange<br>security | eable | nderlyi<br>curity c | _ |        | ise price<br>adian \$) | Expiry date<br>(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 <sup>28</sup> purchasers | Total amount (Canadian \$) |
|---------------------|--|---|----------------------------|
| British Columbia    | NI 45-106 2.3 [Accredited investor]                                  | 11  | 1,347,848.00               |
| British Columbia    | NI 45-106 2.9(1) [Offering memorandum] (BC, NL)                      | 26  | 914,990.00                 |
| Ontario             | NI 45-106 2.3 [Accredited investor]                                  | 6   | 1,217,845.00               |
| Ontario             | NI 45-106 2.9(2.1) [Offering memorandum]<br>(AB, SK, ON, QC, NB, NS) | 5   | 119,500.00                 |

|               | Total number of unique purchasers <sup>2b</sup>                   | 56                   |              |
|---------------|---|----------------------|--------------|
|               | Total dollar amount of se   | curities distributed | 4,171,083.00 |
| New Brunswick | NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS) | 1                    | 10,000.00    |
| New Brunswick | NI 45-106 2.3 [Accredited investor]                               | 3                    | 85,000.00    |
| Québec        | NI 45-106 2.3 [Accredited investor]                               | 2                    | 134,000.00   |
| Manitoba      | NI 45-106 2.9(2) [Offering memorandum] (MB, PE, YT, NT, NU)       | 1                    | 13,000.00    |
| Manitoba      | NI 45-106 2.3 [Accredited investor]                               | 1                    | 328,900.00   |

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

#### 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<br>(Canadian \$) |
|---|-------------------------------|
|   |                               |
| Total net proceeds to the investment fund |                               |

<sup>&</sup>lt;sup>3</sup>"Net proceeds" means the gross proceeds realized in the jurisdiction from the distributions for which the report is being filed, less the gross redemptions that occurred during the distribution period covered by the report.

### h) Offering materials - This section applies only in Saskatchewan, Ontario, Québec, New Brunswick and Nova Scotia.

If a distribution has occurred in Saskatchewan, Ontario, Québec, New Brunswick or Nova Scotia, complete the table below by listing the offering materials that are required under the prospectus exemption relied on to be filed with or delivered to the securities regulatory authority or regulator in those jurisdictions.

In Ontario, if the offering materials listed in the table are required to be filed with or delivered to the Ontario Securities Commission (OSC), attach an electronic version of the offering materials that have not been previously filed with or delivered to the OSC.

|    | Description         | Date of document or<br>other material<br>(YYYY-MM-DD) | Previously filed<br>with or delivered to<br>regulator?<br>(Y/N) | Date previously filed or<br>delivered<br>(YYYY-MM-DD) |
|----|---------------------|---|---|---|
| 1. | Offering Memorandum | 2021-10-20  | Y   | 2021-10-20  |

<sup>&</sup>lt;sup>2b</sup> In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

| ITEM 8 - COMPENSATION INFORMATION   |
|---|
| Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. <b>Complete additional copies of this page if more than one person was, or will be, compensated.</b> |
| Indicate whether any compensation was paid, or will be paid, in connection with the distribution.   |
| No ✓ Yes If yes, indicate number of persons compensated. 6  |

| a) Name of person compe  | nsated and registration   | n status             |                |              |             |           |                 |              |      |  |  |
|--|---|----------------------|----------------|--------------|-------------|-----------|-----------------|--------------|------|--|--|
| Indicate whether the person comp   | pensated is a registrant.   |                      | ☐ No           | <b>✓</b>     | Yes         |           |                 |              |      |  |  |
| If the person compensated is an i  | ndividual, provide the na   | me of the indiv      | ridual.        |              |             |           |                 |              |      |  |  |
| Full legal name of individ   | lual  |                      |                |              |             |           |                 |              |      |  |  |
|  | Family  | name                 |                | First giver  | n name      |           | Secondary (     | jiven names  |      |  |  |
| If the person compensated is not   | an individual, provide th   | e following info     | rmation.       |              |             |           |                 |              |      |  |  |
| Full legal name o  | f non-individual [iA P  | rivate Wealth        | Inc./iA Ges    | tion privé   | e de patri  | moine     |                 |              |      |  |  |
| Firm   | m NRD number 1  | 5 4                  | 0              | 0            |             | (if appl  | icable)         |              |      |  |  |
| Indicate whether the person comp   | pensated facilitated the a  | listribution thro    | ough a fundin  | g portal or  | an internet | t-based p | oortal.         | No ✓         | Yes  |  |  |
| b) Business contact inform   | ation   |                      |                |              |             |           |                 |              |      |  |  |
| If a firm NRD number is not prov   | ided in Item 8 (a), provid  | e the business o     | contact inform | nation of th | e person b  | eing com  | pensated.       |              |      |  |  |
| Street address   |   |                      |                |              |             |           |                 |              |      |  |  |
| Municipality   |   |                      |                |              | Province    | /State    |                 |              |      |  |  |
| Country  |   | Postal code/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 investment fund or investment fund manager  |   |                      |                |              |             |           |                 |              |      |  |  |
| None of the above  |   |                      |                |              |             |           |                 |              |      |  |  |
| d) Compensation details  |   |                      |                |              |             |           |                 |              |      |  |  |
| Canadian dollars. Include cash co-<br>incidental to the distribution, such<br>allocation arrangements with the   | Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in 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 paid  | 9.99  | )                    |                |              | Security    | code 1    | Security code 2 | Security cod | de 3 |  |  |
| Value of all securities distributed as compensation  |   |                      | Security cod   | es           |             |           |                 |              |      |  |  |
| Describe ter   | ms of warrants, options   | □<br>or other rights |                |              |             |           |                 |              |      |  |  |
| Other compensation <sup>5</sup>  |   | Describe             |                |              |             |           |                 |              |      |  |  |
| Total compensation paid  | 9.99  |                      |                |              |             |           |                 |              |      |  |  |
| ✓ Check box if the pers  | on will or may receive a  | ny deferred co       | mpensation (   | describe th  | ne terms be | elow)     |                 |              |      |  |  |
| IA Private Wealth Inc. 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 Shares.  |   |                      |                |              |             |           |                 |              |      |  |  |
| <sup>4</sup> Provide the aggregate value of<br>additional securities of the issue<br>rights exercisable to acquire add<br><sup>5</sup> Do not include deferred compet  | r. Indicate the security c<br>litional securities of the l  | odes for all sed     |                |              |             |           |                 |              | r    |  |  |

| a) Name of person compe  | nsated and regist   | ration statu                                 | us                   |                              |                          |           |                          |                     |                 |              |         |
|--|---|--|----------------------|------------------------------|--------------------------|-----------|--------------------------|---------------------|-----------------|--------------|---------|
| Indicate whether the person com  | pensated is a registr   | ant.   |                      | ☐ No                         |                          | ✓ Y       | 'es                      |                     |                 |              |         |
| If the person compensated is an i  | ndividual, provide th   | ne name of th                                | he indivi            | dual.                        |                          |           |                          |                     |                 |              |         |
| Full legal name of individ   | dual  |  |                      |                              |                          |           |                          |                     |                 |              |         |
|  | F   | amily name                                   |                      |                              | First gi                 | iven nam  | ne                       |                     | Secondary (     | jiven names  |         |
| If the person compensated is not   | an individual, provid   | de the follow                                | ing infor            | mation.                      |                          |           |                          |                     |                 |              |         |
| Full legal name o  | f non-individual  | NATIONAL                                     | BANK                 | FINANCI                      | AL INC./                 | FINAN     | CIÈRE E                  | BANQI               | UE NATIONA      | E INC.       |         |
| Fin  | m NRD number  | 1 9  | 6                    | 0                            |                          |           | (if                      | applic              | able)           |              |         |
| Indicate whether the person com  | pensated facilitated  | the distributi                               | ion throu            | ıgh a fundi                  | ng portal                | or an in  | nternet-ba               | sed poi             | rtal.           | No ✓         | Yes     |
| b) Business contact inform   | nation  |  |                      |                              |                          |           |                          |                     |                 |              |         |
| If a firm NRD number is not prov   | ided in Item 8 (a), pr  | ovide the bu                                 | ısiness co           | ontact info                  | mation o                 | f the pei | rson being               | comp                | ensated.        |              |         |
| Street address   |   |  |                      |                              |                          |           |                          |                     |                 |              |         |
| Municipality   |   |  |                      |                              |                          | Pro       | vince/Sta                | ate                 |                 |              |         |
| Country  |   |  |                      |                              | Pos                      | stal cod  | de/Zip co                | de                  |                 |              |         |
| Email address  |   |  |                      |                              | Т                        | elepho    | one numl                 | ber                 |                 |              |         |
| 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  Employee of the issuer or investment fund manager   |   |  |                      |                              |                          |           |                          |                     |                 |              |         |
| ✓ None of the above  |   |  |                      |                              |                          |           |                          |                     |                 |              |         |
| d) Compensation details  |   |  |                      |                              |                          |           |                          |                     |                 |              |         |
| Provide details of all compensation<br>Canadian dollars. Include cash co-<br>incidental to the distribution, such<br>allocation arrangements with the  | mmissions, securitie<br>n as clerical, printing<br>directors, officers or | s-based com<br>, legal or acc<br>employees o | pensatio<br>counting | n, gifts, dis<br>services. A | counts or<br>n issuer is | other co  | ompensati<br>Juired to a | ion. Do<br>sk for d | not report payı | ments for se | ervices |
| Cash commissions paid  | d   | 4.68   |                      |                              |                          | Se        | ecurity code             | 1 5                 | Security code 2 | Security co  | ode 3   |
| Value of all securities distributed as compensation  |   |  | (                    | Security co                  | des                      |           |                          |                     |                 |              |         |
| Describe te  | rms of warrants, opt  | ions or othe                                 | r rights             |                              |                          |           |                          |                     |                 |              |         |
| Other compensation <sup>5</sup>  | 5   | De   | escribe              |                              |                          |           |                          |                     |                 |              |         |
| Total compensation paid  | i c   | 4.68   |                      |                              |                          |           |                          |                     |                 |              |         |
| ✓ Check box if the pers  | son will or may rece  | ive any defe                                 | rred con             | npensation                   | (describe                | e the ter | rms below                | /)                  |                 |              |         |
| National Bank Financial Inc. 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 Shares.  |   |  |                      |                              |                          |           |                          |                     |                 |              |         |
| <sup>4</sup> Provide the aggregate value of<br>additional securities of the issue<br>rights exercisable to acquire add<br><sup>5</sup> Do not include deferred compe   | er. Indicate the secun<br>ditional securities of                          | rity codes fo                                |                      |                              |                          |           |                          |                     |                 |              | ər      |

| a) Name of person comp  | ensated and regi   | stration status  |                                      |                              |                             |                                  |  |                            |    |
|---|--|--|--------------------------------------|------------------------------|-----------------------------|----------------------------------|--|----------------------------|----|
| Indicate whether the person cor   | npensated is a regis   | trant.   | ☐ No                                 | [                            | ✓ Yes                       |                                  |  |                            |    |
| If the person compensated is an   | individual, provide  | the name of the indiv  | idual.                               |                              |                             |                                  |  |                            |    |
| Full legal name of indiv  | idual  |  |                                      |                              |                             |                                  |  |                            |    |
|   |  | Family name  |                                      | First give                   | en name                     |                                  | Secondary (                              | jiven names                | _  |
| If the person compensated is no   | t an individual, pro   | vide the following info  | rmation.                             |                              |                             |                                  |  |                            |    |
| Full legal name   | of non-individual  | PI Financial Corp  | ./Corpora                            | ion Finan                    | cière PI                    |                                  |  |                            |    |
| F   | irm NRD number   | 5 2 9  | 0                                    |                              |                             | (if app                          | licable)                                 |                            |    |
| Indicate whether the person cor   | npensated facilitate   | d the distribution thro  | ugh a fund                           | ng portal o                  | r an interne                | t-based p                        | oortal.                                  | ] No ✓ Ye                  | ;s |
| b) Business contact infor   | mation   |  |                                      |                              |                             |                                  |  |                            |    |
| If a firm NRD number is not pro   | ovided in Item 8 (a),  | provide the business c   | ontact info                          | rmation of t                 | the person b                | eing con                         | npensated.                               |                            |    |
| Street address  |  |  |                                      |                              |                             |                                  |  |                            |    |
| Municipality  |  | Province/State   |                                      |                              |                             |                                  |  |                            | ١  |
| Country   |  |  | j                                    | Post                         | al code/Zip                 | code                             |  |                            | أ  |
| 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 investment fund manager   |  |  |                                      |                              |                             |                                  |  |                            |    |
| ✓ None of the above   |  |  |                                      |                              |                             |                                  |  |                            |    |
| d) Compensation details   |  |  |                                      |                              |                             |                                  |  |                            |    |
| Provide details of all compensate Canadian dollars. Include cash concidental to the distribution, such allocation arrangements with the   | commissions, securit<br>ch as clerical, printin<br>e directors, officers | ies-based compensations, legal or accounting or employees of a non | on, gifts, dis<br>services. A        | counts or o<br>n issuer is r | ther comper<br>not required | nsation. L<br>to ask fo          | Do not report payı                       | ments for services         |    |
| Cash commissions pa   |  | 16.03  |                                      |                              | Security                    | code 1                           | Security code 2                          | Security code 3            |    |
| Value of all securitie distributed as compensatio   | -  |  | Security co                          | des                          |                             |                                  |  |                            |    |
| Describe to   | erms of warrants, o  | ptions or other rights   |                                      |                              |                             |                                  |  |                            | ]  |
| Other compensation  | n <sup>5</sup>   | Describe   |                                      |                              |                             |                                  |  |                            | آ  |
| Total compensation pa   | id   | 16.03  |                                      |                              |                             |                                  |  |                            | _  |
| ✓ Check box if the pe   | rson will or may red   | eive any deferred cor  | mpensation                           | (describe                    | the terms b                 | elow)                            |  |                            |    |
| PI Financial Corp. 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 Shares.                                   |  |  |                                      |                              |                             |                                  |  |                            |    |
| <sup>4</sup> Provide the aggregate value of<br>additional securities of the issu-<br>rights exercisable to acquire au<br><sup>5</sup> Do not include deferred comp  | ier. Indicate the sec<br>dditional securities                            | curity codes for all sec   | ion, <u>excludi</u><br>urities disti | ing options,<br>ibuted as c  | warrants or<br>compensatio  | r other rig<br>on, <u>includ</u> | ghts exercisable u<br>ding options, warr | o acquire<br>ants or other |    |

| a) Name of person compen   | sated and regis                                 | tration sta                  | atus                    |                              |                  |          |                     |                       |                   |              |         |
|--|---|------------------------------|-------------------------|------------------------------|------------------|----------|---------------------|-----------------------|-------------------|--------------|---------|
| Indicate whether the person comp   | ensated is a regist                             | rant.                        |                         | ☐ No                         |                  | <b>√</b> | Yes                 |                       |                   |              |         |
| If the person compensated is an in   | dividual, provide t                             | he name o                    | f the indivi            | dual.                        |                  |          |                     |                       |                   |              |         |
| Full legal name of individu  | ual   |                              |                         |                              |                  |          |                     |                       |                   |              |         |
|  |   | Family name                  | <del>)</del>            |                              | First            | given n  | name                |                       | Secondary (       | given names  |         |
| If the person compensated is not a   | n individual, provi                             | ide the follo                | owing info              | mation.                      |                  |          |                     |                       |                   |              |         |
| Full legal name of   | non-individual                                  | FIDELIT                      | Y CLEAR                 | ING CAN                      | IADA L           | JLC / (  | COMPE               | NSATI                 | ON FIDELITY (     | ANADA        |         |
| Firm   | NRD number                                      | 2                            | 8 8                     | 8                            | 0                |          |                     | (if app               | licable)          |              |         |
| Indicate whether the person comp   | ensated facilitatea                             | the distrib                  | ution thro              | ıgh a fund                   | ing port         | al or ar | n interne           | t-based               | portal.           | No ✓         | Yes     |
| b) Business contact information  | ation   |                              |                         |                              |                  |          |                     |                       |                   |              |         |
| If a firm NRD number is not provid   | led in Item 8 (a), p                            | provide the                  | business c              | ontact info                  | rmation          | of the   | person Ł            | eing cor              | mpensated.        |              |         |
| Street address   |   |                              |                         |                              |                  |          |                     |                       |                   |              |         |
| Municipality   | Province/State                                  |                              |                         |                              |                  |          |                     |                       |                   |              |         |
| Country  |   | Postal code/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 investment fund or investment fund manager Employee of the issuer or investment fund manager  |   |                              |                         |                              |                  |          |                     |                       |                   |              |         |
| None of the above  |   |                              |                         |                              |                  |          |                     |                       |                   |              |         |
| d) Compensation details  |   |                              |                         |                              |                  |          |                     |                       |                   |              |         |
| Provide details of all compensation<br>Canadian dollars. Include cash con<br>incidental to the distribution, such<br>allocation arrangements with the case.  | nmissions, securitions<br>as clerical, printing | es-based co<br>g, legal or o | mpensatio<br>accounting | n, gifts, dis<br>services. A | counts on issuer | or othe  | r compe<br>required | nsation.<br>to ask fo | Do not report pay | ments for se | ervices |
| Cash commissions paid  |   | 51.03                        |                         |                              |                  |          | Security            | code 1                | Security code 2   | Security co  | ode 3   |
| Value of all securities distributed as compensation <sup>4</sup>   |   |                              | ;                       | Security co                  | odes             |          |                     |                       |                   |              |         |
| ·  | ns of warrants, op                              | tions or ot                  | her rights              |                              |                  |          |                     |                       |                   |              |         |
| Other compensation <sup>5</sup>  |   |                              | Describe                |                              |                  |          |                     |                       |                   |              |         |
| Total compensation paid  |   | 51.03                        |                         |                              |                  |          |                     |                       |                   |              |         |
| ✓ Check box if the perso   | n will or may rece                              | eive any de                  | eferred cor             | npensatior                   | descri           | ibe the  | terms b             | elow)                 |                   |              |         |
| Fidelity Clearing Canada ULC 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 Shares.  |   |                              |                         |                              |                  |          |                     |                       |                   |              |         |
| <sup>4</sup> Provide the aggregate value of a<br>additional securities of the issuer<br>rights exercisable to acquire addi<br><sup>5</sup> Do not include deferred compen  | Indicate the secutional securities o            | ırity codes                  | for all sec             |                              |                  |          |                     |                       |                   |              | er      |

| a) Name of person comp  | ensated and regi   | stration status  |                                      |                                       |                               |                               |   |                            |  |
|---|--|--|--------------------------------------|---------------------------------------|-------------------------------|-------------------------------|---|----------------------------|--|
| Indicate whether the person co  | mpensated is a regis   | trant.   | ☐ No                                 | v                                     | ✓ Yes                         |                               |   |                            |  |
| If the person compensated is ar   | n individual, provide  | the name of the indiv  | idual.                               |                                       |                               |                               |   |                            |  |
| Full legal name of indiv  | ridual   |  |                                      |                                       |                               |                               |   |                            |  |
|   |  | Family name  |                                      | First give                            | n name                        |                               | Secondary (                                       | jiven names                |  |
| If the person compensated is no   | ot an individual, pro  | vide the following info  | rmation.                             |                                       |                               |                               |   |                            |  |
| Full legal name   | of non-individual  | Credential Qtrade  | Securitie                            | s Inc./Vale                           | urs Mobilie                   | eres Cr                       | edential Qtrade                                   | Inc.                       |  |
| F   | irm NRD number   | 6 1 9  | 0                                    |                                       |                               | (if appl                      | icable)   |                            |  |
| Indicate whether the person co  | mpensated facilitate   | d the distribution thro  | ugh a fundi                          | ng portal or                          | an internet-                  | based p                       | oortal.   | No ✓ Yes                   |  |
| b) Business contact infor   | mation   |  |                                      |                                       |                               |                               |   |                            |  |
| If a firm NRD number is not pro   | ovided in Item 8 (a),  | provide the business c   | ontact info                          | mation of th                          | ne person be                  | ing com                       | pensated.   |                            |  |
| Street address  |  |  |                                      |                                       |                               |                               |   |                            |  |
| Municipality  |  |  |                                      |                                       | Province/                     | State                         |   |                            |  |
| Country   |  |  | j                                    | Posta                                 | ıl code/Zip                   | code                          |   |                            |  |
| Email address   | ess 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 investment fund manager Employee of the issuer or investment fund manager   |  |  |                                      |                                       |                               |                               |   |                            |  |
| None of the above   |  |  |                                      |                                       |                               |                               |   |                            |  |
| d) Compensation details   |  |  |                                      |                                       |                               |                               |   |                            |  |
| Provide details of all compensate Canadian dollars. Include cash of incidental to the distribution, sur allocation arrangements with the  | commissions, securit<br>ch as clerical, printi<br>ne directors, officers | ies-based compensations, legal or accounting or employees of a non | on, gifts, dis<br>services. A        | counts or oti<br>n issuer is no       | her compens<br>ot required to | ation. L<br>o ask fo          | Do not report payı                                | ments for services         |  |
| Cash commissions pa   | alu  | 19.76  |                                      |                                       | Security co                   | ode 1                         | Security code 2                                   | Security code 3            |  |
| Value of all securitie distributed as compensation  | ~  |  | Security co                          | des                                   |                               |                               |   |                            |  |
| Describe t  | erms of warrants, c  | ptions or other rights   |                                      |                                       |                               |                               |   |                            |  |
| Other compensatio   | n <sup>5</sup>   | Describe   |                                      |                                       |                               |                               |   |                            |  |
| Total compensation pa   | nid  | 19.76  |                                      |                                       |                               |                               |   |                            |  |
| ✓ Check box if the pe   | rson will or may red   | ceive any deferred cor   | mpensation                           | (describe th                          | ne terms bel                  | ow)                           |   |                            |  |
| Credential Qtrade Securities Inc. 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 Shares.                    |  |  |                                      |                                       |                               |                               |   |                            |  |
| <sup>4</sup> Provide the aggregate value of<br>additional securities of the issu-<br>rights exercisable to acquire a<br><sup>5</sup> Do not include deferred comp   | uer. Indicate the sec<br>dditional securities                            | curity codes for all sec   | ion, <u>excludi</u><br>urities distr | n <u>g</u> options, ı<br>ibuted as co | warrants or o                 | other rig<br>n, <u>inclua</u> | ghts exercisable t<br>l <u>ling</u> options, warr | o acquire<br>ants or other |  |

| a) Name of person compe   | ensated and regis  | tration                            | status              |                |                              |                      |                     |                      |                       |              |         |             |          |
|---|--|------------------------------------|---------------------|----------------|------------------------------|----------------------|---------------------|----------------------|-----------------------|--------------|---------|-------------|----------|
| Indicate whether the person com   | pensated is a regist   | rant.                              |                     |                | ☐ No                         |                      | <b>√</b>            | Yes                  |                       |              |         |             |          |
| If the person compensated is an   | individual, provide t  | he name                            | of the i            | ndivid         | dual.                        |                      |                     |                      |                       |              |         |             |          |
| Full legal name of individual   | dual   |                                    |                     |                |                              |                      |                     |                      |                       |              |         |             |          |
|   |  | Family na                          | me                  |                |                              | First                | given n             | ame                  | I                     | Secon        | dary gi | ven name    | S        |
| If the person compensated is not  | an individual, prov  | ide the fo                         | ollowing            | infor          | mation.                      |                      |                     |                      |                       |              |         |             |          |
| Full legal name of  | of non-individual  | Aligne                             | d Capita            | al Pa          | artners Ind                  | <b>D.</b>            |                     |                      |                       |              |         |             |          |
| Fir   | m NRD number   | 2                                  | 3                   | 4              | 0                            |                      |                     |                      | (if app               | olicable)    |         |             |          |
| Indicate whether the person com   | pensated facilitated   | the dist                           | ribution            | throu          | ıgh a fundi                  | ng porto             | al or ar            | interne              | t-based               | portal.      |         | No [v       | Yes      |
| b) Business contact inform  | nation   |                                    |                     |                |                              |                      |                     |                      |                       |              |         |             |          |
| If a firm NRD number is not prov  | rided in Item 8 (a), p   | orovide tl                         | he busine           | ess co         | ontact infor                 | mation               | of the              | person b             | eing cor              | mpensated.   |         |             |          |
| Street address  |  |                                    |                     |                |                              |                      |                     |                      |                       |              |         |             |          |
| Municipality  |  |                                    |                     |                |                              |                      | P                   | rovince              | /State                |              |         |             |          |
| Country   |  | Postal code/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 investment fund or investment fund manager Employee of the issuer or investment fund manager   |  |                                    |                     |                |                              |                      |                     |                      |                       |              |         |             |          |
| ✓ 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   | mmissions, securition<br>on as clerical, printing<br>directors, officers o | es-based<br>g, legal o<br>r employ | compen<br>or accour | satio<br>nting | n, gifts, dis<br>services. A | counts c<br>n issuer | or othe<br>is not i | r compei<br>required | nsation.<br>to ask fo | Do not repor | t paym  | nents for s | services |
| Cash commissions paid   |  | 6.40                               |                     |                |                              |                      |                     | Security             | code 1                | Security cod | de 2    | Security of | code 3   |
| Value of all securities distributed as compensation   | ·  |                                    |                     | 5              | Security co                  | des                  |                     |                      |                       |              |         |             |          |
| Describe te   | rms of warrants, op  | otions or                          | other rig           | hts            |                              |                      |                     |                      |                       |              |         |             |          |
| Other compensation  | 5  |                                    | Desc                | ribe           |                              |                      |                     |                      |                       |              |         |             |          |
| Total compensation paid   | d  | 6.40                               |                     |                |                              |                      |                     |                      |                       |              |         |             |          |
| ✓ Check box if the pers   | son will or may rece   | eive any                           | deferred            | d com          | npensation                   | (descri              | be the              | terms b              | elow)                 |              |         |             |          |
| Aligned Capital Partners Inc. 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 Shares.                        |  |                                    |                     |                |                              |                      |                     |                      |                       |              |         |             |          |
| <sup>4</sup> Provide the aggregate value of<br>additional securities of the issue<br>rights exercisable to acquire add<br><sup>5</sup> Do not include deferred compe  | er. Indicate the secu<br>ditional securities o                             | ırity code                         | es for all          |                |                              |                      |                     |                      |                       |              |         |             | ner      |

| Ітем 9 - Directors, Execu  | TIVE OFFICERS   | AND PROMOT       | ERS OF THE ISS        | UER  |                       |            |  |    |  |  |
|--|---|------------------|-----------------------|--|-----------------------|------------|--|----|--|--|
| If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.   |   |                  |                       |  |                       |            |  |    |  |  |
| Indicate whether the issuer is any of the following (select the one that applies - if more than one applies, select only one).   |   |                  |                       |  |                       |            |  |    |  |  |
| Reporting issuer in any jurisdiction of Canada   |   |                  |                       |  |                       |            |  |    |  |  |
| Foreign public issuer  |   |                  |                       |  |                       |            |  |    |  |  |
| Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada <sup>6</sup>   |   |                  |                       |  |                       |            |  |    |  |  |
| Provide name of reporting issuer   |   |                  |                       |  |                       |            |  |    |  |  |
| Wholly owned subsidiary of a foreign public issuer <sup>6</sup>  |   |                  |                       |  |                       |            |  |    |  |  |
| Provide name of foreign public issuer  |   |                  |                       |  |                       |            |  |    |  |  |
| Issuer distributing only eligible foreign securities and the distribution is to permitted clients only <sup>7</sup>  |   |                  |                       |  |                       |            |  |    |  |  |
| If the issuer is at least one of the   | •   |                  | ·                     | •  |                       |            |  |    |  |  |
| <sup>6</sup> An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. <sup>7</sup> Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions.   If the issuer is none of the above, check this box and complete Item 9(a) - (c). |   |                  |                       |  |                       |            |  |    |  |  |
| a) Directors, executive officer  | s and promoters of  | of the issuer    |                       |  |                       |            |  |    |  |  |
| Provide the following information for territory; otherwise state the country.  |   |                  |                       |  |                       | tate the p | province                                       | or |  |  |
| Organization or company name   | Family name   | First given name | Secondary given names | Business loca<br>non-individu<br>resident<br>jurisdictio<br>individu | ual or<br>ail<br>n of |            | elationship to issuer<br>elect all that apply) |    |  |  |
|  |   |                  |                       | Province or  | country               | D          | 0  | Р  |  |  |
|  | Granleese   | William          |                       | British Columbi  | а                     | ✓          |  |    |  |  |
|  | Granleese   | William          | R.                    | British Columbi  | а                     | ✓          | ✓  |    |  |  |
|  | Worsnup   | Christopher      | Gavin                 | British Columbi  | а                     | ✓          |  |    |  |  |
| b) Promoter information  |   |                  |                       |  |                       |            |  |    |  |  |
| If the promoter listed above is not an within Canada, state the province or  |   |                  |                       |  |                       |            |  |    |  |  |
| Organization or company name   | hin Canada, state the province or territory; otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer.  Residential jurisdiction of jurisdiction of individual  Relationship to promoter (select one or both if applicable) |                  |                       |  |                       |            |  |    |  |  |

# 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.

Province or

country

D

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## 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/<br>investment fund manager/agent | Antrim Balanced Mortgage Fund Ltd. |                  |                            |                       |    |  |  |  |  |  |  |
|--|------------------------------------|------------------|----------------------------|-----------------------|----|--|--|--|--|--|--|
| Full legal name  | Granleese                          | William          | F                          | R.                    |    |  |  |  |  |  |  |
|  | Family name                        | First given name | '                          | Secondary given names |    |  |  |  |  |  |  |
| Title  | Portfolio Manager                  |                  |                            |                       |    |  |  |  |  |  |  |
| Telephone number   | 6045302301                         | Email address    | will@antriminvestments.com |                       |    |  |  |  |  |  |  |
| Signature  | "William Granleese"                | Date             | 2022                       | 2 04                  | 01 |  |  |  |  |  |  |
|  |                                    |                  | YYYY                       | / MM                  | DD |  |  |  |  |  |  |

| ITEM 11- CONTACT F   | 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  | I 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.