Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9870804

| ITEM 1 - REPORT TYPE | | | | | |
|--|--|-----------------------------------|------------|-------------------------------|-------------------|
| ✓ New report | | | | | |
| Amended report If amended, provide filing date of report that is being amended (YYYY-MM-DD) | | | | | |
| ITEM 2 - PARTY CERTIFYING TH | E REPORT | | | | |
| Indicate the party certifying the report (sel 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 the last 12 months, provide most recent previous legal name. | | | | | |
| 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) | | | e) | | |
| ITEM 4 - UNDERWRITER INFORM | MATION | | | | |
| If an underwriter is completing the report, | | gal name and firm NPD r | umbar | | |
| Full legal name | provide the underwriter's fall te | gat name ana ן מיזוו איזיין מיזור | iumber. | | |
| | | | | | |
| | | | | | |
| 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 Municipality Country Postal code/Zip code 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 | it 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.

| a |) C | urre | ncy | |
|---|-----|------|-----|--|
| | | | | |

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 06 02

End date 2022 06 09

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 \$ | |
|---|------|-----|------------------------------|--|----------------------|------------------------------|---------------|--------------|
| | Secu | , | CUSIP number (if applicable) | Description of security | Number of securities | Single or lowest price | Highest price | Total amount |
| ı | P | R S | | Class B Series 'B' Preferred Non- Voting Shares | 405,783.00 | 1.0000 | | 405,783.00 |
| ı | P | R S | | Class B Series 'C' Preferred Non- Voting Shares | 6,601,744.00 | 1.0000 | | 6,601,744.00 |

e) Details of rights and convertible/exchangeable securities

If any rights (e.g. warrants, options) were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.

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

f) Summary of the distribution by jurisdiction and exemption

State the total dollar amount of securities distributed and the number of purchasers for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides and for each exemption relied on in Canada for that distribution. However, if an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include distributions to purchasers resident in that jurisdiction of Canada only.

This table requires a separate line item for: (i) each jurisdiction where a purchaser resides, (ii) each exemption relied on in the jurisdiction where a purchaser resides, if a purchaser resides in a jurisdiction of Canada, and (iii) each exemption relied on in Canada, if a purchaser resides in a foreign jurisdiction

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

| Province or country | Exemption relied on | Number of unique ²⁸ purchasers | Total amount (Canadian \$) |
|---------------------|---|---|----------------------------|
| Alberta | NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS) | 1 | 25,000.00 |
| British Columbia | NI 45-106 2.3 [Accredited investor] | 13 | 4,135,054.00 |
| British Columbia | NI 45-106 2.9(1) [Offering memorandum] (BC, NL) | 21 | 1,352,283.00 |
| Ontario | NI 45-106 2.3 [Accredited investor] | 2 | 1,182,077.00 |
| Ontario | NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS) | 3 | 32,500.00 |

| Manitoba NI 45-106 2.3 [Accredited investor] | | | 265,613.00 |
|--|--|----------------------|--------------|
| Québec | NI 45-106 2.3 [Accredited investor] | 1 | 15,000.00 |
| | Total dollar amount of se | curities distributed | 7,007,527.00 |
| | Total number of unique purchasers ² b | 42 | |

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

g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides. If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

| Province or country | Net proceeds (Canadian \$) |
|---|-------------------------------|
| | |
| Total net proceeds to the investment fund | |

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

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

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

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

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

^{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.

| 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. Complete additional copies of this page if more than one person was, or will be, compensated. |
| Indicate whether any compensation was paid, or will be paid, in connection with the distribution. |
| No ✓ Yes If yes, indicate number of persons compensated. 6 |

| a) Name of person comp | ensated and regi | stration status | | | | | | | |
|--|--|---|--|-------------------------------|----------------------------|---------------------------------|--|----------------------------|----|
| Indicate whether the person con | npensated is a regis | trant. | ☐ No | Į. | ✓ Yes | | | | |
| If the person compensated is an | individual, provide | the name of the indi | ⁄idual. | | | | | | |
| Full legal name of indiv | idual | | | | | | | | |
| | | Family name | | First give | n name | | Secondary (| jiven names | |
| If the person compensated is no | t an individual, pro | vide the following info | ormation. | | | | | | |
| Full legal name | of non-individual | iA Private Wealth | ı Inc./iA Ge | stion privé | ée de patri | moine | | | |
| Fi | rm NRD number | 1 5 4 | 0 | 0 | | (if appl | icable) | | |
| Indicate whether the person con | npensated facilitate | d the distribution thre | ough a fundi | ng portal or | an internet | t-based p | oortal. | No 🗸 Ye | es |
| b) Business contact infor | mation | | | | | | | | |
| If a firm NRD number is not pro | vided in Item 8 (a), | provide the business | contact info | mation of t | he person b | eing con | pensated. | | |
| Street address | | | | | | | | | 7 |
| Municipality | | | | | Province | /State | | | Ī |
| Country | | | | Posta | al code/Zip | code | | | Ī |
| Email address | | | Ī | Te | lephone n | umber | | | Ī |
| 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 Employee of the issuer or investment fund manager | | | | | | | | | |
| | ie investment tund | or investment luna i | nanagei | | noyee or the | eissuer | or investment fun | u manager | |
| | | | | | | | | | |
| d) Compensation details | | | | | | | | | |
| Provide details of all compensations and canadian dollars. Include cash concidental to the distribution, such allocation arrangements with the Cash commissions pa | ommissions, securit th as clerical, printing e directors, officers | ies-based compensat ng, legal or accountin | ion, gifts, dis g services. A | counts or ot n issuer is n | ther comper ot required | nsation. L to ask fo | Do not report payı | ments for service | |
| Casii commissions pa | iu | 21.26 | | | Security | code 1 | Security code 2 | Security code 3 | |
| Value of all securitie distributed as compensation | - | | Security co | des | | | | | |
| Describe to | erms of warrants, o | ptions or other rights | | | | | | | |
| Other compensation | 1 ⁵ | Describe | | | | | | | |
| Total compensation pa | id | 21.28 | | | | | | | |
| ✓ Check box if the pe | rson will or may red | ceive any deferred co | mpensation | (describe t | he 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. | | | | | | | | | |
| ⁴ Provide the aggregate value of additional securities of the issurights exercisable to acquire ac ⁵ Do not include deferred comp | er. Indicate the sec Iditional securities | curity codes for all se | tion, <u>excludi</u> curities distr | ng options, ibuted as co | warrants or ompensatio | r other rig n, <u>includ</u> | ghts exercisable t l <u>ing</u> options, warr | o acquire ants or other | |

| a) Name of person compen | sated and regist | tration sta | atus | | | | | | | | |
|---|---|--|--------------------------|-------------------------------|----------------------|---------------------|--------------------|-------------------------|-------------------|--------------|---------|
| Indicate whether the person comp | ensated is a registr | ant. | | ☐ No | | \checkmark | Yes | | | | |
| If the person compensated is an in | dividual, provide tl | ne name o | f the indivi | dual. | | | | | | | |
| Full legal name of individu | ual | | | | | | | | | | |
| | F | amily name | 9 | | Firs | t given i | name | | Secondary | given names | |
| If the person compensated is not a | n individual, provi | de the follo | owing info | mation. | | | | | | | |
| Full legal name of | non-individual | NATION | AL BANK | FINANC | IAL INC | C./FIN | ANCIÈ | RE BAN | IQUE NATIONA | LE INC. | |
| Firm | NRD number | 1 | 9 6 | 0 | | | | (if app | olicable) | | |
| Indicate whether the person comp | ensated facilitated | the distrib | ution thro | ıgh a fund | ing port | tal or a | n interr | — net-based | portal. | No ✓ | Yes |
| b) Business contact informa | ation | | | | | | | | | | |
| If a firm NRD number is not provid | ded in Item 8 (a), p | rovide the | business c | ontact info | rmation | of the | person | being cor | mpensated. | | |
| Street address | | | | | | | | | | | |
| Municipality | Province/State | | | | | | | | | | |
| Country | | | | 1 | Р | ostal | code/Z | ip code | | | |
| Email address | | | | ĺ | | Tele | phone | 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 o | r investme | ent fund m | anager | | Emplo | yee of t | he issuer | or investment fur | d manager | |
| ✓ None of the above | | | | | | | | | | | |
| d) Compensation details | | | | | | | | | | | |
| Provide details of all compensation Canadian dollars. Include cash con incidental to the distribution, such allocation arrangements with the d | nmissions, securitie as clerical, printing lirectors, officers or | s-based co , legal or o employee | ompensatio accounting | on, gifts, di: services. A | scounts In issuer | or othe r is not | er comp require | ensation. d to ask f | Do not report pay | ments for se | ervices |
| Cash commissions paid | 2 | 9.59 | | | | | Securit | y code 1 | Security code 2 | Security co | ode 3 |
| Value of all securities distributed as compensation ⁴ | | | ; | Security co | odes | | | | | | |
| · | ns of warrants, op | tions or ot | her rights | | | | | | | | |
| Other compensation ⁵ | | | Describe | | | | | | | | |
| Total compensation paid | 2 | 9.59 | | | | | | | | | |
| ✓ Check box if the perso | n will or may rece | ive any de | eferred cor | npensatior | n (descr | ibe the | e terms | 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. | | | | | | | | | | | |
| ⁴ Provide the aggregate value of a additional securities of the issuer rights exercisable to acquire addi ⁵ Do not include deferred compen | Indicate the secu tional securities of | rity 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 | | ✓ Yes | | | | |
| If the person compensated is ar | 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 | PI Financial Corp | ./Corporat | ion Financ | ière PI | | | | |
| F | irm NRD number | 5 2 9 | 0 | | | (if appl | icable) | | |
| Indicate whether the person co | npensated facilitate | d the distribution thro | ugh a fundi | ng portal or | an internet | -based p | portal. | No ✓ Yes | i |
| b) Business contact infor | mation | | | | | | | | |
| If a firm NRD number is not pro | ovided in Item 8 (a), | provide the business o | ontact info | mation of th | he person be | eing con | pensated. | | |
| Street address | | | | | | | | | |
| Municipality | | | | | Province | /State | | | |
| Country | | | Ī | Posta | al code/Zip | code | | | |
| Email address | | | Ī | Tel | lephone ni | umber | | | |
| 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 | | | anagor | <u> </u> | | , 100401 | | a manager | |
| d) Compensation details | | | | | | | | | |
| Provide details of all compensate Canadian dollars. Include cash of incidental to the distribution, su allocation arrangements with the | commissions, securit ch as clerical, printing the directors, officers | ies-based compensations, legal or accounting or employees of a non | on, gifts, dis 1 services. A | counts or ot n issuer is no | her compen ot required | sation. L to ask fo | Do not report payı | ments for services | ·l |
| Cash commissions pa | | 12.90 | | | Security of | code 1 | Security code 2 | Security code 3 | |
| Value of all securitie distributed as compensation | | | Security co | des | | | | | |
| Describe t | erms of warrants, o | ptions or other rights | | | | | | | |
| Other compensatio | n ⁵ | Describe | | | | | | | |
| Total compensation pa | id | 12.90 | | | | | | | |
| ✓ Check box if the pe | rson will or may red | eive any deferred co | mpensation | (describe tl | he terms be | 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. | | | | | | | | | |
| ⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire and ⁵ Do not include deferred comp | uer. Indicate the sec additional securities | curity codes for all sec | ion, <u>excludi</u> curities distr | ng options, i ibuted as co | warrants or ompensatio | other rig n, <u>includ</u> | ghts exercisable t l <u>ing</u> options, warr | o acquire ants or other | |

| a) Name of person compe | nsated and regis | tration st | atus | | | | | | | | |
|--|---|---------------------------|-------------------------|----------------------------------|------------------------|-------------------------|-----------------------|--------------------|------------------|--------------|-----------|
| Indicate whether the person comp | pensated is a regist | rant. | | ☐ No | | √ | Yes | | | | |
| If the person compensated is an i | ndividual, provide t | he name o | of the indiv | vidual. | | | | | | | |
| Full legal name of individ | dual | | | | | | | | | | |
| | | Family nam | e | I | First | given na | me | | Seconda | y given name | s |
| If the person compensated is not | an individual, provi | ide the foll | owing info | ormation. | | | | | | | |
| Full legal name o | of non-individual | Credent | ial Qtrade | e Securitie | s Inc./\ | /aleurs | Mobilie | res Cr | edential Qtra | de Inc. | |
| Fin | m NRD number | 6 | 1 9 | 0 | | | | (if appl | icable) | | |
| Indicate whether the person comp | pensated facilitated | the distril | oution thro | ough a fund | ing porto | al or an i | internet-l | based p | oortal. | No [| ✓ Yes |
| b) Business contact inform | nation | | | | | | | | | | |
| If a firm NRD number is not prov | ided in Item 8 (a), p | provide the | business (| contact info | rmation | of the p | erson bei | ng com | npensated. | | |
| Street address | | | | | | | | | | | |
| Municipality | Province/State | | | | | | | | | | |
| Country | | | | | Po | ostal co | ode/Zip | code | | | |
| Email address | | | | | | Teleph | none nui | mber | | | |
| 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 | | 7 111000111 | ont runa n | anagor | ш, | inploye | | 100001 | | and manage | 21 |
| | | | | | | | | | | | |
| d) Compensation details | | d 4- 4l | : | 4:6: - J :- 14 | O(-) : | | 4::4/- | 41 41- | tuituutiaa Daasi | d | -4- ! |
| Provide details of all compensation Canadian dollars. Include cash contincidental to the distribution, such allocation arrangements with the | mmissions, securition as clerical, printing | es-based c g, legal or | ompensati accounting | ion, gifts, dis g services. A | scounts c In issuer | or other (is not re | compens equired to | ation. L ask fo | Do not report p | yments for | services |
| Cash commissions paid | d | 10.60 | | | | S | Security co | ode 1 | Security code 2 | Security | code 3 |
| Value of all securities | | | | Security co | odes | | | | | | |
| distributed as compensation Describe ter | rms of warrants, op | otions or o | ther rights | | | | | | | | |
| Other compensation ⁵ | 5 | | Describe | | | | | | | | |
| Total compensation paid | | 10.60 | | | | | | | | | |
| ✓ Check box if the pers | son will or may rece | eive any d | eferred co | mpensatior | n (descri | be the te | erms 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. | | | | | | | | | | | |
| ⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred compen | r. Indicate the secu ditional securities o | ırity codes | for all sec | | | | | | | | |

| a) Name of person compe | nsated and regis | ration stat | us | | | | | | | | |
|--|--|---|-----------------------|--------------------------------|------------------------------|----------------------|----------------------------|-----------------|-----------|-------------|--------|
| Indicate whether the person comp | pensated is a registr | ant. | | ☐ No | | √ Y€ | es | | | | |
| If the person compensated is an i | ndividual, provide ti | ne name of t | the indivi | dual. | | | | | | | |
| Full legal name of individ | dual | | | | | | | | | | |
| | F | amily name | | | First giv | en name | e | Secor | dary give | en names | |
| If the person compensated is not | an individual, provi | de the follow | ving infor | rmation. | | | | | | | |
| Full legal name o | of non-individual | RETHINK | AND DI | IVERSIFY | SECUR | ITIES | INC. | | | | |
| Fin | m NRD number | 4 7 | 2 | 5 | 0 | | (if a | oplicable) | | | |
| Indicate whether the person comp | pensated facilitated | the distribut | tion throu | ugh a fundi | ng portal c | or an int | ternet-base | d portal. | | No ✓ | Yes |
| b) Business contact inform | nation | | | | | | | | | | |
| If a firm NRD number is not prov | ided in Item 8 (a), p | rovide the b | usiness co | ontact infor | mation of | the pers | son being c | ompensated. | | | |
| Street address | | | | | | | | | | | |
| Municipality | Province/State | | | | | | | | | | |
| Country | | | | | Post | tal cod | e/Zip cod | e | | | |
| Email address | | | | | Te | elepho | ne numbe | r | | | |
| 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 compensation Canadian dollars. Include cash continuities incidental to the distribution, such allocation arrangements with the | mmissions, securitien as clerical, printing directors, officers or | s-based con , legal or ac employees | npensatio counting | on, gifts, dis services. Ai | counts or c n issuer is i | other co not requ | mpensatioi uired to ask | n. Do not repor | t payme | nts for se | rvices |
| Cash commissions paid | d | 0.82 | | | | Sec | curity code 1 | Security co | de 2 S | Security co | de 3 |
| Value of all securities distributed as compensation | | | ; | Security co | des | | | | | | |
| Describe ter | rms of warrants, op | tions or othe | er rights | | | | | | | | |
| Other compensation ⁵ | 5 | D | escribe | | | | | | | | |
| Total compensation paid | t l | 0.82 | | | | | | | | | |
| ✓ Check box if the pers | son will or may rece | ive any defe | erred con | npensation | (describe | the terr | ms below) | | | | |
| Rethink and Diversify 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 | | | | | | | | | | | |
| ⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred compen | er. Indicate the secu ditional securities of | rity codes fo | | | | | | | | | or |

| a) Name of person compe | ensated and regis | tration s | status | | | | | | | | |
|--|---|--------------------------------------|-------------------------|--------------------------------|-------------------------|----------------------|---------------------|------------------------|-------------------|--------------|---------|
| Indicate whether the person com | pensated is a regist | rant. | | No |) | √ | Yes | | | | |
| If the person compensated is an | individual, provide i | he name | of the ind | ividual. | | | | | | | |
| Full legal name of indivi | dual | | | | | | | | | | |
| | | Family nar | ne | · | First | given na | ame | | Secondary | given names | |
| If the person compensated is not | an individual, prov | ide the fo | llowing in | formation. | | | | | | | |
| Full legal name of | of non-individual | Aligned | l Capital | Partners I | nc. | | | | | | |
| Fir | m NRD number | 2 | 3 | 4 0 | | | | (if app | licable) | | |
| Indicate whether the person com | pensated facilitated | the distr | ibution thi | rough a fun | ding port | al or an | internet | -based _F | portal. | No ✓ | Yes |
| b) Business contact inform | nation | | | | | | | | | | |
| If a firm NRD number is not prov | ided in Item 8 (a), ہ | provide th | e business | contact inf | ormation | of the p | person be | eing con | npensated. | | |
| 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 Canadian dollars. Include cash continuities incidental to the distribution, such allocation arrangements with the | ommissions, securiti h as clerical, printin e directors, officers o | es-based g, legal or r employe | compensa r accountii | tion, gifts, a ng services. | iscounts (An issuer | or other is not r | compen equired t | sation. I to ask fo | Do not report pay | ments for se | ervices |
| Cash commissions pai | d | 1.85 | | | | | Security of | code 1 | Security code 2 | Security co | ode 3 |
| Value of all securities distributed as compensation | · | | | Security | odes | | | | | | |
| Describe te | erms of warrants, or | otions or o | other right | s | | | | | | | |
| Other compensation | 5 | | Describ | е | | | | | | | |
| Total compensation pai | d | 1.85 | | | | | | | | | |
| ✓ Check box if the per | son will or may reco | eive any o | deferred c | ompensatio | n (descri | ibe the t | terms be | elow) | | | |
| Aligned Capital Pa Non-Voting Shares Non-Voting Shares | s, 1% on Class B | | | | | | | | | | red |
| ⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire ad ⁵ Do not include deferred compe | er. Indicate the secu Iditional securities o | ırity code | s for all se | | | | | | | | er |

| Ітем 9 - Directors, Execu | TIVE OFFICERS | AND PROMOT | ERS OF THE ISS | UER | | | | | | | |
|--|--|--------------------|-----------------------|--|-----------------------|-----------------------|-----------|----|--|--|--|
| If the issuer is an investment fund | d, 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 ⁶ | | | | | | | | | | | |
| Provide name of reporting issuer | | | | | | | | | | | |
| Wholly owned subsidiary of a foreign public issuer ⁶ | | | | | | | | | | | |
| Provide name of foreign public issuer | | | | | | | | | | | |
| Issuer distributing only eligible foreign securities and the distribution is to permitted clients only ⁷ | | | | | | | | | | | |
| _ | If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10. | | | | | | | | | | |
| ⁶ 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. ⁷ 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 non-individu resident jurisdictio individu | ual or ail n of | | onship to | | | | |
| | | | | 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 | Family name | First given name | Secondary given names | Residential jurisdiction of individual | Rela (select o | tionship one or bo | | | | | |

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

0

ITEM 10 - CERTIFICATION

Provide the following certification and business contact information of an officer, director or agent of the issuer or underwriter. If the issuer or underwriter is not a company, an individual who performs functions similar to that of a director or officer may certify the report. For example, if the issuer is a trust, the report may be certified by the issuer's trustee. If the issuer is an investment fund, a director or officer of the investment fund manager (or, if the investment fund manager is not a company, an individual who performs similar functions) may certify the report if the director or officer has been authorized to do so by the investment fund.

The certification may be delegated, but only to an agent that has been authorized by an officer or director of the issuer or underwriter to prepare and certify the report on behalf of the issuer or underwriter. If the report is being certified by an agent on behalf of the issuer or underwriter, provide the applicable information for the agent in the boxes below.

If the individual completing and filing the report is different from the individual certifying the report, provide the name and contact details for the individual completing and filing the report in Item 11.

The signature on the report must be in typed form rather than handwritten form. The report may include an electronic signature provided the name of the signatory is also in typed form.

Securities legislation requires an issuer or underwriter that makes a distribution of securities under certain prospectus exemptions to file a completed report of exemt distribution.

By completing the information below, I certify, on behalf of the issuer/underwriter/investment fund manager, to the securities regulatory authority or regulator, as applicable, that I have reviewed this report and to my knowledge, having exercised reasonable diligence, the information provided in this report is true and, to the extent required, complete.

| Name of issuer/underwriter/ investment fund manager/agent | Antrim Balanced Mortgage Fu | ntrim Balanced Mortgage Fund Ltd. | | | | | | | | | | |
|--|-----------------------------|-----------------------------------|--------|--------------|-----------|--|--|--|--|--|--|--|
| Full legal name | Granleese | | R. | | | | | | | | | |
| | Family name | Secondary given names | | | | | | | | | | |
| Title | Portfolio Manager | | | | | | | | | | | |
| Telephone number | 6045302301 | Email address | will@a | ntriminvestr | ments.com | | | | | | | |
| Signature | "William Granleese" | Date | 202 | 2 06 | 10 | | | | | | | |
| | | | YYYY | Y 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.