Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9985483

ITEM 1 - REPORT TYPE														
✓ New report														
Amended report	lf amer	ided, pro	vide fi	iling date	e of r	eport	that is	being ame	ended			(YYYY-MM-DD)		
ITEM 2 - PARTY CERTIFY	YING THE	REPOR	Γ											
Indicate the party certifying the Instrument 81-106 Investment		-	-		-	-			restment fund	l, refer to	sectio	n 1.1 of National		
Investment fund i					,	, ,								
✓ Issuer (other than	n an inves [.]	tment fui	nd)											
	Item 3 - Issuer Name and Other Identifiers													
Provide the following informat		-	-					ut the fund.						
Full legal name Antrim Balanced Mortgage Fund Ltd.														
Previous full legal name														
If the issuer's name changed in the last 12 months, provide most recent previous legal name.														
Website www.antriminvestments.com (if applicable)														
If the issuer has a legal entity i	dentifier <u>,</u> prc	vide below	. Refer t	to Part B of	the li	nstructi	ons for t	the definition of	of "legal enti	ty identifi	ier".			
Legal entity	identifier													
If two or more issuers distribute	ed a single s	ecurity, pro	vide the	full legal	name	(s) of th	e co-issı	uer(s) other th	an the issuer	named a	ibove.			
Full legal name(s) of co	-issuer(s)							(if applicable	e)					
ITEM 4 - UNDERWRITER	INFORM	IATION												
If an underwriter is completing	the report, p	provide the	underw	riter's full	legal i	name a	nd firm i	NRD number.						
Full legal name														
Firm NRD number							(if app	plicable)						
If the underwriter does not hav	e a firm NRI	D number,	orovide	the head c	ffice o	contact	informa	tion of the un	derwriter.					
Street address														
Municipality					1		Prov	vince/State						
Country					Ī									
Telephone number								Website				(if applicable)		

ITEM 5 - ISSUER INFORMATION											
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.											
a) Primary industry											
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.											
NAICS industry code 5 2 2 2 9 9											
If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.											
Exploration Development Production											
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.											
✓ Mortgages											
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 Ves If yes, provide SEDAR profile number 0 0 0 3 8 5 6 8											
If the issuer does not have SEDAR profile complete item 5(d) - (h).											
d) Head office address											
Street address Province/State											
Municipality Postal code/Zip code											
Country Telephone number											
e) Date of formation and financial year-end											
Date of formation Financial year-end YYYY 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. All AB BC MB NL NT											
g) Public listing status											
If the issuer has a CUSIP number, provide below (first 6 digits only)											
CUSIP number											
If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.											
Exchange name											
h) Size of issuer's assets											
Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual											
financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.											

\$0 to under \$5M	\$5M to under \$25M	□ \$25M to under \$100M
S100M to under \$500M	S500M to under \$1B	S1B or over

ib close is an investment fund, provide the following information: iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii
Full legal name
Firm NRD number
If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Country Postal code/Zjp code Telephone number Website (if applicable) D Type of investment fund Type of investment fund fund that most accurately identifies the issuer (select only one). Money market Country Postal code/Zjp code Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Country Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment fund Date of formation and financial year-end of the investment fund YYYY MM DD MM DD
Street address Municipality Province/State Country Postal code/Zip code Telephone number Website (if applicable) b Type of investment fund b Type of investment fund b Type of investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Is a UCITs Fund b Type of formation and financial year-end of the investment funds is on authorization from one member state. c Date of formation and financial year-end of the investment fund is a reporting issuer. c All All All All All All All All All Al
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Telephone number Website (if applicable) b) Type of investment fund Type of investment fund that most accurately identifies the issuer (select only one). Money market Equity Alternative strategies Cryptoasset Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Is a UCITs Fund 'Undertaking for the Collective investment fund issuers to pate of formation and financial year-end of the investment fund YYYY MM DD Tele of formation and financial year-end of the investment fund Select the jurisdictions of Canada in which the investment fund is a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer. All
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If the investment fund has a CUSIP number, provide below (first 6 digits only) CUSIP number
CUSIP number
If the investment fund is publicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the
name of an exchange and not a trading facility such as, for example, an automated trading system.
Exchange name
f) Net asset value (NAV) of the investment fund
Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$).
\$0 to under \$5M \$5M to under \$25M \$25M to under \$100M \$100M to under \$500M \$500M to under \$1B \$1B or over Date of NAV calculation:

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

purch conn	has ect	sers tion	resident in that	jurisdi	ction of Canad	a only. Do	not include i	diction of Canada, inc n Item 7 securities issu information provided	ied as	payment	of comm	nissions or f	inder's fees in	in
a)	С	Curr	ency											
Selec	t t	he c	urrency or curre	ncies i	n which the di	stribution w	vas made. Al	l dollar amounts provi	ded in	the repor	t must b	e in Canad	ian dollars.	
√ (Ca	nac	lian dollar		US dollar		Euro	Other (describ	be)					
b)	D	Distr	ibution date(s)										
as bo	oth	the		lates. If	the report is b			securities distributed c distributed on a contir						e
			St	art da	^e 2022	10	20	End da	ate	2022	10	27		
	c) Detailed purchaser information													
,	 c) Detailed purchaser information Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report. 													
Con	Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report. d) Types of securities distributed													
d)														
	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 \$													
Sec	Security CUSIP number Description of security Number of Single or Lighest price Total amount													
	code (if applicable) Description of security securities									lowest price	Hig	phest price	Total amount	
ΡI	R	s		Clas Sha	s A Preferr res	ed Non-\	Voting	79,408.0	00	1.000	00		79,408.0	0
P	R	s			s B Series	'B' Prefe	rred Non-	766,309.0	00	1.000	00		766,309.0	0
ΡI	Class B Series 'C' Preferred Non- 9 563 971 00 1 0000 9 563 971 00											0		
e)	D)eta	ails of rights ar	<u> </u>	-	nangeable	e securities	;			I			
								se price and expiry dat					exchangeable securiti	es
			buted, provide t e /	he con			e any other to	erms for each converti	ble/ex	changeab	le securit T	ty.		
exch	nar		ble Underlyir	ng	Exe	rcise price nadian \$) Hig	hest	Expiry date (YYYY- MM-DD)		version atio	items (if applicable)			
		Т			2011001									
f)	S	umi	mary of the dis	stribut	ion by jurisd	iction and	exemption	1			<u> </u>			
purcl distri This purcl jurisc	 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 Exemption relied on								Nun	ber of unio		Total a	amount (Canadian \$)		
			Alberta		NI 45-106 (AB, SK, C	2.9(2.1)	Offering I	memorandum]		purchaser	1		10,000.	00
	E	Briti	sh Columbia		NI 45-106		,	vestor]			11		1,905,743.	00
	E	Briti	sh Columbia	l	NI 45-106 NL)	2.9(1) [O	offering me	emorandum] (BC,			31		1,173,036.	00
			Ontario		NI 45-106	2.3 [Accr	redited inv	vestor]			3		130,100.	00

Ontario	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	3	129,609.00						
Manitoba	NI 45-106 2.3 [Accredited investor]	1	605,000.00						
Manitoba	NI 45-106 2.9(2) [Offering memorandum] (MB, PE, YT, NT, NU)	1	6,000.00						
New Brunswick	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	1	13,400.00						
Québec	NI 45-106 2.3 [Accredited investor]	1	4,300.00						
Newfoundland and Labrador	NI 45-106 2.3 [Accredited investor]	2	200,000.00						
Newfoundland and Labrador	NI 45-106 2.9(1) [Offering memorandum] (BC, NL)	6	6,232,500.00						
	Total dollar amount of securities distributed								
	Total number of unique purchasers ^{2b}	61							

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

^{2b} In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides.³ 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	2022-10-14	Y	2022-10-14

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 No

✓ Yes

If yes, indicate number of persons compensated.

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a) Name of person compen	sated and regis	stration	status											
Indicate whether the person compe	ensated is a regist	rant.			No No		\checkmark	Yes						
If the person compensated is an in	dividual, provide t	the name	e of the i	individ	lual.									
Full legal name of individu	ıal													
		Family na	ame		-	First	t given n	ame	I	Seco	ondary g	iven nam	nes	
If the person compensated is not a	n individual, prov	ide the f	ollowing	inforn	nation.									
Full legal name of	non-individual	iA Priv	ate We	alth li	nc./iA Ge	stion p	orivée	de pati	rimoine					
Firm	NRD number	1	5	4	0	0			(if app	licable)				
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. No 🗸 Yes														
b) Business contact informa	ation													
If a firm NRD number is not provid	led in Item 8 (a), p	orovide t	he busin	ess co	ntact infor	mation	of the p	person l	being con	npensated.				
Street address														
Municipality							Р	rovinc	e/State					
Country						Ρ	ostal c	ode/Zi	p code					٦
Email address							Telep	hone r	number					Ϊ
c) Relationship to issuer or	investment fund	d mana	ger											
Indicate the person's relationship v											onnecte	d" in Pa	rt 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 com incidental to the distribution, such allocation arrangements with the d	nmissions, securitions securitions clerical, printing	es-basea g, legal d	l comper or accoui	nsatior nting s	n, gifts, dise services. Ar	counts o n issuer	or other • is not r	r compe required	nsation. I to ask fo	Do not repo	ort payn	nents fo	r servic	ces
Cash commissions paid	:	28.44						Coourity	aada 1	Coourity o	ada 0	Coourit	(aada (2
Value of all securities							-	Security	code i	Security c		Security		3
distributed as compensation ⁴				S	ecurity co	des								
Describe tern	ns of warrants, op	otions or	other rig	ghts										
Other compensation ⁵			Desc	ribe										
Total compensation paid	2	28.44												
Check box if the perso	n will or may rece	eive any	deferre	d com	pensation	(descr	ibe the	terms b	elow)					
IA Private Wealth Ind Voting Shares, 1% o Voting Shares.														
⁴ Provide the aggregate value of a additional securities of the issuer. rights exercisable to acquire addit ⁵ Do not include deferred compension ⁵ Do not include deferred compension.	Indicate the secutional securities of	urity cod	les for al											

a) Name of person comp	ensated and regis	stration	status												
Indicate whether the person con	npensated is a regist	trant.		[No		\checkmark	Yes							
If the person compensated is an	individual, provide	the nam	e of the	individı	ual.										
Full legal name of indiv	idual														
Family name First given name Secondary given names															
If the person compensated is no	t an individual, prov	ide the f	following	g inform	nation.										
Full legal name	of non-individual	PI Fin	ancial (Corp./C	Corpora	tion Fi	nanciè	re Pl							
Fi	rm NRD number	5	2	9	0				((if app	licable)				
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.															
b) Business contact infor	mation														
If a firm NRD number is not pro	vided in Item 8 (a), j	provide t	the busir	ness con	ntact info	rmatior	n of the	persor	ı beiı	ng con	npensated	1.			
Street address															
Municipality							F	Provin	ce/S	State					
Country						F	Postal o	code/2	Zip o	code					
Email address							Telep	ohone	nur	nber					
c) Relationship to issuer	or investment fun	d mana	ager												
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.															
the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.															
Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager															
✓ None of the above															
Provide details of all compensati Canadian dollars. Include cash c incidental to the distribution, suc allocation arrangements with th	ommissions, securiti ch as clerical, printin	es-based g, legal	d compe or accou	nsation, Inting se	, gifts, dis ervices. A	counts n issuei	or othe r is not	r comp require	oenso ed to	ation. ask fo	Do not re	oort pay	ments	for se	rvices
Cash commissions pa		22.10	yees of e		atridudi	compe									
Value of all securitie							-	Securi	ity co	de 1	Security	code 2	Secu	irity co	de 3
distributed as compensation	-			Se	ecurity co	odes									
Describe to	erms of warrants, op	otions or	r other ri	ights											
Other compensation	اءً		Desc	cribe											
Total compensation pa	id	22.10		_											
Check box if the pe	rson will or may rec	eive any	/ deferre	ed comp	ensatior	ı (descı	ribe the	terms	belo	ow)					
PI Financial Corp. Shares, 1% on Cla Shares.															ting
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 c	urity cod	les for a												er

a) Name of person comp	ensated and regis	tration	status											
Indicate whether the person con	npensated is a regist	rant.			🗌 No		\checkmark	Yes						
If the person compensated is an	individual, provide t	he name	e of the in	ndivid	lual.									
Full legal name of indivi	dual													
	ļ	amily na	ime			First	t given n	ame		Sec	ondary g	given nar	mes	
If the person compensated is no	t an individual, provi	de the fo	ollowing i	inforr	mation.									
Full legal name	of non-individual	RETH	INK ANI	D DI	VERSIFY	SEC	URITIE	ES INC).					
Fi	rm NRD number	4	7	2	5	0			(if ap	plicable)				
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. No 🗸 Yes														
b) Business contact inform	mation													
If a firm NRD number is not pro	vided in Item 8 (a), p	rovide ti	he busine	ess co	ntact infor	mation	of the	person	being co	ompensated.				
Street address														
Municipality							Р	rovinc	e/State	•				
Country						Р	ostal c	code/Z	ip code					
Email address							Telep	hone	numbei	r 🗌				
c) Relationship to issuer of	or investment fund	d mana	ger							<u> </u>				
Indicate the person's relationshi											onnecte	ed" in Po	art B(2	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	· · · · · ·				<u> </u>	0();			·		n :/			
Provide details of all compensati Canadian dollars. Include cash co incidental to the distribution, suc allocation arrangements with the	ommissions, securitie h as clerical, printing	es-based g, legal c	compens or accoun	satior ting s	n, gifts, dis services. Al	counts n issuer	or othei r is not i	r compe require	ensation 1 to ask	. Do not rep	ort payr	nents fo	or serv	/ices
Cash commissions pa		6.00				comper		<i>y</i> the t		-				
		0.00					-	Securit	/ code 1	Security of	ode 2	Securi	ty code	e 3
Value of all securitie distributed as compensation	-			S	Security co	des								
Describe te	erms of warrants, op	tions or	other rig	hts										
Other compensatior	1 ⁵		Descr	ibe										
Total compensation pa	id	6.00												
Check box if the per	son will or may rece	eive any	deferred	com	pensation	(descr	ibe the	terms	pelow)					
Rethink and Diverse Preferred Non-Vot Preferred Non-Vot	ing Shares, 1% o													
⁴ Provide the aggregate value o additional securities of the issu rights exercisable to acquire ac ⁵ Do not include deferred compo- ⁵ Do not include deferred compo- action of the security of the secur	er. Indicate the secu Iditional securities o	irity cod	es for all											

a) Name of person compensated a	nd registratior	status										
Indicate whether the person compensated	s a registrant.		□ N	0	\checkmark	Yes						
If the person compensated is an individual,	provide the nam	ne of the in	dividual.									
Full legal name of individual												
	Family n	ame		First	t given na	ame		Sec	ondary g	iven nar	mes	
If the person compensated is not an individual, provide the following information.												
Full legal name of non-individual Aligned Capital Partners Inc.												
Firm NRD number 2 3 4 0 (if applicable)												
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. 🗌 No 🖌 Yes												
b) Business contact information												
If a firm NRD number is not provided in Ite	m 8 (a), provide	the busines	s contact in	formation	of the p	person b	eing com	pensated.				
Street address												
Municipality					Р	rovince	/State					
Country				Р	ostal c	ode/Zip	o code					
Email address					Telep	hone n	umber					
c) Relationship to issuer or investn	ent fund mana	ager						L				
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 paid, or Canadian dollars. Include cash commission incidental to the distribution, such as cleric allocation arrangements with the directors,	, securities-base I, printing, legal	d compens or account	ation, gifts, ing services.	discounts An issuer	or other • is not r	· comper equired	nsation. E to ask foi	Do not repo	ort payr	nents fo	or serv	vices
Cash commissions paid	1.48					Security	code 1	Security c	ode 2	Securi	ity code	e 3
Value of all securities distributed as compensation ⁴			Security	codes								
Describe terms of wa	rants, options o	r other righ	nts									
Other compensation ⁵		Descri	be									
Total compensation paid	1.48											
Check box if the person will or may receive any deferred compensation (describe the terms below)												
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.												
⁴ Provide the aggregate value of all securit additional securities of the issuer. Indicate rights exercisable to acquire additional set ⁵ Do not include deferred compensation.	the security co	des for all s										

a) Name of person comp	ensated and regis	stration	status											
Indicate whether the person co	mpensated is a regist	rant.			🗌 No		\checkmark	Yes						
If the person compensated is an	n individual, provide	the nam	e of the	individ	ual.									
Full legal name of indiv	vidual													
Family name First given name Secondary given names														
If the person compensated is not an individual, provide the following information.														
Full legal name	Full legal name of non-individual NATIONAL BANK FINANCIAL INC./FINANCIÈRE BANQUE NATIONALE INC.													
F	irm NRD number	1	9	6	0				(if app	licable)				
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.														
b) Business contact information														
If a firm NRD number is not pro	f a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated.													
Street address														
Municipality							F	Provinc	e/State					
Country						P	ostal o	code/Z	ip code					
Email address							Telep	ohone i	number					
c) Relationship to issuer	or investment fun	d mana	ager											
Indicate the person's relationsh											onnecte	ed" in Pa	rt B(2)	of
the Instructions and the meani	ng of "control" in sec	tion 1.4	of NI 45-	-106 fo	r the purp	ooses of	^c omple	eting th	is section.					
Connect with the issu	er or investment fur	d mana	ger				Insider	of the i	ssuer (oth	ner than an	investi	ment fui	nd)	
Director or officer of t	he investment fund	or invest	tment fu	nd mai	nager		Employ	/ee of th	ne issuer	or investm	ent fund	d mana	ger	
✓ None of the above														
d) Compensation details														
Provide details of all compensat Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with th	commissions, securiti ch as clerical, printin	es-based g, legal (d compei or accou	nsation nting s	n, gifts, dis ervices. A	counts n issuer	or othe r is not	r compe required	ensation. I to ask fo	Do not repo	ort payn	nents fo	r servic	
Cash commissions pa	aid	2.47					Г	Security	codo 1	Security c	odo 2	Socurit	y code 3	2
Value of all securitie	25			~	.,			Gecuny				Jecuni	y code s	<u> </u>
distributed as compensatio				S	ecurity co	des	L							
Describe t	erms of warrants, or	otions or	r other ri	ghts										
Other compensatio	n ⁵		Desc	cribe										
Total compensation pa	lid	2.47												
Check box if the person will or may receive any deferred compensation (describe the 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 additional securities of the issu- rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec dditional securities d	urity coa	les for al											

a) Name of person comp	ensated and regis	stration	status										
Indicate whether the person con	npensated is a regist	rant.			D	\checkmark	Yes						
If the person compensated is an	individual, provide	the name	e of the ind	lividual.									
Full legal name of indivi	idual												
		Family na	ame		First	t given na	ame		Sec	condary (given nar	mes	
If the person compensated is not an individual, provide the following information.													
Full legal name of non-individual FIDELITY CLEARING CANADA ULC / COMPENSATION FIDELITY CANADA													
Fi	rm NRD number	2	8	8 8	0			(if app	olicable)				
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. No 🗸 Yes													
b) Business contact inform	mation												
If a firm NRD number is not pro	If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated.												
Street address													
Municipality						Р	rovinc	e/State					
Country					Р	ostal c	ode/Zi	p code					
Email address						Telep	hone i	number					
c) Relationship to issuer of	or investment fun	d mana	ger										
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 "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 issue	er or investment fur	id manag	ger			Insider	of the is	ssuer (of	ther than a	n invest	ment fu	und)	
Director or officer of th	ne investment fund	or invest	ment fund	manager		Employ	ee of th	ne issuer	r or investn	nent fun	d mana	ager	
✓ None of the above													
d) Compensation details													
Provide details of all compensati Canadian dollars. Include cash co incidental to the distribution, suc allocation arrangements with the	ommissions, securiti ch as clerical, printin	es-basea g, legal d	l compensa or accounti	ition, gifts, c ng services.	liscounts An issuer	or other ⁻ is not r	r compe required	ensation. I to ask f	Do not rep	ort payı	ments fo	or ser	vices
Cash commissions pa	id	99.73					Security	code 1	Security	code 2	Securi	itv coc	le 3
Value of all securitie	s			Socurity	oodoo								
distributed as compensation	n ⁴			Security	Loues								
Describe te	erms of warrants, or	otions or	other right	ts									
Other compensatior	۱ ⁵		Describ	e									
Total compensation pa	id	99.73											
Check box if the person will or may receive any deferred compensation (describe the terms below)													
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.													
⁴ Provide the aggregate value o additional securities of the issu rights exercisable to acquire ac ⁵ Do not include deferred compo- ⁵ Do not include deferred compo- ⁵ Do not include deferred compo- ⁵ Do not include deferred compo- action of the second s	er. Indicate the seco Iditional securities o	urity cod	es for all s										-

ITEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER											
If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.											
Indicate whether the issuer is any of the following (select the one that applies - if more than one applies, select only one).											
Reporting issuer in any jurisdiction of Canada											
Foreign public issuer											
Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶											
Provide nar	me of reporting issue	er]			
Wholly owned subsidiary of a foreign public issuer ⁶											
Provide name o	Provide name of foreign public issuer										
Issuer distributing only eligi	ble foreign securitie	s and the distributio	n is to permitted clier	nts only ⁷							
If the issuer is at least one of the	above, do not com	plete Item 9(a) – (d	c). Proceed to Item 1	0.							
 ⁶An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions. If the issuer is none of the above, check this box and complete Item 9(a) - (c). 											
a) Directors, executive office	rs and promoters	of the issuer									
Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to issuer", "D" – Director, "O" – Executive Officer, "P" – Promoter.											
Organization or company name	Family name First given r		Secondary given names	Business loc non-individe resident jurisdictio individu		issuer apply)					
				Province or	D	0	Р				
	Granleese	William		British Columb	а	✓					
	Granleese	William	R.	British Columb	а	~	~				
	Worsnup	Christopher	Gavin	British Columb	a	✓					
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	Residential jurisdiction of individual	Rela (select c	ationship one or bo	to promo oth if app	oter licable)			
			Province or country D C)			
c) Residential address of eac	h individual										
Complete Schedule 2 of this form completed report. Schedule 2 also					(a) and (b)) and at	tach to t	he			

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 Fund Ltd.										
Full legal name	Granleese	R	R.								
	Family name		ames								
Title	Portfolio Manager										
Telephone number	6045302301	Email address	will@ar	om							
Signature	"William Granleese"	Date	2022	10	28						
			YYYY	MM	DD						

ITEM 11- CONTACT PERSON

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

Same as individual certifying the report

Full legal name				Title	
	Family name	First given name	Secondary given names	_	
Name of company					
Telephone number		Er	mail 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.