Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9998439

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 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 ap	plicable	e)	
ITEM 4 - UNDERWRITER INFORM	MATION				
If an underwriter is completing the report,		gal name and firm NPD r	umbor		
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	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) Currency

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 11 03

YYYY MM DD

End date 2022 11 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 \$	
	ecuri code	,	CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
Р	R	S		Class A Preferred Non-Voting Shares	20,000.00	1.0000		20,000.00
Р	R	S		Class B Series 'B' Preferred Non- Voting Shares	531,400.00	1.0000		531,400.00
Р	R	S		Class B Series 'C' Preferred Non-voting Shares.	3,195,192.00	1.0000		3,195,192.00

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	Under securit		ise price adian \$)	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	100,000.00
British Columbia	NI 45-106 2.3 [Accredited investor]	10	1,095,642.00
British Columbia	NI 45-106 2.9(1) [Offering memorandum] (BC, NL)	26	1,075,000.00
Ontario	NI 45-106 2.3 [Accredited investor]	4	427,700.00

Ontario	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	1	15,000.00
Manitoba	NI 45-106 2.3 [Accredited investor]	2	890,250.00
Manitoba	NI 45-106 2.9(2) [Offering memorandum] (MB, PE, YT, NT, NU)	2	18,000.00
Newfoundland and Labrador	NI 45-106 2.3 [Accredited investor]	2	100,000.00
Newfoundland and Labrador	NI 45-106 2.9(1) [Offering memorandum] (BC, NL)	1	25,000.00
	Total dollar amount of se	curities distributed	3,746,592.00
	Total number of unique purchasers ^{2b}	49	

^{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	2022-10-14	Y	2022-10-14

^{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.

Ітем 8 - С с	OMPENSATIO	N INFORMATION	
•		rson (as defined in NI 45-106) to whom the issuer directly provides, litional copies of this page if more than one person was, or wi	
Indicate whe	ther any compens	sation was paid, or will be paid, in connection with the distribution.	
		If yes, indicate number of persons compensated.	

a) Name of person compe	nsated and regis	tration stat	tus							
Indicate whether the person comp	pensated is a regist	rant.		☐ No		✓ Ye	:S			
If the person compensated is an i	ndividual, provide t	he name of	the indivi	dual.						
Full legal name of individ	lual									
		Family name			First giv	ven name		Secondary	given names	
If the person compensated is not	an individual, provi	ide the follov	ving infor	rmation.						
Full legal name o	f non-individual	iA Private	Wealth	Inc./iA Ge	stion priv	∕ée de p	oatrimoine			
Firm	m NRD number	1 5	5 4	0	0		(if ap	olicable)		
Indicate whether the person comp	pensated facilitated	the distribu	tion throu	ugh a fundi	ng portal d	or an inte	ernet-based	portal.	No ✓	Yes
b) Business contact inform	nation									
If a firm NRD number is not prov	ided in Item 8 (a), p	provide the b	usiness co	ontact infor	mation of	the pers	on being co	mpensated.		
Street address										
Municipality						Prov	ince/State			
Country					Pos	tal code	e/Zip code			
Email address					T	elephor	ne number			
c) Relationship to issuer of	r investment fund	d manager								
Indicate the person's relationship the Instructions and the meaning Connect with the issue	of "control" in sect	ion 1.4 of NI			oses of co	mpleting	this section			2) of
Director or officer of the	investment fund o	or investmen	nt fund ma	anager	Fm	nlovee o	of the issue	r or investment fur	ıd manader	
✓ None of the above				anage.		.p.o, oo (a manage.	
Provide details of all compensatio Canadian dollars. Include cash co- incidental to the distribution, such allocation arrangements with the	mmissions, securition as clerical, printing directors, officers o	es-based con g, legal or ac r employees	npensatio counting	on, gifts, dis services. Ai	counts or o	other cor not requ	npensation. ired to ask j	Do not report pay	ments for serv	vices
Cash commissions paid	1 .	58.21				Sec	urity code 1	Security code 2	Security cod	e 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	i -		Describe							
Total compensation paid	1	58.21								
✓ Check box if the pers	on will or may rece	eive any defe	erred con	npensation	(describe	the tern	ns below)			
IA Private Wealth Ir Voting Shares, 1% Voting Shares.										
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred compet	r. Indicate the secu ditional securities o	ırity codes fo								

a) Name of person comp	pensated and regi	stration status							
Indicate whether the person co	mpensated is a regis	trant.	☐ No		✓ Yes				
If the person compensated is a	n individual, provide	the name of the indiv	idual.						
Full legal name of indi	vidual								
		Family name		First giv	ren name		Secondary (given names	
If the person compensated is n	ot an individual, pro	vide the following info	rmation.						
Full legal name	of non-individual	PI Financial Corp	./Corpora	ion Finan	icière PI				
F	irm NRD number	5 2 9	0			(if app	licable)		
Indicate whether the person co	mpensated facilitate	d the distribution thro	ugh a fund	ing portal o	or an interne	t-based բ	portal.	No ✓ Ye	:S
b) Business contact info	rmation								
If a firm NRD number is not pr	ovided in Item 8 (a),	provide the business c	ontact info	rmation of	the person b	eing con	npensated.		
Street address									
Municipality					Province	e/State			أ
Country			Ī	Post	tal code/Zip	o code			أ
Email address			Ī	Te	elephone n	umber			أ
c) Relationship to issuer	or investment fur	id manager	_						_
Indicate the person's relationshing the Instructions and the meani	ng of "control" in sec	tion 1.4 of NI 45-106	-	oses of cor	mpleting this	s section.	-		f
Director or officer of	the investment fund	or investment fund m	anager	☐ Fm	plovee of the	e issuer	or investment fun	d manager	
None of the above			anage.		p.0,00 0	0 100001		a manage.	
d) Compensation details									
Provide details of all compensa Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with the	commissions, securit uch as clerical, printin ne directors, officers	ies-based compensations, legal or accounting or employees of a non	on, gifts, dis services. A	counts or c n issuer is 1	other comper not required	nsation. I to ask fo	Do not report payı	ments for services	
Cash commissions pa	aid	7.94			Security	code 1	Security code 2	Security code 3	
Value of all securiti distributed as compensation			Security co	odes					
Describe	terms of warrants, o	ptions or other rights							
Other compensation	n ⁵	Describe							
Total compensation pa	aid	7.94							
✓ Check box if the pe	erson will or may red	eive any deferred cor	mpensatior	(describe	the terms b	elow)			
		nnual trailer fee pai Preferred Non-Votin							
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec additional securities	curity codes for all sec	ion, <u>excludi</u> curities distr	ing options, ibuted as o	, warrants o compensatio	r other ri _ç on, <u>includ</u>	ights exercisable t ding options, warr	o acquire ants or other	

a) Name of person comp	pensated and regi	stration status							
Indicate whether the person co	mpensated is a regis	trant.	☐ No	✓	Yes				
If the person compensated is a	n individual, provide	the name of the indiv	idual.						
Full legal name of indiv	vidual								
		Family name	I	First given	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	Aligned Capital P	artners In).					
F	irm NRD number	2 3 4	0			(if appli	cable)		
Indicate whether the person co	mpensated facilitate	d the distribution thro	ugh a fundi	ng portal or o	an internet-	based p	ortal.	No 🗸	Yes
b) Business contact info	rmation								
If a firm NRD number is not pr	ovided in Item 8 (a),	provide the business o	contact info	mation of th	e person bei	ing com	pensated.		
Street address									
Municipality					Province/S	State			
Country			Ī	Postal	code/Zip	code			
Email address			1	Tele	phone nu	mber			
c) Relationship to issuer	or investment fur	nd manager							
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)									
Director or officer of	the investment fund	or investment fund m	anagor		over of the	iccuor o	or investment fun	d manager	
✓ None of the above	ine investment fund	or investment rand in	lariagei	Ш спірк	byce of the	133001 0	investment fun	a manager	
d) Compensation details									
Provide details of all compensation		aid to the person iden	tified in Itan	a 8(a) in conr	action with	the dist	ribution Provide	all amounts	in
Canadian dollars. Include cash incidental to the distribution, suallocation arrangements with the	commissions, securit uch as clerical, printi ne directors, officers	ies-based compensating, legal or accounting or employees of a non	on, gifts, dis 7 services. A	counts or oth n issuer is no	er compens t required to	ation. D ask for	o not report payı	ments for serv	vices
Cash commissions pa	aid	8.14			Security co	ode 1	Security code 2	Security code	e 3
Value of all securition distributed as compensation			Security co	des					
Describe	terms of warrants, c	ptions or other rights							
Other compensation	n ⁵	Describe							
Total compensation pa	aid	8.14							
✓ Check box if the pe	erson will or may red	ceive any deferred co	mpensation	(describe th	e terms bel	ow)			
Aligned Capital P Non-Voting Share Non-Voting Share	es, 1% on Class E	eceive an annual tra 3 Series 'B' Preferre	ailer fee pa ed Non-Vo	id monthly ting Shares	in the amo and 0% c	ount of on Clas	1/2% on Class s B Series 'C' I	A Preferre Preferred	:d
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec additional securities	curity codes for all sec	ion, <u>excludi</u> curities distr	<u>ng</u> options, и ibuted as col	varrants or o	other rig , <u>includi</u>	nhts exercisable t i <u>ng</u> options, warr	o acquire ants or other	

a) Name of person comper	nsated and regis	tration statu	S								
Indicate whether the person comp	ensated is a registi	rant.		☐ No		\checkmark	Yes				
If the person compensated is an in	ndividual, provide t	he name of th	e individ	dual.							
Full legal name of individ	ual										
	ſ	amily name			First	given r	name		Secondary	given names	
If the person compensated is not o	ın individual, provi	de the followii	ng infor	mation.							
Full legal name of	non-individual	NATIONAL	BANK	FINANCI	AL INC	:/FIN/	ANCIÈ	RE BAN	IQUE NATIONA	LE INC.	
Firn	n NRD number	1 9	6	0				(if app	olicable)		
Indicate whether the person comp	ensated facilitated	the distribution	on throu	igh a fundi	ng port	al or ai	n intern	et-based	portal.	No ✓	Yes
b) Business contact information	ation										
If a firm NRD number is not provi	ded in Item 8 (a), p	rovide the bus	siness co	ntact info	rmation	of the	person	being cor	mpensated.		
Street address											
Municipality						F	Provinc	e/State			
Country					Р	ostal (code/Z	ip code			
Email address						Telep	ohone	number			
c) Relationship to issuer or	investment fund	d 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					Ш'	nsider	or the i	ssuer (or	her than an inves	ment runa)	
Director or officer of the	investment fund o	r investment	fund ma	anager		Employ	ee of tl	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 o	nmissions, securitie as clerical, printing directors, officers of	es-based comp g, legal or acco r employees of	ensatio ounting	n, gifts, dis services. A	counts on issuer	or othe is not	r compe required	ensation. d to ask fo	Do not report pay	ments for se	ervices
Cash commissions paid		19.73					Security	y code 1	Security code 2	Security co	ode 3
Value of all securities distributed as compensation ⁴			9	Security co	des						
·	ms of warrants, op	tions or other	rights								
Other compensation ⁵		De	scribe								
Total compensation paid	1	9.73									
✓ Check box if the person	on will or may rece	eive any defer	red com	npensation	(descri	be the	terms l	pelow)			
National Bank Finar Non-Voting Shares, Non-Voting Shares.											ed
⁴ Provide the aggregate value of a additional securities of the issuer rights exercisable to acquire addiscounts on the include deferred compensations.	r. Indicate the secu itional securities of	rity codes for									er

a) Name of person compe	ensated and regis	stration statu	ıs							
Indicate whether the person com	pensated is a regist	rant.		☐ No	v	Yes				
If the person compensated is an	individual, provide	the name of th	ne individ	dual.						
Full legal name of indivi	dual									
		Family name			First giver	n name		Secondary	given names	
If the person compensated is not	t an individual, prov	ide the followi	ng infor	mation.						
Full legal name of	of non-individual	Canaccord	Genuit	ty Corp./Co	rporation	Canacco	ord Gen	nuity		
Fir	m NRD number	9 0	0				(if app	olicable)		
Indicate whether the person com	npensated facilitated	the distributi	on throu	ıgh a fundin	g portal or	an interne	t-based	portal.	No ✓] Yes
b) Business contact inforr	mation									
If a firm NRD number is not prov	vided in Item 8 (a), ¡	provide the bu	siness co	ontact inforn	nation of th	ne person b	eing cor	npensated.		
Street address										
Municipality						Province	e/State			
Country					Posta	l code/Zi	p code			
Email address					Tel	ephone r	number			
c) Relationship to issuer of	or investment fun	d manager								
Indicate the person's relationship the Instructions and the meaning Connect with the issue	g of "control" in sec	tion 1.4 of NI 4			ses of com	pleting thi	s section.			
Director or officer of th	e investment fund	or investment	fund ma	anager	Empl	oyee of th	e issuer	or investment fur	d manager	
None of the above										
d) Compensation details										
Provide details of all compensations and compensations and compensations are considered as a compensation of the distribution, such allocation arrangements with the	ommissions, securiti h as clerical, printin e directors, officers o	es-based comp g, legal or acc or employees o	pensatio ounting	n, gifts, disco services. An	ounts or otl issuer is no	her compe ot required	nsation. to ask fo	Do not report pay	ments for se	rvices
Cash commissions pai	d	24.66				Security	code 1	Security code 2	Security co	de 3
Value of all securities distributed as compensation	-		9	Security cod	es					
Describe te	erms of warrants, op	otions or other	rights							
Other compensation	5	De	scribe							
Total compensation pai	d :	24.66								
✓ Check box if the per	son will or may rec	eive any defer	red con	npensation (describe th	ne terms b	elow)			
Canaccord Genuity Non-Voting Shares Non-Voting Shares	s, 1% on Class B									
⁴ Provide the aggregate value on additional securities of the issue rights exercisable to acquire ad ⁵ Do not include deferred compe	er. Indicate the secu Iditional securities d	urity codes for								:r

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 o	f the following (selec	t the one that applie	es - if more than one	applies, select only	y one).					
Reporting issuer in any juris	sdiction of Canada									
Foreign public issuer										
Wholly owned subsidiary of	a reporting issuer in	n any jurisdiction of	Canada ⁶							
Provide nan	ne of reporting issue	er						7		
Wholly owned subsidiary of	a foreign public issu	uer ⁶						_		
Provide name of	foreign public issue	er						7		
Issuer distributing only eligil	ble foreian securities	and the distributio	n is to permitted clie	ents only ⁷				_		
If the issuer is at least one of the	•		·	•						
securities that are required by law to respectively. The check this box if it applies to the collents. Refer to the definitions of "electric the definitions".	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.									
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 Fund Ltd.									
Full legal name	McKechnie									
	Family name	First given name		Seconda	ary given names					
Title	Administrative Officer									
Telephone number	6045302301	Email address	stephani	e@antrim	ninvestments.com					
Signature	"Stephanie McKechnie"	Date	2022	11	10					
			YYYY	MM	DD					

ITEM 11- CONTACT P	PERSON				
	· · · · · · · · · · · · · · · · · · ·	r the individual that the secu the individual certifying the	rities regulatory authority or report in Item 10.	regulator may	contact with any questions
Same as individua	al certifying the report				
Full legal name				Title	
	Family name	First given name	Secondary given names	_	
Name of company					
Telephone number		En	nail address		

Notice - Collection and use of personal information

The personal information required under this form is collected on behalf of and used by the securities regulatory authority or regulator under the authority granted in securities legislation for the purposes of the administration and enforcement of the securities legislation.

If you have any questions about the collection and use of this information, contact the securities regulatory authority or regulator in the local jurisdiction(s) where the report is filed, at the address(es) listed at the end of this form.

The attached Schedules 1 and 2 may contain personal information of individuals and details of the distribution(s). The information in Schedules 1 and 2 will not be placed on the public file of any securities regulatory authority or regulator. However, freedom of information legislation may require the securities regulatory authority or regulator to make this information available if requested.

By signing this report, the issuer/underwriter confirms that each individual listed in Schedule 1 or 2 of the report who is resident in a jurisdiction of Canada:

- a) has been notified by the issuer/underwriter of the delivery to the securities regulatory authority or regulator of the information pertaining to the individual as set out in Schedules 1 or 2, that this information is being collected by the securities regulatory authority or regulator under the authority granted in securities legislation, that this information is being collected for the purposes of the administration and enforcement of the securities legislation of the local jurisdiction, and of the title, business address and business telephone number of the public official in the local jurisdiction, as set out in this form, who can answer questions about the security regulatory authority's or regulator's indirect collection of the information, and
- b) has authorized the indirect collection of the information by the securities regulatory authority or regulator.