# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9565723

ITEM 1 - REPORT TYPE					
✓ New report					
☐ Amended report If ame	nded, 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			an investment fund, refer to s	ection 1.1 of National	
☐ Investment fund issuer	naous Disclosure and the comp	umon policy to the or Too.			
✓ Issuer (other than an investment of the state of th	stment fund)				
Underwriter	······································				
ITEM 3 - ISSUER NAME AND OT	THE DENTIFIED				
Provide the following information about the		vertment fund, about the fi	und		
Full legal name			ma.		
Previous full legal name	7 thin Balancea World				
If the issuer's name changed in the last 12 months, provide most recent previous legal name.					
Website			licable)		
If the issuer has a legal entity identifier, pr	ovide below. Refer to Part B of t	he Instructions for the defir	ition of "legal entity identifie	r".	
Legal entity identifier					
If two or more issuers distributed a single				ove.	
Full legal name(s) of co-issuer(s)		(it app	licable)		
ITEM 4 - UNDERWRITER INFORM	MATION				
If an underwriter is completing the report,	provide the underwriter's full le	gal name and firm NRD nu	mber.		
Full legal name					
Firm NRD number (if applicable)					
If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.					
Street address					
Municipality		Province/S	tate	$\overline{}$	
Country		Postal code/Zip c	ode	一	
Telephone number		Web	site	(if applicable)	

ITEM 5 - ISSUER INFORMATION				
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.				
a) Primary industry				
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.				
NAICS industry code 5 2 2 9 9				
If the issuer is in the <b>mining industry</b> , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.				
Exploration Development Production				
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.				
✓ Mortgages ☐ Real estate ☐ Commercial/business debt ☐ Consumer debt ☐ Private companies				
☐ Cryptoassets				
b) Number of employees				
Number of employees:				
c) SEDAR profile number				
Does the issuer have a SEDAR profile?				
No  ✓ Yes If yes, provide SEDAR profile number 0 0 0 3 8 5 6 8				
If the issuer does not have SEDAR profile complete item 5(d) - (h).				
d) Head office address				
Street address Province/State				
Municipality Postal code/Zip code				
Country Telephone number				
e) Date of formation and financial year-end				
Date of formation Financial year-end MM DD				
f) Reporting issuer status				
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes				
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.				
AII AB BC MB NB NL NT				
NS NU ON PE QC SK YT				
g) Public listing status				
If the issuer has a CUSIP number, provide below (first 6 digits only)				
CUSIP number				
If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an				
exchange and not a trading facility such as, for example, an automated trading system.  Exchange name				
h) Size of issuer's assets				
11) 6120 01 100001 0 000010				

Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.

☐ \$0 to under \$5M	☐ \$5M to under \$25M	☐ \$25M to under \$100M
\$100M to under \$500M	☐ \$500M to under \$1B	\$1B or over

ITEM 6 - INVESTMENT	FUND ISSUER INFORMATION				
If the issuer is an inves	tment fund, provide the following information.				
a) Investment fund ma	anager information				
Full legal name					
Firm NRD number	(if applicable)				
If the investment fund mand	ager does not have a firm NRD number, provide the head office contact information of the investment fund manager.				
Street address					
Municipality	Province/State				
Country	Postal code/Zip code				
Telephone number	Website (if applicable)				
b) Type of investment	fund				
Type of investment fund tha	nt most accurately identifies the issuer (select only one) .				
Money market	☐ Equity ☐ Fixed income ☐ Balanced				
Alternative strateg	gies Cryptoasset Other (describe)				
Indicate whether one or bot	h of the following apply to the investment fund .				
Invests primarily in	n other investment fund issuers				
☐ Is a UCITs Fund¹					
<sup>1</sup> Undertaking for the Collec (EU) directives that allow c	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.				
c) Date of formation and financial year-end of the investment fund					
Date of formation Financial year-end MM DD MM DD					
d) Reporting issuer st	atus of the investment fund				
Is the investment fund a rep	orting issuer in any jurisdication of Canada? No Yes				
If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer.					
☐ AII ☐	AB BC MB NB NL NT				
□ NS □	NU ON PE QC SK YT				
e) Public listing status	s of the investment fund				
If the investment fund has a	CUSIP number, provide below (first 6 digits only)				
	CUSIP number				
If the investment fund is publicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.					
Exchange on an exchange and h					
-	AV) of the investment fund				
	investment fund as of the date of the most recent NAV calculation (Canadian \$).				
\$0 to under \$5M	s5M to under \$25M s25M to under \$100M				
\$100M to under \$500	DM \$500M to under \$1B \$1B or over Date of NAV calculation:  YYYY MM DD				

### **ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION**

If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees in connection with the distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report.

١.	_	
a)	) Currency	•
u	, Cullelley	

Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars.

✓ Canadian dollar US dollar Euro Other (describe)

#### b) Distribution date(s)

State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report.

Start date 2021 07 28

End date 2021 08 05

#### 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	r Highest price Total amount		
Р	R	S		Class A Preferred Non-Voting Shares	244,274.00	1.0000		244,274.00	
Р	R	S		Class B Series 'B' Preferred Non- Voting Shares	3,087,380.00	1.0000		3,087,380.00	
Р	R	S		Class B Series 'C' Preferred Non- Voting Shares	9,243,718.00	1.0000		9,243,718.00	

#### 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.

exc	Convertible / exchangeable security code		geable Underlying		y v (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 <sup>28</sup> purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	14	4,902,289.00
British Columbia	NI 45-106 2.9(1) [Offering memorandum] (BC, NL)	27	3,320,629.00
Ontario	NI 45-106 2.3 [Accredited investor]	3	2,192,022.00
Ontario	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	10	130,200.00

Manitoba Québec	NI 45-106 2.3 [Accredited investor]  NI 45-106 2.3 [Accredited investor]	2	1,929,485.00 85,747.00
Quebec			55,7 47.50
Québec	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	1	15,000.00
	12,575,372.00		
	Total number of unique purchasers <sup>2b</sup>	58	

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

#### g) Net proceeds to the investment fund by jurisdiction

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

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

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

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

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

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

	Description	Date of document or 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	2020-10-19	Y	2020-10-23

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

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.	ITEM 8 - COMPENSATION INFORMATION						
No ✓ Yes If yes, indicate number of persons compensated.	Indicate whether any compensation was paid, or will be paid, in connection with the distribution.						
	No ✓ Yes If yes, indicate number of persons compensated. 6						

a) Name of person comp	ensated and regis	stration status									
Indicate whether the person con	npensated is a regist	rant.		No		<b>√</b>	Yes				
If the person compensated is an	individual, provide i	the name of the	individua	l.							
Full legal name of indiv	idual										
		Family name			First	given na	ame		Secondary	jiven name	es
If the person compensated is not an individual, provide the following information.											
Full legal name	of non-individual	PI Financial	Corp.								
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.  No Ves											
b) Business contact infor	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	Street address										
Municipality		Province/State Province									
Country					Po	ostal c	ode/Zip	code			
Email address		Telephone number									
c) Relationship to issuer or investment fund manager											
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.											
Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)											
Director or officer of the investment fund or investment fund manager											
None of the above											
d) Compensation details											
Provide details of all compensations and canadian dollars. Include cash coincidental to the distribution, such allocation arrangements with the Cash commissions pa	ommissions, securiti ch as clerical, printin e directors, officers o	es-based compe g, legal or acco or employees of	ensation, g unting serv	gifts, disc vices. Ar	counts c issuer	r other is not r	compen equired t	sation. I to ask fo	Do not report pay	ments for :	services
Casii commissions pa	liu .	49.65					Security of	ode 1	Security code 2	Security (	code 3
Value of all securitie distributed as compensation	-		Sec	urity co	des	L					
Describe to	erms of warrants, op	otions or other i	rights								
Other compensation	<b>1</b> ⁵	Des	cribe								
Total compensation pa	id	49.65									
✓ Check box if the pe	rson will or may reco	eive any deferre	ed compe	nsation	(descril	be the t	terms be	low)			
PI Financial Corp. will receive an annual trailer fee paid monthly in the amount of 1/2% on Class A Preferred Non-Voting Shares, 1% on Class B Series 'B' Preferred Non-Voting Shares and 0% on Class B Series 'C' Preferred Non-Voting Shares.											
<sup>4</sup> Provide the aggregate value of additional securities of the issu- rights exercisable to acquire ac <sup>5</sup> Do not include deferred comp	ier. Indicate the secu Iditional securities o	urity codes for a									

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 indi	vidual.							
Full legal name of indiv	ridual									
		Family name	I	First giv	ven name		Secondary (	given names		
If the person compensated is no	If the person compensated is not an individual, provide the following information.									
Full legal name	of non-individual	Raymond James	Ltd.							
F	irm NRD number	8 2 4	1 0			(if app	olicable)			
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.										
b) Business contact infor	b) Business contact information									
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		Province/State								
Country				Pos	stal code/Z	ip 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 compensate Canadian dollars. Include cash a incidental to the distribution, su allocation arrangements with the Cash commissions page 1.	commissions, securit ch as clerical, printing the directors, officers	ies-based compensat ng, legal or accountin	ion, gifts, di g services. i	scounts or An issuer is	other comp not require	ensation. d to ask fo	Do not report payı	ments for services		
Casii commissions pa		41.71			Securit	y code 1	Security code 2	Security code 3		
Value of all securitie distributed as compensation	-		Security of	odes						
Describe t	erms of warrants, o	ptions or other rights	3							
Other compensatio	n <sup>5</sup>	Describe	)							
Total compensation pa	id	41.71								
✓ Check box if the pe	rson will or may red	ceive any deferred co	ompensatio	n (describe	the terms	below)				
Raymond James Ltd. will receive an annual trailer fee paid monthly in the amount of 1/2% on Class A Preferred Non-Voting Shares, 1% on Class B Series 'B' Preferred Non-Voting Shares and 0% on Class B Series 'C' Preferred Non-Voting Shares.										
<sup>4</sup> Provide the aggregate value of additional securities of the issu- rights exercisable to acquire a <sup>5</sup> Do not include deferred comp	uer. Indicate the sec additional securities	curity codes for all se	tion, <u>excluc</u> curities dis	<u>ling</u> options tributed as	s, warrants compensat	or other ri ion, <u>includ</u>	ights exercisable t ding options, warr	o acquire ants or other		

a) Name of person comp	ensated and regi	stration status								
Indicate whether the person cor	mpensated is a regis	strant.	☐ No		✓	Yes				
If the person compensated is an	individual, provide	the name of the inc	lividual.							
Full legal name of indiv	ridual									
		Family name	I	First g	jiven nar	me		Secondary (	jiven name	s
If the person compensated is not an individual, provide the following information.										
Full legal name	of non-individual	Fidelity Clearing	g Canada L	ILC						
F	irm NRD number	2 8	8 8	0			(if appl	icable)		
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 provided in Item 8 (a), provide the business contact information of the person being compensated.										
Street address	Street address									
Municipality		Province/State								
Country				Po	stal co	de/Zip	code			
Email address	Telephone number									
c) Relationship to issuer or investment fund manager										
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.  Connect with the issuer or investment fund manager  Insider of the issuer (other than an investment fund)										
☐ Director or officer of the investment fund or investment fund manager ☐ Employee of the issuer or investment fund manager ☐ None of the above										
d) Compensation details	ian naid ar ta ba na	aid to the news or ide	antified in Ita	oo O(a) in a		tion with	the dis	tribution Drovido	all amount	nts in
Provide details of all compensate Canadian dollars. Include cash concidental to the distribution, surallocation arrangements with the Cash commissions page 1.	commissions, securit ch as clerical, printi ne directors, officers	ties-based compenso ng, legal or accounti	ntion, gifts, di ng services. A	scounts or An issuer is	other of other of other of other of other of other of other other of other other other other other other other o	compens quired to	ation. E ask fo	Do not report payı	ments for s	services
·		109.59			S	Security co	ode 1	Security code 2	Security of	code 3
Value of all securitie distributed as compensatio	-		Security c	odes					<u> </u>	
Describe t	erms of warrants, o	ptions or other righ	ts							
Other compensation	n <sup>5</sup>	Describ	е							
Total compensation pa	id 1	09.59								
✓ Check box if the pe	rson will or may red	ceive any deferred o	compensation	n (describ	e the te	erms bel	ow)			
Fidelity Clearing Canada ULC will receive an annual trailer fee paid monthly in the amount of 1/2% on Class A Preferred Non-Voting Shares, 1% on Class B Series 'B' Preferred Non-Voting Shares and 0% on Class B Series 'C' Preferred Non-Voting Shares.										
<sup>4</sup> Provide the aggregate value of additional securities of the issu- rights exercisable to acquire at <sup>5</sup> Do not include deferred comp	uer. Indicate the sec additional securities	curity codes for all s	ation, <u>excluo</u> ecurities dist	<u>ing</u> option ributed as	is, warr compe	rants or c ensation,	other rig , <u>inclua</u>	ghts exercisable t l <u>ing</u> options, warr	o acquire ants or oth	ner

a) Name of person compe	ensated and regis	stration st	atus								
Indicate whether the person com	npensated is a regist	rant.		☐ No		✓ Y	Yes .				
If the person compensated is an individual, provide the name of the individual.											
Full legal name of indivi	dual										
		Family name	9		First gi	iven nan	me		Secondary	given names	
If the person compensated is not an individual, provide the following information.											
Full legal name	of non-individual	National	Bank Fin	ancial Inc							
Fi	rm NRD number	1	9 6	0			(	if appli	cable)		
Indicate whether the person com	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 provided in Item 8 (a), provide the business contact information of the person being compensated.											
Street address											
Municipality	Province/State										
Country					Pos	stal co	de/Zip c	ode			
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 compensations and compensations and compensations. Include cash continuities are the distribution, such allocation arrangements with the	ommissions, securiti h as clerical, printin e directors, officers o	es-based co g, legal or o r employee	ompensatio accounting	on, gifts, dis services. A	counts or n issuer is	other c	compensa quired to	ation. D ask for	o not report pay	ments for se	ervices
Cash commissions pai	a	0.22				Se	ecurity cod	de 1	Security code 2	Security co	ode 3
Value of all securities distributed as compensation				Security co	des						
Describe te	erms of warrants, op	otions or ot	her rights								
Other compensation	5		Describe								
Total compensation pai	d	0.22									
✓ Check box if the per	son will or may rec	eive any de	eferred cor	mpensation	(describe	e the te	erms belo	ow)			
National Bank Financial Inc. will receive an annual trailer fee paid monthly in the amount of 1/2% on Class A Preferred Non-Voting Shares, 1% on Class B Series 'B' Preferred Non-Voting Shares and 0% on Class B Series 'C' Preferred Non-Voting Shares.											
<sup>4</sup> Provide the aggregate value of additional securities of the issue rights exercisable to acquire an <sup>5</sup> Do not include deferred compe	er. Indicate the seco Iditional securities d	urity codes	for all sec								ər

a) Name of person comp	pensated and regi	stration status							
Indicate whether the person co	mpensated is a regis	trant.	☐ No		✓ Ye	es			
If the person compensated is a	n individual, provide	the name of the indi	vidual.						
Full legal name of indiv	/idual								
		Family name		First giv	ven name	<u> </u>	Secondary	given names	
If the person compensated is not an individual, provide the following information.									
Full legal name	of non-individual	Aligned Capital F	artners In	C.					
F	irm NRD number	2 3 4	. 0			(if app	olicable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.									
b) Business contact info	rmation								
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		Province/State							
Country			Ī	Pos	stal code	e/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 compensations of all compensations and contains allocation arrangements with the Cash commissions page 2.	commissions, securit ich as clerical, printi ne directors, officers	ies-based compensating, legal or accounting or employees of a not	ion, gifts, dis g services. A	counts or on the counts or the counts of the counts or the counts of the counts of the counts or the counts of the	other cor not requ	mpensation. iired to ask fo	Do not report pay	ments for services	
Casii commissions pa	aid	0.55			Sec	urity code 1	Security code 2	Security code 3	
Value of all securitie distributed as compensation			Security co	odes					
Describe	terms of warrants, c	ptions or other rights							
Other compensation	n <sup>5</sup>	Describe							
Total compensation pa	aid	0.55							
✓ Check box if the pe	erson will or may red	ceive any deferred co	mpensation	(describe	e the tern	ns 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.									
<sup>4</sup> Provide the aggregate value additional securities of the issinghts exercisable to acquire a <sup>5</sup> Do not include deferred comp	uer. Indicate the sec additional securities	curity codes for all se	tion, <u>excludi</u> curities disti	ing options ibuted as	s, warran compens	nts or other n sation, <u>inclu</u>	ights exercisable i ding options, warr	o acquire ants or other	

a) Name of person compe	ensated and regis	tration sta	atus								
Indicate whether the person com	npensated is a regist	rant.		☐ No		<b>√</b> Y	⁄es				
If the person compensated is an	If the person compensated is an individual, provide the name of the individual.										
Full legal name of indivi	dual										
		Family name	)	<u> </u>	First gi	ven nam	ne		Secondary (	jiven names	
If the person compensated is not an individual, provide the following information.											
Full legal name of	of non-individual	IA Private	e Wealth	Inc.							
Fir	m NRD number	1	5 4	0	0		(i	f applic	cable)		
Indicate whether the person com	npensated facilitated	the distrib	ution thro	ugh a fundi	ng portal	or an in	nternet-b	ased po	ortal.	No ✓	Yes
b) Business contact inform	mation										
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		Province/State									
Country					Pos	stal cod	de/Zip c	ode			
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, securition h as clerical, printing e directors, officers o	es-based co g, legal or a r employee.	mpensatio accounting	on, gifts, dis services. A	counts or n issuer is	other co	ompensa quired to	tion. Do ask for	o not report payı	ments for se	ervices
Cash commissions pai	a	24.41				Se	ecurity cod	le 1	Security code 2	Security co	ode 3
Value of all securities distributed as compensation			:	Security co	des						
Describe te	erms of warrants, op	tions or oth	her rights								
Other compensation	5		Describe								
Total compensation paid	d 2	24.41									
✓ Check box if the per	son will or may rece	eive any de	eferred con	mpensation	(describe	the te	rms belov	w)			
IA Private Wealth Inc. will receive an annual trailer fee paid monthly in the amount of 1/2% on Class A Preferred Non-Voting Shares, 1% on Class B Series 'B' Preferred Non-Voting Shares and 0% on Class B Series 'C' Preferred Non-Voting Shares.											
<sup>4</sup> Provide the aggregate value of additional securities of the issue rights exercisable to acquire ad <sup>5</sup> Do not include deferred compe	er. Indicate the secu Iditional securities o	ırity codes	for all seco								er

TEM 9 - DIRECTORS, EXECU				UER						
If the issuer is an investment fun	d, do not complete l	Item 9. Procced to	Item 10.							
Indicate whether the issuer is any o	f the following (select	t the one that applie	es - if more than one	applies, select only	one).					
Reporting issuer in any juris	sdiction of Canada									
Foreign public issuer										
Wholly owned subsidiary of	f a reporting issuer in	n any jurisdiction of	Canada <sup>6</sup>							
Provide name of reporting issuer										
Wholly owned subsidiary of	f a foreign public issu	uer <sup>6</sup>								
Provide name o	f foreign public issue	r								
Issuer distributing only eligi	ble foreign securities	and the distributio	n is to permitted clie	nts only <sup>7</sup>						
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d	c). Proceed to Item	10.						
<sup>6</sup> An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. <sup>7</sup> Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions.  [V] If the issuer is none of the above, check this box and complete Item 9(a) - (c).										
a) Directors, executive officer	rs and promoters of	of the issuer								
Provide the following information fo territory; otherwise state the country.						tate the p	rovince	or		
Organization or company name	Family name	First given name	Secondary given names	Business loca non-individu residenta jurisdictior individu	ial or ail n of			o to issuer nat apply)		
				Province or o	country	D	0	Р		
	Granleese	William		British Columbia	a	✓	✓			
	Granleese	William	R.	British Columbia	British Columbia					
	Worsnup	Christopher	Gavin	British Columbia ✓						
b) Promoter information										
If the promoter listed above is not ar within Canada, state the province or										
			Secondary given	Residential jurisdiction of		itionship				

# Residential address of each individual

Organization or company name

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.

names

First given name

Family name

individual

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	Intrim Balanced Mortgage Fund Ltd.									
Full legal name	Granleese	William		R.							
	Family name	First given name	'	Seconda	ary given names						
Title	Portfolio Manager										
Telephone number	6045302301	Email address	will@antriminvestments.com								
Signature	"William R. Granleese"	Date	202	1 08	06						
			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	I certifying the report									
Full legal name				Title						
_	Family name	First given name	Secondary given names	_						
Name of company										
Telephone number		Er	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.