Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9676090

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 (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.							
☐ 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.				
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			licable)				
If the issuer has a legal entity identifier. provide below. Refer to Part B of the Instructions for the definition of "legal entity identifier".							
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 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 ☐ 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						
¹ Undertaking for the Collective Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.						
c) Date of formation a	and financial year-end of the investment fund					
Date of forma	tion 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	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 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.

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 2021 11 18

YYYY MM DD

End date 2021 11 25

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)			Total amount			
Р	R	S		Class A Preferred Non-Voting Shares	344,400.00	1.0000		344,400.00	
Р	R	S		Class B Series 'B' Preferred Non- Voting Shares	1,822,712.00	1.0000		1,822,712.00	
Р	R	S		Class B Series 'C' Preferred Non- Voting Shares	4,575,510.00	1.0000		4,575,510.00	

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 Underlying security code security code		I (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 Exemption relied on		Number of unique ²⁸ purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	11	1,403,100.00
British Columbia	NI 45-106 2.9(1) [Offering memorandum] (BC, NL)	41	2,748,391.00
Ontario	NI 45-106 2.3 [Accredited investor]	4	1,277,266.00
Ontario	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	7	174,500.00

Manitoba	NI 45-106 2.3 [Accredited investor]	1	1,009,365.00
Québec	NI 45-106 2.3 [Accredited investor]	2	20,000.00
Québec	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	3	35,000.00
New Brunswick	NI 45-106 2.3 [Accredited investor]	2	50,000.00
New Brunswick	1	25,000.00	
	6,742,622.00		

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

g) Net proceeds to the investment fund by jurisdiction

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

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

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

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

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

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

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

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

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 compe	nsated and regis	stration s	status								
Indicate whether the person com	pensated is a regist	rant.		No)	√	Yes				
If the person compensated is an i	ndividual, provide t	the name	of the inc	lividual.							
Full legal name of individ	dual										
		Family nar	me		First	t given n	ame		Secondary	given names	;
If the person compensated is not	an individual, prov	ide the fo	llowing in	formation.							
Full legal name o	f non-individual	Raymo	nd Jame	es Ltd.							
Fin	m NRD number	8	2	4 0				(if app	licable)		
Indicate whether the person com	pensated facilitated	the distr	ibution th	rough a fun	ding port	al or an	internet	-based p	portal.	No ✓	Yes
b) Business contact inform	nation										
If a firm NRD number is not prov	ided in Item 8 (a), p	orovide th	e busines.	s contact in	ormation	of the	person b	eing con	npensated.		
Street address											
Municipality						Р	rovince	/State			
Country					Р	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		J. 11.1.00ti.	nont rana	managor	ш '	Linploy	00 01 1110	7 100001		na managor	
d) Compensation details					0(-) :-			l- 4l d'-		!!	4- !
Provide details of all compensation Canadian dollars. Include cash co- incidental to the distribution, such allocation arrangements with the	mmissions, securition as clerical, printing	es-based g, legal oi	compenso r accounti	ation, gifts, o ing services.	liscounts An issuer	or othei is not i	r compen required	sation. I to ask fo	Do not report pa	ments for se	ervices
Cash commissions paid	1:	27.31					Security of	code 1	Security code 2	Security co	ode 3
Value of all securities distributed as compensation	1			Security	codes						
·	rms of warrants, op	otions or o	other righ	ts							
Other compensation ⁵	;		Describ	oe							
Total compensation paid	12	27.31									
✓ Check box if the pers	son will or may rece	eive any	deferred o	compensation	on (descr	ibe the	terms be	elow)			
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.											
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred compe	r. Indicate the secu ditional securities o	ırity code	s for all s								er

a) Name of person compe	ensated and regis	tration st	atus								
Indicate whether the person com	pensated is a regist	rant.		☐ No		✓ \	Yes				
If the person compensated is an	individual, provide t	he name c	of the indivi	idual.							
Full legal name of individual	dual										
		amily name	e		First g	jiven nar	me		Secondary	given names	
If the person compensated is not	an individual, provi	de the foll	owing info	rmation.							
Full legal name of	of non-individual	IA Privat	e Wealth	Inc.							
Fir	m NRD number	1	5 4	0	0		((if appli	icable)		
Indicate whether the person com	pensated facilitated	the distrib	oution thro	ugh a fundi	ng portal	l or an i	internet-l	based p	ortal.	No ✓	Yes
b) Business contact inform	nation										
If a firm NRD number is not prov	rided in Item 8 (a), p	rovide the	business c	ontact info	rmation o	of the pe	erson bei	ng com	pensated.		
Street address											
Municipality						Pro	ovince/S	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											
Provide details of all compensation Canadian dollars. Include cash continuities incidental to the distribution, such allocation arrangements with the	mmissions, securitien has clerical, printing directors, officers o	es-based co g, legal or e r employee	ompensatio accounting	on, gifts, dis services. A	counts or n issuer is	other o	compenso quired to	ation. D ask for	o not report pay	ments for se	ervices
Cash commissions paid	2	28.89				S	ecurity co	de 1	Security code 2	Security co	ode 3
Value of all securities distributed as compensation				Security co	des						
Describe te	rms of warrants, op	tions or ot	her rights								
Other compensation	5		Describe								
Total compensation paid	d 2	28.89									
✓ Check box if the pers	son will or may rece	eive any de	eferred cor	mpensation	(describ	e the te	erms belo	ow)			
IA Private Wealth Inc. will receive an annual trailer fee paid monthly in the amount of 1/2% on Class A Preferred Non-Voting Shares, 1% on Class B Series 'B' Preferred Non-Voting Shares and 0% on Class B Series 'C' Preferred Non-Voting Shares.											
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred compe	er. Indicate the secu ditional securities o	rity codes	for all sec								er

a) Name of person comp	ensated and regi	stration status							
Indicate whether the person co	mpensated is a regis	trant.	☐ No	\checkmark	Yes				
If the person compensated is ar	n individual, provide	the name of the indiv	ridual.						
Full legal name of indiv	ridual								
		Family name		First given n	ame	Secondary	given names		
If the person compensated is no	ot an individual, pro	vide the following info	rmation.						
Full legal name	of non-individual	Canaccord Genu	ity Inc.						
F	irm NRD number	9 0 0			(if a	oplicable)			
Indicate whether the person co	mpensated facilitate	d the distribution thro	ough a funding	portal or an	internet-base	d portal.	No ✓ Yes		
b) Business contact infor	mation								
If a firm NRD number is not pro	ovided in Item 8 (a),	provide the business o	contact inform	ation of the	person being c	ompensated.			
Street address									
Municipality				Р	rovince/Stat	е			
Country			Ī	Postal c	ode/Zip cod	e			
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 compensat	ion naid or to be no	aid to the person iden	tified in Itam S	R(a) in conna	ction with the	distribution Provide	all amounts in		
Canadian dollars. Include cash of incidental to the distribution, sur allocation arrangements with the	commissions, securit ch as clerical, printi ne directors, officers	ies-based compensations, legal or accounting or employees of a nor	on, gifts, disco g services. An i	unts or other	r compensation required to ask	n. Do not report pay	ments for services		
Cash commissions pa	ald	0.74			Security code 1	Security code 2	Security code 3		
Value of all securitie distributed as compensation	-		Security code	es					
Describe t	erms of warrants, o	ptions or other rights							
Other compensatio	n ⁵	Describe							
Total compensation pa	iid	0.74							
✓ Check box if the pe	rson will or may red	ceive any deferred co	mpensation (d	describe the	terms below)				
Canaccord Genuity 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	curity codes for all sec	ion, <u>excluding</u> curities distrib	options, wa uted as com _l	rrants or other pensation, <u>inc</u>	r rights exercisable <u>luding</u> options, wari	to acquire ants or other		

a) Name of person comp	ensated and regi	stration status							
Indicate whether the person co	mpensated is a regis	strant.	☐ No		✓ Yes				
If the person compensated is an	n individual, provide	the name of the inc	dividual.						
Full legal name of indiv	ridual								7
		Family name		First giv	ven name		Secondary (given names	_
If the person compensated is no	ot an individual, pro	vide the following ir	nformation.						
Full legal name	of non-individual	National Bank	Financial In	C.					
F	irm NRD number	1 9	6 0			(if app	licable)		
Indicate whether the person co	mpensated facilitate	d the distribution th	nrough a fund	ling portal o	or an interne	rt-based p	portal.	No ✓ Yes	;
b) Business contact info	mation								
If a firm NRD number is not pro	ovided in Item 8 (a),	provide the busines	s contact info	ormation of	the person l	peing con	npensated.		
Street address									
Municipality					Province	e/State			
Country				Pos	tal code/Zi	p code			
Email address	Telephone number								
c) Relationship to issuer or investment fund manager									
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)									
Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager									
None of the above									
d) Compensation details Provide details of all compensation	ion naid or to be no	aid to the nersen id	antified in Ita	m 9(a) in co	annaction wi	th the die	tribution Provide	all amounts in	
Canadian dollars. Include cash of incidental to the distribution, sur allocation arrangements with the	commissions, securit ch as clerical, printi ne directors, officers	ties-based compensing, legal or account or employees of a n	ation, gifts, di ing services. <i>i</i>	scounts or o	other compe not required	nsation. I to ask fo	Do not report payı	ments for services	ıl
Cash commissions pa		12.86			Security	code 1	Security code 2	Security code 3	
Value of all securitie distributed as compensation			Security c	odes					
Describe t	erms of warrants, o	pptions or other righ	its						
Other compensatio	n ⁵	Describ	ре						
Total compensation pa	id	12.86							
✓ Check box if the pe	rson will or may red	ceive any deferred	compensatio	n (describe	the terms b	elow)			
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 issurights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec dditional securities	curity codes for all s	ation, <u>exclud</u> securities dis	<u>ling</u> options tributed as d	s, warrants o compensatio	r other ri	ights exercisable t ding options, warr	o acquire ants or other	

a) Name of person comp	ensated and regis	tration stat	tus								
Indicate whether the person cor	npensated is a regist	rant.		☐ No		✓ Y	⁄es				
If the person compensated is an	individual, provide t	he name of	the indivi	dual.							
Full legal name of indiv	idual										
		Family name			First g	iven nan	ne		Secondary (given names	
If the person compensated is no	t an individual, provi	ide the follov	ving infor	mation.							
Full legal name	of non-individual	PI Financi	al Corp.								
Fi	irm NRD number	5 2	2 9	0			(i	f appli	cable)		
Indicate whether the person cor	npensated facilitated	the distribu	tion throu	ıgh a fund	ing portal	or an ir	nternet-bo	ased po	ortal.] No ✓	Yes
b) Business contact infor	mation										
If a firm NRD number is not pro	ovided in Item 8 (a), p	provide the b	usiness co	ontact info	rmation o	f the pe	erson bein	g comp	pensated.		
Street address											
Municipality						Pro	ovince/St	tate			
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	ie investinent fund (or investmen	it fund me	anayei		прюуес	e or the is	suei o	i investment tur	u manager	
d) Compensation details											
Provide details of all compensate Canadian dollars. Include cash c incidental to the distribution, suc allocation arrangements with th	commissions, securition ch as clerical, printing e directors, officers o	es-based con g, legal or ac r employees	npensatio ccounting	n, gifts, di: services. A	scounts or In issuer is	other c	compensat quired to t	tion. De ask for	o not report pay	ments for se	ervices
Cash commissions pa		2.81				Se	ecurity cod	le 1	Security code 2	Security co	ode 3
Value of all securitie distributed as compensatio	-		;	Security co	odes						
Describe to	erms of warrants, op	otions or other	er rights								
Other compensation	n ⁵		Describe								
Total compensation pa	id	2.81									
✓ Check box if the pe	rson will or may rece	eive any def	erred con	npensatior	describ	e the te	erms belov	w)			
PI Financial Corp. Shares, 1% on Cla Shares.	will receive an an ass B Series 'B' P	nual trailei referred No	fee paid on-Voting	d monthly g Shares	in the a and 0%	mount on Cla	of 1/2% ass B Se	on Cleries 'C	lass A Preferre C' Preferred No	d Non-Vo	oting
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire ac ⁵ Do not include deferred comp	ıer. Indicate the secu dditional securities o	ırity codes fo									er

a) Name of person compe	ensated and regis	tration	status									
Indicate whether the person com	pensated is a registi	rant.			☐ No		\checkmark	Yes				
If the person compensated is an i	individual, provide t	he name	of the in	divid	dual.							
Full legal name of individ	dual											
	ŀ	amily na	me			First	given n	ame		Secondary	given name	s
If the person compensated is not	an individual, provi	de the fo	ollowing i	nfori	mation.							
Full legal name of	of non-individual	Fidelity	Clearin	ng C	anada UL	.C						
Fir	m NRD number	2	8	8	8	0			(if app	licable)		
Indicate whether the person com	pensated facilitated	the distr	ribution t	hrou	gh a fundir	ng porta	ıl or ar	interne	t-based _l	portal.	No 🕟	✓ Yes
b) Business contact inform	nation											
If a firm NRD number is not prov	rided in Item 8 (a), p	rovide th	ne busine	ss co	ntact infor	mation (of the	person b	eing con	npensated.		
Street address												
Municipality							Р	rovince	/State			
Country	Postal code/Zip code											
Email address	Telephone number											
c) Relationship to issuer or investment fund manager												
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)												
Director or officer of the	Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager Employee of the issuer or investment fund manager											
_	e investment fana c	n investi	nent idn	u IIIa	iriagei	ш,	Прю	ee or trie	5 133061	or investment to	na manage	· I
✓ None of the above												
d) Compensation details	.,	<u> </u>		<u> </u>								
Provide details of all compensation Canadian dollars. Include cash co- incidental to the distribution, such allocation arrangements with the	mmissions, securitien as clerical, printing directors, officers of	es-based g, legal o r employ	compens r accoun	ation ting :	n, gifts, disc services. Ar	counts o issuer	r othei is not i	r comper required	nsation. to ask fo	Do not report pay	ments for s	services
Cash commissions paid	d	60.29						Security	code 1	Security code 2	Security of	code 3
Value of all securities distributed as compensation				S	Security co	des						
·	rms of warrants, op	tions or	other rig	hts								
Other compensation	5		Descr	ibe								
Total compensation paid	d 6	0.29										
✓ Check box if the pers	son will or may rece	eive any	deferred	com	pensation	(describ	be the	terms be	elow)			
Fidelity Clearing Canada ULC will receive an annual trailer fee paid monthly in the amount of 1/2% on Class A Preferred Non-Voting Shares, 1% on Class B Series 'B' Preferred Non-Voting Shares and 0% on Class B Series 'C' Preferred Non-Voting Shares.												
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred compe	er. Indicate the secu ditional securities of	rity code	es for all									ner

tem 9 - Directors, Execu	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER							
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	ct the one that appli	es - if more than one	applies, select onl	y one).						
Reporting issuer in any jurisdiction of Canada											
Foreign public issuer											
Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶											
Provide name of reporting issuer											
Wholly owned subsidiary of a foreign public issuer ⁶											
Provide name of foreign public issuer											
Issuer distributing only eligible foreign securities and the distribution is to permitted clients only ⁷											
If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10.											
⁶ An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷ Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions. [V] If the issuer is none of the above, check this box and complete Item 9(a) - (c).											
a) Directors, executive officer	•										
Provide the following information for territory; otherwise state the country.						tate the p	rovince	or			
Organization or company name	Family name	First given name	Secondary given names	Business loc non-individi resident jurisdictio individu	ual or ail n of			onship to issuer it all that apply)			
				Province or	country	D	0	Р			
	Granleese	William		British Columbi	ıa	✓					
	Granleese	William	R.	British Columbi	a	✓	✓				
	Worsnup	Christopher	Gavin	British Columbi	a	✓					
b) Promoter information											
If the promoter listed above is not ar within Canada, state the province or											
Organization or company name	Family name	Secondary given name Residential jurisdiction of individual Relationship to (select one or both)									

c) Residential address of each individual

Complete Schedule 2 of this form providing the full residential address for each individual listed in Item 9(a) and (b) and attach to the completed report. Schedule 2 also requires information to be provided about control persons.

Province or

country

D

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ITEM 10 - CERTIFICATION

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

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

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

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

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

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

Name of issuer/underwriter/ investment fund manager/agent	antrim Balanced Mortgage Fund Inc.										
Full legal name	Granleese	R	R.								
	Family name	First given name	'	Seconda	ary given names						
Title	Portfolio Manager										
Telephone number	6045302301	Email address	will@an	ntriminvest	ments.com						
Signature	"William Granleese"	Date	2021	11	26						
			YYYY	MM	DD						

ITEM 11- CONTACT F	PERSON								
Provide the following business contact information for the individual that the securities regulatory authority or regulator may contact with any questions regarding the contents of this report, if different than the individual certifying the report in Item 10.									
Same as individua	Il 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.