# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9580403

ITEM 1 - REPORT TYPE							
✓ New report							
Amended report If amended, provide filing date of report that is being amended (YYYY-MM-DD)							
ITEM 2 - PARTY CERTIFYING TH	e Report						
Indicate the party certifying the report (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.				
Previous full legal name	7 thin Balancea World	Willim Balanoca Mortgago i ana Eta.					
If the issuer's name changed in th	a last 12 months, provide most	recent provious logal 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 security, provide the full legal name(s) of the co-issuer(s) other than the issuer named above.							
				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 status of the investment fund					
Is the investment fund a reporting issuer in any jurisdication of Canada? No Yes					
If yes, select the jurisdictions	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 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				
Select the NAV range of the 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.

_ 1	<b>O</b>	
a	) Currenc	CV

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 08 12

YYYY MM DD

End date 2021 08 19

YYYY MM DD

#### 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	lowest Highest price Total amount		
Р	R	s		Class A Preferred Non-Voting Shares	813,264.00	1.0000		813,264.00	
Р	R	s		Class B Series 'B' Preferred Non- Voting Shares	4,300,657.00	1.0000		4,300,657.00	
Р	R	s		Class B Series 'C' Preferred Non- Voting Shares	3,240,758.00	1.0000		3,240,758.00	

#### 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.

,		exchangeable		Underlying security code			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 <sup>28</sup> purchasers	Total amount (Canadian \$)
Alberta	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	1	11,000.00
British Columbia	NI 45-106 2.3 [Accredited investor]	10	2,303,807.00
British Columbia	NI 45-106 2.9(1) [Offering memorandum] (BC, NL)	44	4,704,921.00
Ontario	NI 45-106 2.3 [Accredited investor]	2	599,611.00

Ontario	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	2	110,000.00
Manitoba	NI 45-106 2.3 [Accredited investor]	1	486,340.00
New Brunswick	NI 45-106 2.3 [Accredited investor]	1	25,000.00
Québec	NI 45-106 2.3 [Accredited investor]	1	114,000.00
	8,354,679.00		

<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>26</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 V 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	tration stat	us								
Indicate whether the person con	npensated is a regist	rant.		☐ No		✓ `	Yes				
If the person compensated is an	individual, provide t	he name of t	he indivi	dual.							
Full legal name of indivi	idual										
		Family name			First	given nar	me		Secondary	given names	;
If the person compensated is no	t an individual, prov	ide the follow	ing infor	mation.							
Full legal name	of non-individual	PI Financia	al Corp.								
Fi	rm NRD number	5 2	9	0				(if appl	icable)		
Indicate whether the person con	npensated facilitated	the distribut	ion throu	ıgh a fund	ing porta	l or an i	internet-l	based p	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						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  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 control incidental to the distribution, such allocation arrangements with the	ommissions, securitions of the commissions, securitions of the commissions of the commission of the commissions of the commission of the commiss	es-based com g, legal or acc r employees	pensatio counting	n, gifts, di: services. A	scounts o In issuer i	r other o	compenso quired to	ation. E ask foi	o not report pay	ments for s	ervices
Cash commissions pa	10 21	01.72				S	Security co	de 1	Security code 2	Security of	ode 3
Value of all securitie distributed as compensation	-		\$	Security co	odes						
Describe to	erms of warrants, op	otions or othe	er rights								
Other compensation	1 <sup>5</sup>	D	escribe								
Total compensation pai	id 20	01.72									
✓ Check box if the per	rson will or may rece	eive any defe	erred con	npensatior	n (describ	e the te	erms belo	ow)			
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 issurights exercisable to acquire ac <sup>5</sup> Do not include deferred compa	er. Indicate the secu Iditional securities o	ırity codes fo									er

a) Name of person comp	ensated and regi	stration status						
Indicate whether the person co	mpensated is a regis	trant.	☐ No		✓ Y	'es		
If the person compensated is an	individual, provide	the name of the ind	ividual.					
Full legal name of indiv	ridual							
		Family name		First g	iven nam	ne	Secondary	given names
If the person compensated is no	ot an individual, pro	vide the following in	formation.					
Full legal name	of non-individual	Raymond Jame	s Ltd.					
F	irm NRD number	8 2	4 0			(if ap	plicable)	
Indicate whether the person co	mpensated facilitate	d the distribution th	ough a fund	ding portal	or an in	nternet-basea	portal.	No ✓ Yes
b) Business contact info	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 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 newsen ide	ntified in Ita	O(a) in a		ion with the d	listribution Drovido	all amounts in
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, printi ne directors, officers	ties-based compensa ng, legal or accountii	tion, gifts, d ng services	iscounts or An issuer is	other co not req	ompensation. Juired to ask j	Do not report pay	ments for services
·		11.17			Se	ecurity code 1	Security code 2	Security code 3
Value of all securitie distributed as compensation			Security of	odes				
Describe t	erms of warrants, o	pptions or other right	S					
Other compensation	n <sup>5</sup>	Describ	е					
Total compensation pa	id	11.17						
✓ Check box if the pe	rson will or may red	ceive any deferred c	ompensatio	n (describ	e the te	rms 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	ntion, <u>exclud</u> ecurities dis	<u>ding</u> option tributed as	s, warra compe	ants or other . ensation, <u>inclu</u>	rights exercisable a ading options, warr	o acquire ants or other

a) Name of person compo	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 t	the name	of the inc	dividual									
Full legal name of indivi	dual												
		Family na	me			First	given na	ame		Secon	dary giv	en names	
If the person compensated is no	t an individual, prov	ide the fo	ollowing in	format	ion.								
Full legal name	of non-individual	Fidelity	Clearing	g Cana	ada UL	.C							
Fi	rm NRD number	2	8	8	8	0			(if app	licable)			
Indicate whether the person con	npensated facilitated	the distr	ribution th	rough (	a fundir	ng porta	l or an	interne	t-based <sub>l</sub>	oortal.		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						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  Employee of the issuer or investment fund manager													
None of the above	io invocanioni rana (	, mvoon	none rana	manag	,01		р.ю	00 01 111	5 100uoi		it raira	managor	
d) Compensation details													
Provide details of all compensati Canadian dollars. Include cash co incidental to the distribution, suc allocation arrangements with the	ommissions, securitions of the commissions, securitions of the commissions of the commission of the commissions of the commissions of the commission of the commis	es-based g, legal o r employ	compenso r accounti	ation, gi ing serv	ifts, disc ices. Ar	counts o issuer i	r other is not r	comper equired	nsation. to ask fo	Do not report	payme	ents for se	ervices
Cash commissions pa	20	05.21						Security	code 1	Security cod	e 2 S	Security co	ode 3
Value of all securities distributed as compensation	-			Secu	urity cod	des	L						
Describe to	erms of warrants, op	otions or	other righ	ts									
Other compensation	<sub>1</sub> 5		Describ	oe 🗍									
Total compensation pai	d 20	05.21											
✓ Check box if the per	rson will or may rece	eive any	deferred o	comper	sation	(describ	oe 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.													
<sup>4</sup> Provide the aggregate value o additional securities of the issu- rights exercisable to acquire ad <sup>5</sup> Do not include deferred compe	er. Indicate the secu Iditional securities o	ırity code	es for all s										er

a) Name of person comp	ensated and regi	stration status							
Indicate whether the person co	mpensated is a regis	trant.	☐ No	[	✓ Yes				
If the person compensated is an	n individual, provide	the name of the indi	vidual.						
Full legal name of indiv	ridual								
		Family name	<b>I</b>	First give	en name		Secondary (	jiven names	
If the person compensated is no	ot an individual, pro	vide the following inf	ormation.						
Full legal name	of non-individual	National Bank F	inancial Ind	<b>.</b>					
F	irm NRD number	1 9	6 0			(if appl	icable)		
Indicate whether the person co	mpensated facilitate	d the distribution thr	ough a fund	ing portal o	r an internet	t-based p	oortal.	No 🗸 Y	Yes
b) Business contact info	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				Posta	al code/Zip	code			
Email address	Telephone number								
c) Relationship to issuer or investment fund manager									
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.  Connect with the issuer or investment fund manager  Insider of the issuer (other than an investment fund)									
Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager									
✓ None of the above									
d) Compensation details									
Provide details of all compensate Canadian dollars. Include cash a incidental to the distribution, su allocation arrangements with the Cash commissions page 1.	commissions, securit ch as clerical, printi ne directors, officers	ies-based compensating, legal or accountin	tion, gifts, dis ng services. A	scounts or of In issuer is n	ther compen not required	nsation. L to ask fo	Do not report payı	ments for servic	ces
·		37.59			Security of	code 1	Security code 2	Security code 3	3
Value of all securitie distributed as compensation	-		Security co	odes					
Describe t	erms of warrants, o	ptions or other rights	3						
Other compensation	n <sup>5</sup>	Describe	9						
Total compensation pa	id	57.59							
✓ Check box if the pe	rson will or may red	ceive any deferred co	ompensation	n (describe t	the terms be	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.									
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire a <sup>5</sup> Do not include deferred comp	uer. Indicate the sec dditional securities	curity codes for all se	tion, <u>exclud</u> ecurities dist	<u>ing</u> options, ributed as c	warrants or ompensatio	other rig n, <u>includ</u>	ghts exercisable t l <u>ing</u> options, warr	ว acquire ants or other	

a) Name of person comp	ensated and regi	stration status								
Indicate whether the person cor	npensated is a regis	trant.	☐ No		$\checkmark$	Yes				
If the person compensated is an	individual, provide	the name of the indi	vidual.							
Full legal name of indiv	idual									
		Family name	<b>I</b>	First	given na	ame		Secondary (	jiven name:	5
If the person compensated is no	t an individual, pro	vide the following inf	ormation.							
Full legal name	of non-individual	IA Private Wealt	h Inc.							
F	irm NRD number	1 5 4	1 0	0			(if appl	icable)		
Indicate whether the person cor	mpensated facilitate	d the distribution thr	ough a fund	ling porta	ıl or an	internet-	based p	oortal.	No 🔽	✓ Yes
b) Business contact infor	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				Po	ostal co	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 Employee of the issuer or investment fund manager										
None of the above										
d) Compensation details										
Provide details of all compensat Canadian dollars. Include cash of incidental to the distribution, sur allocation arrangements with the Cash commissions pa	commissions, securit ch as clerical, printin e directors, officers	ies-based compensating, legal or accountin	ion, gifts, di g services. A	scounts o An issuer i	r other is not re	compens	sation. L o ask fo	Do not report payı	nents for s	services
Casii commissions pa		40.42			\$	Security co	ode 1	Security code 2	Security of	ode 3
Value of all securitie distributed as compensatio	~		Security c	odes						
Describe t	erms of warrants, o	ptions or other rights	3							
Other compensation	n <sup>5</sup>	Describe	•							
Total compensation pa	id	46.42								
✓ Check box if the pe	rson will or may red	ceive any deferred co	ompensatio	n (describ	oe the t	erms bel	low)			
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 issu- rights exercisable to acquire acus <sup>5</sup> Do not include deferred comp	ier. Indicate the sec dditional securities	curity codes for all se	tion, <u>exclua</u> curities dist	l <u>ing</u> option tributed a	ns, war s comp	rrants or o ensation	other rig n, <u>includ</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 s	status								
Indicate whether the person com	npensated is a regist	rant.		N	lo	$\checkmark$	Yes				
If the person compensated is an	individual, provide i	he name	of the ind	lividual.							
Full legal name of indivi	dual										
		Family nar	me		Firs	t given n	ame		Secondary	given names	;
If the person compensated is not	t an individual, prov	ide the fo	llowing in	formation.							
Full legal name	of non-individual	Aligned	d Capital	Partners	Inc.						
Fi	m NRD number	2	3	4 0				(if app	licable)		
Indicate whether the person com	npensated facilitated	the distr	ibution th	rough a fu	nding por	tal or ar	n internet	t-based <sub>l</sub>	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						P	rovince	/State			
Country			F	Postal o	code/Zip	code					
Email address	Telephone number										
c) Relationship to issuer or investment fund manager											
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.											
Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)											
Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager											
✓ None of the above											
d) Compensation details											
Provide details of all compensation Canadian dollars. Include cash continuities incidental to the distribution, such allocation arrangements with the	ommissions, securiti h as clerical, printin e directors, officers o	es-based g, legal o r employ	compenso r accounti	ition, gifts, ng services	discounts 5. An issue	or othe r is not i	r comper required	nsation. I to ask fo	Do not report pay	ments for s	ervices
Cash commissions pai	a	3.70					Security	code 1	Security code 2	Security c	ode 3
Value of all securities distributed as compensation				Security	codes codes						
Describe te	erms of warrants, op	otions or	other right	ts							
Other compensation	5		Describ	e							
Total compensation pai	d	3.70									
✓ Check box if the per	son will or may reco	eive any	deferred o	compensa	tion (desci	ribe the	terms be	elow)			
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 of additional securities of the issue rights exercisable to acquire and <sup>5</sup> Do not include deferred compe	er. Indicate the secu Iditional securities o	ırity code	es for all s								er

TEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER										
If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.										
Indicate whether the issuer is any of the following (select the one that applies - if more than one applies, select only one).										
Reporting issuer in any jurisdiction of Canada										
Foreign public issuer										
Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada <sup>6</sup>										
Provide name of reporting issuer										
Wholly owned subsidiary of	a foreign public issu	uer <sup>6</sup>								
Provide name of foreign public issuer										
Issuer distributing only eligi	ble foreign securities	s 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) – (c	). Proceed to Item 1	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	al or ail n of		itionship to issuer ect all that apply)			
				Province or o	ountry	D	0	Р		
	Granleese	William		British Columbia	a	✓	✓			
	Granleese	William	R.	British Columbia	a	✓				
	Worsnup	Christopher	Gavin	British Columbia	a	✓				
b) Promoter information										
If the promoter listed above is not ar within Canada, state the province or										
			Secondary given	Residential jurisdiction of individual		tionship				

## 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 Fund Ltd.								
Full legal name	Granleese	William							
	Family name	First given name	Secondary given names						
Title	Director								
Telephone number	6045302301	Email address	bill@antriminvestments.com						
Signature	"William Granleese"	Date	2021 08 20						
			YYYY MM DD						

ITEM 11- CONTACT PERSON									
Provide the following business contact information for the individual that the securities regulatory authority or regulator may contact with any questions regarding the contents of this report, if different than the individual certifying the report in Item 10.									
Same as individua	al certifying the report								
Full legal name				Title					
_	Family name	First given name	Secondary given names						
Name of company									
Telephone number		Er	mail address						

## Notice - Collection and use of personal information

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

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

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

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

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