Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9612764

ITEM 1 - REPORT TYPE					
✓ New report	rt				
☐ Amended report If amer	nded, provide filing date	of report that is being am	ended (Y	YYY-MM-DD)	
ITEM 2 - PARTY CERTIFYING THE	REPORT				
Indicate the party certifying the report (seld Instrument 81-106 Investment Fund Contin	, ,	5	vestment fund, refer to section 1	1.1 of National	
☐ Investment fund issuer	naous 2 isolosuire una une comp	amen penely to the extraction			
✓ Issuer (other than an inves	tment fund)				
Underwriter	,				
ITEM 3 - ISSUER NAME AND OT	LIED IDENTIFIEDS				
Provide the following information about the		vestment fund, about the fund			
Full legal name	Antrim Balanced Mortg				
Previous full legal name	7 thann Balancoa World				
If the issuer's name changed in the last 12 months, provide most recent previous legal name.					
Website			.1->		
	www.antriminvestment				
If the issuer has a legal entity identifier, pro Legal entity identifier	ovide below. Refer to Part B of t	he Instructions for the definition	of "legal entity identifier".		
		() ()			
If two or more issuers distributed a single s	ecurity, provide the full legal no	dime(s) of the co-issuer(s) other t			
Full legal name(s) of co-issuer(s)			ole)		
ITEM 4 - UNDERWRITER INFORM	1ATION				
If an underwriter is completing the report,	provide the underwriter's full le	gal name and firm NRD numbe	r.		
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/State			
Country		Postal code/Zip code			
Telephone number		Website	(if	applicable)	

If the issuer is an investment fund, do not complete item 5. Proceed to Item 6. a) Primary industry	Item 5 - Issuer Information
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity. NAICS industry code	If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.
AlcS industry code	a) Primary industry
If the issuer is in the mining industry, indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations. Exploration Development Production	
mining industry. Select the category that best describes the issuer's stage of operations. Exploration Development Production Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply. Mortgages Real estate Commercial/business debt Consumer debt Private companies Cryptoassets b) Number of employees Number of employees: 0 - 49 50 - 99 100 - 499 500 or more c) SEDAR profile number Does the issuer have a SEDAR profile? No Yes If yes, provide SEDAR profile number 0 0 0 3 8 5 6 8 If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Municipality Postal code/Zip code Country Telephone number e) Date of formation and financial year-end Date of formation Financial year-end Province/State Date of formation and financial year-end MMM DD f) Reporting issuer status Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.	NAICS industry code 5 2 2 9 9
Is the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Municipality Country Date of formation and financial year-end Date of formation and financial year-end Date of formation The province/State	mining industry. Select the category that best describes the issuer's stage of operations.
Mortgages	
Cryptoassets b) Number of employees Number of employees:	
Number of employees:	
c) SEDAR profile number Does the issuer have a SEDAR profile? No Yes If yes, provide SEDAR profile number 0 0 0 3 8 5 6 8 If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Municipality Country Postal code/Zip code Telephone number e) Date of formation and financial year-end Date of formation The postal year-end Pinancial year-end MM DD f) Reporting issuer status Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.	b) Number of employees
Does the issuer have a SEDAR profile? No Yes If yes, provide SEDAR profile number 0 0 0 3 8 5 6 8 If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Province/State Postal code/Zip code Country Telephone number e) Date of formation and financial year-end Date of formation and financial year-end Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.	Number of employees: ✓ 0 - 49 ☐ 50 - 99 ☐ 100 - 499 ☐ 500 or more
No Yes If yes, provide SEDAR profile number 0 0 0 3 8 5 6 8 If the issuer does not have SEDAR profile complete item 5(d) - (h). Head office address Province/State Postal code/Zip code P	c) SEDAR profile number
If the issuer does not have SEDAR profile complete item 5(d) - (h). d) Head office address Street address Municipality Country Postal code/Zip code Telephone number e) Date of formation and financial year-end Date of formation Financial year-end MM DD Financial year-end Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.	Does the issuer have a SEDAR profile?
Street address Municipality Country Postal code/Zip code Telephone number e) Date of formation and financial year-end Date of formation The postal code/Zip code Telephone number Financial year-end MM DD f) Reporting issuer status Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.	No ✓ Yes If yes, provide SEDAR profile number 0 0 0 3 8 5 6 8
Street address Province/State Postal code/Zip code Country Telephone number e) Date of formation and financial year-end Date of formation Financial year-end MM DD f) Reporting issuer status Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.	
Municipality Country Telephone number Date of formation and financial year-end The phone number Date of formation Telephone number Financial year-end MMM DD The phone number Financial year-end MMM DD The phone number The	d) Head office address
Country Telephone number e) Date of formation and financial year-end Date of formation YYYY MM DD Financial year-end MM DD f) Reporting issuer status Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.	Street address Province/State
e) Date of formation and financial year-end Date of formation Financial year-end MM DD f) Reporting issuer status Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.	Municipality Postal code/Zip code
Date of formation YYYY MM DD Financial year-end MM DD MM DD f) Reporting issuer status Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.	Country Telephone number
f) Reporting issuer status Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.	e) Date of formation and financial year-end
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.	
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.	f) Reporting issuer status
	Is the issuer a reporting issuer in any jurisdication of Canada? No Yes
AII AB BC MB NB NL NT	If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.
	AII AB BC MB NB NL NT
NS NU ON PE QC SK YT	NS NU ON PE QC SK YT
g) Public listing status	g) Public listing status
If the issuer has a CUSIP number, provide below (first 6 digits only) CUSIP number	
If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.	
Exchange name	Exchange name
h) Size of issuer's assets	h) Size of issuer's assets

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

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

ITEM 6 - INVESTMENT	FUND ISSUER INFORMATION
If the issuer is an inves	tment fund, provide the following information.
a) Investment fund ma	anager information
Full legal name	
Firm NRD number	(if applicable)
If the investment fund mand	ager does not have a firm NRD number, provide the head office contact information of the investment fund manager.
Street address	
Municipality	Province/State
Country	Postal code/Zip code
Telephone number	Website (if applicable)
b) Type of investment	fund
Type of investment fund tha	it most accurately identifies the issuer (select only one) .
Money market	☐ Equity ☐ Fixed income ☐ Balanced
Alternative strate	gies Cryptoasset Other (describe)
Indicate whether one or bot	h of the following apply to the investment fund .
Invests primarily in	n other investment fund issuers
☐ Is a UCITs Fund¹	
	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union of ollective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.
c) Date of formation a	nd financial year-end of the investment fund
Date of forma	tion Financial year-end MM DD
d) Reporting issuer st	atus of the investment fund
Is the investment fund a rep	orting issuer in any jurisdication of Canada? No Yes
If yes, select the jurisdictions	s of Canada in which the investment fund is a reporting issuer.
AII	AB BC MB NB NL NT
☐ NS ☐	NU ON PE QC SK T
e) Public listing status	s of the investment fund
If the investment fund has a	CUSIP number, provide below (first 6 digits only)
	CUSIP number
	blicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the oot a trading facility such as, for example, an automated trading system.
Exchange on	
-	AV) of the investment fund
	investment fund as of the date of the most recent NAV calculation (Canadian \$).
\$0 to under \$5M	\$5M to under \$25M \$25M to under \$100M
\$100M to under \$500	DM S500M to under \$1B S1B or over Date of NAV calculation:
	YYYY MM DD

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

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

a) Currency

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

✓ Canadian dollar US dollar Euro Other (describe)

b) Distribution date(s)

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

Start date 2021 09 09

End date 2021 09 16

c) Detailed purchaser information

Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report.

d) Types of securities distributed

Provide the following information for all distributions reported on a per security basis. Refer to Part A(12) of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed.

							Canadian \$	
	ecuri code	,	CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
Р	R	S		Class A Preferred Non-Voting Shares	1,677,000.00	1.0000		1,677,000.00
Р	R	S		Class B Series 'B' Preferred Non- Voting Shares	3,170,690.00	1.0000		3,170,690.00
Р	R	S		Class B Series 'C' Preferred Non- Voting Shares	3,193,218.00	1.0000		3,193,218.00

e) Details of rights and convertible/exchangeable securities

If any rights (e.g. warrants, options) were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.

Convertible / exchangeable security code		Underlying security code		•	Exercise price (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 ²⁸ purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	9	788,238.00
British Columbia	NI 45-106 2.9(1) [Offering memorandum] (BC, NL)	46	6,344,250.00
Ontario	NI 45-106 2.3 [Accredited investor]	4	323,970.00
Ontario	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	3	37,000.00

Manitoba	NI 45-106 2.3 [Accredited investor]	1	423,950.00
Québec	NI 45-106 2.3 [Accredited investor]	1	23,500.00
Québec	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	1	100,000.00
	Total dollar amount of se	curities distributed	8,040,908.00
	Total number of unique purchasers ^{2b}	65	

^{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	2020-10-19	Υ	2020-10-23

^{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.

ITEM 8 - COMPENSATION INFORMATION
Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional copies of this page if more than one person was, or will be, compensated.
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.
No ✓ Yes If yes, indicate number of persons compensated. 6

a) Name of person comp	pensated and regi	stration status							
Indicate whether the person co.	mpensated is a regis	trant.	☐ No	5	✓ Yes				
If the person compensated is a	n individual, provide	the name of the indiv	idual.						
Full legal name of indiv	/idual								
		Family name		First give	n name	I	Secondary (jiven names	
If the person compensated is no	ot an individual, pro	vide the following info	rmation.						
Full legal name	of non-individual	PI Financial Corp							
F	irm NRD number	5 2 9	0			(if app	licable)		
Indicate whether the person co.	mpensated facilitate	d the distribution thro	ugh a fund	ing portal or	an internet	t-based p	portal.	No 🔽 `	Yes
b) Business contact info	rmation								
If a firm NRD number is not pro	ovided in Item 8 (a),	provide the business c	ontact info	rmation of th	ne person b	eing con	npensated.		
Street address									
Municipality					Province	/State			
Country			Ī	Posta	ıl code/Zip	code			
Email address	ress 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)									
<u> </u>	Director or officer of the investment fund 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, surallocation arrangements with the Cash commissions page 1.	commissions, securit ich as clerical, printin ne directors, officers	ies-based compensations, legal or accounting or employees of a non	on, gifts, dis services. A	counts or ot n issuer is no	her comper ot required	nsation. L to ask fo	Do not report payı	ments for servi	ices
·		3.45			Security	code 1	Security code 2	Security code	3
Value of all securition distributed as compensation			Security co	odes					
Describe to	terms of warrants, o	ptions or other rights							
Other compensation	n ⁵	Describe							
Total compensation pa	aid	3.45							
✓ Check box if the pe	✓ Check box if the person will or may receive any deferred compensation (describe the terms below)								
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.									
⁴ Provide the aggregate value additional securities of the issinghts exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec additional securities	curity codes for all sec	ion, <u>excludi</u> curities disti	ing options, i ibuted as co	warrants or ompensatio	other rig n, <u>includ</u>	ghts exercisable t ling options, warr	o acquire ants or other	

a) Name of person compe	nsated and regis	tration	status										
Indicate whether the person comp	pensated is a regist	rant.			☐ No		√	Yes					
If the person compensated is an i	ndividual, provide t	he name	of the i	ndivid	dual.								
Full legal name of individ	lual												
		Family na	me			First	given r	name		Secor	dary gi	ven names	
If the person compensated is not	an individual, prov	ide the fo	ollowing	infor	mation.								
Full legal name o	f non-individual	Raymo	ond Jan	nes L	_td.								
Firm	m NRD number	8	2	4	0				(if app	olicable)			
Indicate whether the person comp	pensated facilitated	the dist	ribution	throu	ıgh a fund	ing port	al or a	n interne	t-based	portal.		No 🗸	Yes
b) Business contact inform	nation												
If a firm NRD number is not prov	ided in Item 8 (a), բ	orovide ti	he busin	ess co	ontact info	rmation	of the	person l	peing cor	mpensated.			
Street address													
Municipality							F	Province	e/State				
Country						Р	ostal	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													
✓ None of the above													
d) Compensation details													
Provide details of all compensatio Canadian dollars. Include cash co- incidental to the distribution, such allocation arrangements with the	mmissions, securition as clerical, printing directors, officers o	es-based g, legal o r employ	comper or accour	nsatio nting	n, gifts, dis services. A	scounts (In issuer	or othe is not	r compe required	nsation. ' to ask fo	Do not repor	t paym	ents for s	ervices
Cash commissions paid	1	22.33						Security	code 1	Security cod	de 2	Security o	ode 3
Value of all securities distributed as compensation				5	Security co	odes							
Describe ter	rms of warrants, op	otions or	other riç	ghts									
Other compensation ⁵	i		Desc	ribe									
Total compensation paid	2	22.33											
✓ Check box if the pers	on will or may rece	eive any	deferred	d com	npensatior	ı (descri	ibe the	terms b	elow)				
Raymond James Lt Voting Shares, 1% Voting Shares.	d. will receive ar on Class B Serie	annua es 'B' Pi	l trailer eferred	fee	paid mor n-Voting	thly in Shares	the ar	nount c	of 1/2% Class B	on Class A Series 'C' I	Prefe Prefer	rred Nor red Non-)-
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred compet	r. Indicate the secu ditional securities o	ırity cod	es for all										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 ar	n individual, provide	the name of the indi	ividual.							
Full legal name of indiv	ridual									
		Family name	I	First g	jiven nar	me		Secondary (jiven name	es
If the person compensated is no	ot an individual, pro	vide the following inf	formation.							
Full legal name	of non-individual	Fidelity Clearing	Canda UL	C						
F	irm NRD number	2 8 8	8 8	0		(i	if appli	cable)		
Indicate whether the person co	mpensated facilitate	d the distribution thr	ough a fund	ing portal	or an i	internet-b	ased p	ortal.	No [✓ Yes
b) Business contact infor	mation									
If a firm NRD number is not pro	ovided in Item 8 (a),	provide the business	contact info	rmation o	of the pe	erson bein	ng com	pensated.		
Street address										
Municipality					Pro	ovince/S	tate			
Country				Pos	stal co	ode/Zip c	ode		<u>- </u>	
Email address	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 nersen ide	ntified in Ite	n 0(a) in a	connect	tion with t	ho dist	ribution Provido	all amoun	ate in
Cash commissions particular and compensate incidental to the distribution, su	commissions, securit ch as clerical, printi ne directors, officers	ties-based compensating, legal or accountir	tion, gifts, dis ng services. A	scounts or In 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	compensa equired to	ition. D ask for	o not report payı	nents for :	services
·		510.95			S	Security cod	de 1	Security code 2	Security	code 3
Value of all securitie distributed as compensation			Security co	odes						
Describe t	erms of warrants, o	options or other rights	S							
Other compensatio	n ⁵	Describe	е							
Total compensation pa	nid 5	510.95								
✓ Check box if the person will or may receive any deferred compensation (describe the terms below)										
Fidelity Clearing (Non-Voting Share Non-Voting Share	s, 1% on Class E									
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 se	ntion, <u>exclud</u> ecurities dist	<u>ing</u> option ributed as	is, warr compe	rants or ot ensation,	ther rig <u>includi</u>	nhts exercisable t i <u>ng</u> options, warr	o acquire ants or oti	her

a) Name of person comp	ensated and regis	tration s	tatus								
Indicate whether the person cor	npensated is a regist	rant.		□ N	0	\checkmark	Yes				
If the person compensated is an	individual, provide t	he name	of the indivi	dual.							
Full legal name of indiv	idual										
		Family nam	ne		Firs	t given n	ame		Secondary (jiven name	s
If the person compensated is no	t an individual, provi	ide the fol	lowing info	rmation.							
Full legal name	of non-individual	IA Priva	te Wealth	Inc.							
Fi	rm NRD number	1	5 4	0	0			(if app	licable)		
Indicate whether the person cor	npensated facilitatea	the distri	bution thro	ugh a fur	nding port	tal or an	internet	t-based p	portal.] No [✓ Yes
b) Business contact infor	mation										
If a firm NRD number is not pro	ovided in Item 8 (a), p	rovide the	e business c	ontact in	formation	of the p	person b	eing con	npensated.		
Street address											
Municipality		Province/State									
Country		Postal code/Zip code									
Email address						Telep	hone n	umber			
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 issu	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 of incidental to the distribution, suc allocation arrangements with the	ommissions, securition ch as clerical, printing e directors, officers o	es-based o g, legal or r employe	compensation accounting	on, gifts, o services.	discounts An issuei	or other r is not r	r compen required	nsation. I to ask fo	Do not report payı	ments for s	services
Cash commissions pa	liu (67.27					Security of	code 1	Security code 2	Security of	code 3
Value of all securitie distributed as compensatio	-		;	Security	codes						
Describe to	erms of warrants, op	otions or o	ther rights								
Other compensation	1 ⁵		Describe								
Total compensation pa	id (67.27									
☐ Check box if the person will or may receive any deferred compensation (describe the terms below)											
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 issu- rights exercisable to acquire ac ⁵ Do not include deferred comp	ver. Indicate the secu additional securities o	ırity codes	s for all sec								her

a) Name of person compe	ensated and regis	stration statu	ıs							
Indicate whether the person com	pensated is a regist	rant.		☐ No		✓ Yes	;			
If the person compensated is an	individual, provide	the name of th	he indivi	dual.						
Full legal name of indivi	dual									
		Family name			First give	en name		Secondary	given names	
If the person compensated is not	an individual, prov	ide the follow	ing infor	mation.						
Full legal name of	of non-individual	Canaccord	Genuit	ty Corp.						
Fir	m NRD number	9 0	0				(if app	olicable)		
Indicate whether the person com	pensated facilitated	the distributi	ion throu	ugh a fundi	ng portal o	r an inte	 rnet-based	portal.	No ✓	Yes
b) Business contact inform	nation									
If a firm NRD number is not prov	vided in Item 8 (a), _I	provide the bu	ısiness co	ontact info	mation of t	he perso	n being co	mpensated.		
Street address										
Municipality						Provir	nce/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 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 com g, legal or acc r employees c	pensatio counting	on, gifts, dis services. A	counts or o	ther com ot requin	pensation. ed to ask f	Do not report pay	ments for se	ervices
Cash commissions pai	a	1.23				Secu	rity code 1	Security code 2	Security co	ode 3
Value of all securities distributed as compensation	-		,	Security co	des					
Describe te	rms of warrants, or	otions or othe	r rights							
Other compensation	5	De	escribe							
Total compensation pai	d	1.23								
✓ Check box if the per	☐ Check box if the person will or may receive any deferred compensation (describe the terms below)									
Canaccord Genuity Non-Voting Shares Non-Voting Shares	s, 1% on Class B									
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire ad ⁵ Do not include deferred compe	er. Indicate the secu Iditional securities d	urity codes for								∍r

a) Name of person compe	ensated and regis	stration st	atus								
Indicate whether the person com	npensated is a regist	rant.		☐ No		√ Y	'es				
If the person compensated is an	individual, provide	the name o	of the indivi	idual.							
Full legal name of indivi	dual										
		Family name	e		First gi	ven nam	ne		Secondary (jiven names	
If the person compensated is not	t an individual, prov	ide the foll	owing info	rmation.							
Full legal name	of non-individual	National	Bank Fin	ancial Inc							
Fi	rm NRD number	1	9 6	0			(if a	applicable)			
Indicate whether the person com	npensated facilitated	the distrib	oution thro	ugh a fundi	ng portal	or an in	nternet-bas	ed portal.		No ✓	Yes
b) Business contact inforr	mation										
If a firm NRD number is not pro	vided in Item 8 (a), ¡	provide the	business c	ontact info	mation of	f the per	rson being	compensa	ted.		
Street address											
Municipality						Pro	vince/Sta	te			
Country					Pos	stal cod	de/Zip cod	de			
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 are considered as a compensation are compensations. The compensation are allocation are an accordance of the compensation are a compensation are compensations.	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 co not req	ompensatio uired to as	n. Do not	report payı	ments for se	ervices
Cash commissions pai	a	42.41				Se	curity code	1 Secur	ity code 2	Security co	ode 3
Value of all securities distributed as compensation	·			Security co	des						
Describe te	erms of warrants, or	otions or ot	her rights								
Other compensation	5		Describe								
Total compensation pai	d	42.41									
✓ Check box if the per	son will or may rec	eive any de	eferred cor	mpensation	(describe	e the ter	rms below)				
National Bank Fina Non-Voting Shares Non-Voting Shares	s, 1% on Class B										ed
⁴ Provide the aggregate value on additional securities of the issue rights exercisable to acquire an ⁵ Do not include deferred compe	er. Indicate the seco Iditional securities d	urity codes	for all sec								er

TEM 9 - DIRECTORS, EXECU	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	UER						
If the issuer is an investment fun	d, do not complete	Item 9. Procced to	Item 10.							
Indicate whether the issuer is any o	f the following (selec	t the one that applie	es - if more than one	applies, select only	one).					
Reporting issuer in any juris	sdiction of Canada									
Foreign public issuer										
Wholly owned subsidiary of	f a reporting issuer ir	n any jurisdiction of	Canada ⁶							
Provide nar	me of reporting issue	r								
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	rs and promoters of	of the issuer								
Provide the following information for territory; otherwise state the country						tate the p	orovince	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			nip to issuer I that 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	ntrim Balanced Mortgage Fund Ltd.									
Full legal name	Granleese	William	R.								
	Family name	First given name	Secondar	ry given names							
Title	Portfolio Manager										
Telephone number	6045302301	Email address	will@antriminvestn	nents.com							
Signature	"William Granleese"	Date	2021 09	17							
			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.