Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9712137

| ITEM 1 - REPORT TYPE | | | | | | | |
|---|--------------------------------------|---------------------------------|----------------------------------|----------------------|--|--|--|
| ☐ New report | | | | | | | |
| Amended report If amended, provide filing date of report that is being amended 2022 01 07 (YYYY-MM-DD) | | | | | | | |
| ITEM 2 - PARTY CERTIFYING TH | e Report | | | | | | |
| Indicate the party certifying the report (se | | | investment fund, refer to sect | tion 1.1 of National | | | |
| Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106. Investment fund issuer | | | | | | | |
| ✓ Issuer (other than an investment fund) | | | | | | | |
| Underwriter | stricit idila) | | | | | | |
| | | | | | | | |
| ITEM 3 - ISSUER NAME AND OT | THER IDENTIFIERS | | | | | | |
| Provide the following information about t | he issuer, or if the issuer is an in | vestment fund, about the fund | <i>i</i> . | | | | |
| Full legal name | Antrim Balanced Mortg | age Fund Ltd. | | | | | |
| Previous full legal name | | | | | | | |
| If the issuer's name changed in th | ne last 12 months, provide most | recent previous legal name. | | | | | |
| Website | www.antriminvestment | s.com (if applie | able) | | | | |
| If the issuer has a legal entity identifier. p | rovide below. Refer to Part B of t | he Instructions for the definit | on 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. | | | | | | | |
| Full legal name(s) of co-issuer(s) | | (if applic | able) | | | | |
| | | | | | | | |
| ITEM 4 - UNDERWRITER INFOR | MATION | | | | | | |
| If an underwriter is completing the report, | provide the underwriter's full le | gal name and firm NRD num | ber. | | | | |
| 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/Sta | e | | | | |
| Country | | Postal code/Zip cod | le | Ī | | | |
| Telephone number | | Websi | te | (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 manager information | | | | | | | | |
| Full legal name | | | | | | | | |
| Firm NRD number | (if applicable) | | | | | | | |
| If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. | | | | | | | | |
| Street address | Street address | | | | | | | |
| Municipality | icipality 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 other investment fund issuers | | | | | | | | |
| ☐ Is a UCITs Fund¹ | | | | | | | | |
| ¹ 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 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 name | | | | | | | | |
| f) Net asset value (NAV) 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 Dther (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 12 30

End date 2022 01 06

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 | 2,436,063.00 | 1.0000 | | 2,436,063.00 | | | |
| Р | R | S | | Class B Series 'B' Preferred Non- Voting Shares | 2,222,000.00 | 1.0000 | | 2,222,000.00 | | | |
| Р | R | S | | Class B Series 'C' Preferred Non- Voting Shares | 1,261,289.00 | 1.0000 | | 1,261,289.00 | | | |

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.

| e | Convertible / exchangeable security code | | ble l | | 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 ²⁸ purchasers | Total amount (Canadian \$) |
|---------------------|--|---|----------------------------|
| British Columbia | NI 45-106 2.3 [Accredited investor] | 5 | 313,159.00 |
| British Columbia | NI 45-106 2.9(1) [Offering memorandum] (BC, NL) | 11 | 4,600,063.00 |
| Ontario | NI 45-106 2.3 [Accredited investor] | 3 | 182,380.00 |
| Ontario | NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS) | 5 | 145,000.00 |

| Manitoba | Manitoba NI 45-106 2.3 [Accredited investor] 1 | | | | | | |
|----------|---|----|--|--|--|--|--|
| Québec | Québec NI 45-106 2.3 [Accredited investor] 1 | | | | | | |
| | 5,919,352.00 | | | | | | |
| | Total number of unique purchasers ^{2b} | 26 | | | | | |

^{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) |
|-------------|---|--|---|
| | | | |

^{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 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. 5 | | | | | | | |

| a) Name of person comp | ensated and regi | stration status | | | | | | | |
|--|--|--|--|--------------------------------------|-----------------------------|-----------------------------------|---|----------------------------|---|
| Indicate whether the person cor | npensated is a regis | trant. | ☐ No | | ✓ Yes | | | | |
| If the person compensated is an | individual, provide | the name of the inc | dividual. | | | | | | |
| Full legal name of indiv | idual | | | | | | | | |
| | | Family name | | First giv | ven name | | Secondary (| given names | J |
| If the person compensated is no | If the person compensated is not an individual, provide the following information. | | | | | | | | |
| Full legal name | of non-individual | RAYMOND JA | MES LTD. | | | | | | |
| F | irm NRD number | 8 2 | 4 0 | | | (if app | licable) | | |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. No Yes | | | | | | | | | |
| b) Business contact information | | | | | | | | | |
| If a firm NRD number is not pro | ovided in Item 8 (a), | provide the busines | s contact info | ormation of | the person | being con | npensated. | | |
| Street address | | | | | | | | | |
| Municipality | | | | | Provinc | e/State | | | |
| Country | | | | Pos | tal code/Z | ip code | | | |
| Email address | | | | Te | elephone i | number | | | |
| c) Relationship to issuer | 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) | | | | | | | | | |
| _ | | - | | _ | | • | | ŕ | |
| ☐ Director or officer of the Above | ne investment tuna | or investment fund | managei | L -''' | ipioyee or t | ne issuei | or investment fun | u managei | |
| | | | | | | | | | |
| d) Compensation details Provide details of all compensat | ion naid or to be no | aid to the norsen id | antified in Ita | m 9(a) in co | annaction w | ith the di | stribution Provide | all amounts in | |
| Canadian dollars. Include cash of incidental to the distribution, sur allocation arrangements with the | commissions, securit ch as clerical, printi e directors, officers | ies-based compensing, legal or account or employees of a n | ation, gifts, d ing services | iscounts or o An issuer is | other compo not required | ensation. d to ask fo | Do not report payı | ments for services | l |
| Cash commissions pa | | 3.34 | | | Security | y code 1 | Security code 2 | Security code 3 | |
| Value of all securitie distributed as compensatio | ~ | | Security of | odes | | | | | |
| Describe t | erms of warrants, o | ptions or other righ | ts | | | | | | |
| Other compensation | n ⁵ | Describ | ре | | | | | | |
| Total compensation pa | id | 3.34 | | | | | | | |
| Check box if the person will or may receive any deferred compensation (describe the terms below) | | | | | | | | | |
| Raymond James Ltd. will receive an annual trailer fee paid monthly in the amount of 1/2% on Class A Preferred Non-Voting Shares, 1% on Class B Series 'B' Preferred Non-Voting Shares and 0% on Class B Series 'C' Preferred Non-Voting Shares. | | | | | | | | | |
| ⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire act ⁵ Do not include deferred comp | ier. Indicate the sec dditional securities | curity codes for all s | ation, <u>excluc</u> securities dis | <u>ling</u> options tributed as d | s, warrants (compensat | or other ri ion, <u>includ</u> | ights exercisable t ding options, warr | o acquire ants or other | |

| a) Name of person compe | ensated and regis | tration st | tatus | | | | | | | | |
|--|--|--|------------------------|----------------------------------|------------------------|-------------------------|-----------------------|--------------------|------------------|-------------|---------|
| Indicate whether the person com | Indicate whether the person compensated is a registrant. No Ves | | | | | | | | | | |
| If the person compensated is an individual, provide the name of the individual. | | | | | | | | | | | |
| Full legal name of individual | dual | | | | | | | | | | |
| | | Family nam | ie | | First | given nar | ne | | Secondary | given names | 3 |
| If the person compensated is not an individual, provide the following information. | | | | | | | | | | | |
| Full legal name of | of non-individual | iA Priva | te Wealth | n Inc./iA G | estion p | rivée d | e patrim | noine | | | |
| Fir | Firm NRD number 1 5 4 0 0 (if applicable) | | | | | | | | | | |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. ☐ No ✓ Yes | | | | | | | | | | | |
| b) Business contact information | | | | | | | | | | | |
| If a firm NRD number is not prov | vided in Item 8 (a), p | provide the | business : | contact info | rmation (| of the pe | erson bei | ng com | pensated. | | |
| Street address | | | | | | | | | | | |
| Municipality | | | | | | Pro | ovince/S | State | | | |
| Country | | | | | Po | stal co | de/Zip d | code | | | |
| Email address | | | | | | Telepho | one nun | nber | | | |
| c) Relationship to issuer c | 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 th | e investment fund o | or investm | ent fund n | nanager | | mplove | e of the i | ssuer (| or investment fu | nd manage | r |
| ✓ None of the above | | | | nanago. | | | | | | a | • |
| | | | | | | | | | | | |
| Provide details of all compensation Canadian dollars. Include cash continuities incidental to the distribution, such allocation arrangements with the | ommissions, securition of has clerical, printing of directors, officers of | es-based c g, legal or r employe | ompensati accountin | ion, gifts, dis g services. A | counts o n issuer i | r other c is not rec | compenso quired to | ation. E ask fo | o not report pay | ments for s | ervices |
| Cash commissions paid | d : | 29.84 | | | | S | ecurity co | de 1 | Security code 2 | Security c | ode 3 |
| Value of all securities distributed as compensation | 1 | | | Security co | odes | | | | | | |
| Describe te | rms of warrants, op | otions or o | ther rights | i | | | | | | | |
| Other compensation | 5 | | Describe | | | | | | | | |
| Total compensation paid | d 2 | 29.84 | | | | | | | | | |
| ✓ Check box if the pers | 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 issue rights exercisable to acquire add ⁵ Do not include deferred compe | er. Indicate the secu ditional securities o | ırity codes | s for all se | | | | | | | | 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 individual, provide the name of the individual. | | | | | | | | | |
| Full legal name of indiv | ridual | | | | | | | | 7 |
| | | Family name | | First give | en name | | Secondary (| jiven names | _ |
| If the person compensated is no | If the person compensated is not an individual, provide the following information. | | | | | | | | |
| Full legal name | of non-individual | PI Financial Corp | ./Corpora | tion Finan | cière PI | | | | |
| F | Firm NRD number 5 2 9 0 (if applicable) | | | | | | | | |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. No Ves | | | | | | | | | |
| b) Business contact information | | | | | | | | | |
| If a firm NRD number is not pro | ovided in Item 8 (a), | provide the business c | ontact info | rmation of t | the person b | eing con | npensated. | | |
| Street address | | | | | | | | | |
| Municipality | | | | | Province | e/State | | | |
| Country | | | ĺ | Post | al code/Zip | code | | | |
| Email address | | | 1 | Te | lephone n | umber | | | |
| c) Relationship to issuer | or investment fur | nd manager | | | | | | | |
| Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of | | | | | | | | | |
| the Instructions and the meani | 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 | er or investment fu | nd manager | | Insi | der of the is | suer (oth | ner than an invest | ment fund) | |
| Director or officer of t | he investment fund | or investment fund m | anager | Emp | ployee of the | e issuer | or investment fun | d manager | |
| ✓ None of the above | | | | | | | | | |
| d) Compensation details | | | | | | | | | |
| Provide details of all compensate Canadian dollars. Include cash of incidental to the distribution, sur allocation arrangements with the | commissions, securit ch as clerical, printing the directors, officers | ies-based compensations, legal or accounting or employees of a non | on, gifts, dis services. A | counts or o n issuer is r | ther comper not required | nsation. I to ask fo | Do not report payı | ments for services | |
| Cash commissions pa | ald | 5.48 | | | Security | code 1 | Security code 2 | Security code 3 | |
| Value of all securitie distributed as compensation | | | Security co | odes | | | | | |
| Describe t | erms of warrants, o | ptions or other rights | | | | | | | ı |
| Other compensatio | n ⁵ | Describe | | | | | | | |
| Total compensation pa | id | 5.48 | | | | | | | |
| ✓ 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 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>excludi</u> curities distr | ing options, ributed as c | warrants oi compensatio | r other rig on, <u>includ</u> | ghts exercisable t <u>ding</u> options, warr | o acquire ants or other | |

| a) Name of person compen | sated and regis | tration st | atus | | | | | | | | |
|--|---|-------------|-------------|-------------|---------|--------------|-----------|-----------|-------------------|-------------|-------|
| Indicate whether the person comp | ensated is a regist | rant. | | ☐ No | | \checkmark | Yes | | | | |
| If the person compensated is an individual, provide the name of the individual. | | | | | | | | | | | |
| Full legal name of individu | ıal | | | | | | | | | | |
| | | Family nam | е | | First | t given r | name | | Secondary (| given names | i |
| If the person compensated is not an individual, provide the following information. | | | | | | | | | | | |
| Full legal name of | non-individual | FIDELIT | Y CLEAF | RING CAN | NADA (| JLC / (| COMP | ENSATI | ON FIDELITY O | ANADA | |
| Firm | Firm NRD number 2 8 8 8 0 (if applicable) | | | | | | | | | | |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. No Ves | | | | | | | | | | | |
| b) Business contact information | | | | | | | | | | | |
| If a firm NRD number is not provid | led in Item 8 (a), p | provide the | business c | ontact info | rmation | of the | person l | peing cor | npensated. | | |
| Street address | | | | | | | | | | | |
| Municipality | | | | | | F | Province | e/State | | | |
| Country | | | | Ī | Р | ostal o | code/Zi | p code | | | |
| Email address | | | | 1 | | Telep | hone n | umber | | | |
| c) Relationship to issuer or | investment fund | d manage | er | | | | | | | | |
| 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 runa (| or investm | ent iuna m | anagei | Ш | Employ | yee or tr | ie issuei | or investment fun | u manager | |
| None of the above | | | | | | | | | | | |
| d) Compensation details | | | | | | | | | | | |
| Canadian dollars. Include cash comincidental to the distribution, such | Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer. | | | | | | | | | | |
| Cash commissions paid | 1 | 10.96 | | | | | Security | code 1 | Security code 2 | Security co | ode 3 |
| Value of all securities distributed as compensation ⁴ | | | | Security c | odes | | | | | | |
| · | ns of warrants, op | otions or o | ther rights | | | | | | | | |
| Other compensation ⁵ | | | Describe | | | | | | | | |
| Total compensation paid | 11 | 10.96 | | | | | | | | | |
| Check box if the person will or may receive any deferred compensation (describe the terms below) | | | | | | | | | | | |
| 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 a additional securities of the issuer. rights exercisable to acquire addi ⁵ Do not include deferred compens | Indicate the secutional securities o | irity codes | for all sec | | | | | | | | er |

| a) Name of person compe | ensated and regis | stration s | status | | | | | | | | |
|--|--|------------------------------------|------------------------|--------------------------|-------------------------|----------------------------|----------------------|---------------------------|-----------------|---------------|------------|
| Indicate whether the person com | dicate whether the person compensated is a registrant. No Yes | | | | | | | | | | |
| If the person compensated is an individual, provide the name of the individual. | | | | | | | | | | | |
| Full legal name of indivi | dual | | | | | | | | | | |
| | | Family nar | me | | | First give | n name | | Seconda | ıry given nam | nes |
| If the person compensated is not an individual, provide the following information. | | | | | | | | | | | |
| Full legal name of | of non-individual | Aligned | d Capital | Partne | rs Inc. | | | | | | |
| Fir | Firm NRD number 2 3 4 0 (if applicable) | | | | | | | | | | |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. ☐ No ✓ Yes | | | | | | | | | | | |
| b) Business contact information | | | | | | | | | | | |
| If a firm NRD number is not prov | vided in Item 8 (a), p | orovide th | ne busines | s contact | inform | ation of th | ne persoi | n being co | mpensated. | | |
| Street address | | | | | | | | | | | |
| Municipality | | | | | | | Provin | ce/State | | | |
| Country | | | | | | Posta | I code/ | Zip code | | | |
| Email address | | | | | | Tele | ephone | 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 th | e investment fund o | or investr | nent fund | manage | er L | Empi | oyee of | the issue | r or investment | rund manag | ger |
| ✓ None of the above | | | | | | | | | | | |
| d) Compensation details | | | | | | | | | | | |
| Provide details of all compensations 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 | ation, gif ing servic | ts, discou tes. An i | unts or oti ssuer is no | her com ot requir | pensation. ed to ask j | Do not report p | ayments fo | r services |
| Cash commissions pai | d | 0.82 | | | | | Secur | ity code 1 | Security code | 2 Security | y code 3 |
| Value of all securities distributed as compensation | | | | Secur | ity code | es | | | | | |
| • | erms of warrants, op | otions or | other righ | ts | | | | | | | |
| Other compensation | 5 | | Describ | oe 🗀 | | | | | | | |
| Total compensation paid | d | 0.82 | | | | | | | | | |
| ✓ Check box if the per | Check box if the person will or may receive any deferred compensation (describe the terms below) | | | | | | | | | | |
| Aligned Capital Partners Inc. will receive an annual trailer fee paid monthly in the amount of 1/2% on Class A Preferred Non-Voting Shares, 1% on Class B Series 'B' Preferred Non-Voting Shares and 0% on Class B Series 'C' Preferred Non-Voting Shares. | | | | | | | | | | | |
| 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 o | ırity code | es for all s | | | | | | | | |

| 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 o | f the following (selec | ct the one that appli | es - if more than one | applies, select onl | y one). | | | | | |
| Reporting issuer in any juris | sdiction 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 iss | uer ⁶ | | | | | | _ | | |
| Provide name of | f foreign public issue | er | | | | | | 7 | | |
| Issuer distributing only eligi | ble foreign securitie | s and the distribution | n is to permitted clie | ents only ⁷ | | | | _ | | |
| If the issuer is at least one of the | above, do not com | plete 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 | | | |
| | | | | 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 | Residential Relationship to promoter Secondary given jurisdiction of (select one or both if applicable) | | | | | | | | | |

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

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 | | | | | | | | | |
| | Family name | First given name | <u> </u> | Seconda | ary given na | ames | | | | |
| Title | Portfolio Manager | | | | | | | | | |
| Telephone number | 6045302301 | Email address | will@a | ntriminvest | ments.cc | om | | | | |
| Signature | "William Granleese" | Date | 2022 | 2 01 | 07 | | | | | |
| | | | 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 | al certifying the report | | | | | | |
| Full legal name | | | | Title | | | |
| | Family name | First given name | Secondary given names | | _ | | |
| Name of company | | | | | | | |
| Telephone number | | Er | nail address | | | | |

Notice - Collection and use of personal information

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

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

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

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

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