Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9276723

| ITEM 1 - REPORT TYPE | | | | | | | | | | | | | |
|--|---|-----------------|-----------|--------------|----------|------------|-----------|-----------------|----------------|------------------|---------------------|--|--|
| ✓ New report | | | | | | | | | | | | | |
| Amended report | lf amer | ided, pro | vide f | iling dat | e of | report | that is | being ame | ended | | (YYYY-MM-DD) | | |
| ITEM 2 - PARTY CERTIF | YING THE | REPOR | ſ | | | | | | | | | | |
| Indicate the party certifying th Instrument 81-106 Investment | | | | | | | | | restment fund | d, refer to sect | ion 1.1 of National | | |
| Investment fund i | | | | | | . , | | | | | | | |
| ✓ Issuer (other than an investment fund) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Item 3 - Issuer Name and Other Identifiers | | | | | | | | | | | | | |
| Provide the following informat | | | | | | | | ut the fund. | | | | | |
| Full le | egal name | | | | | | | | | | | | |
| Previous full le | egal name | | | | | | | | | | | | |
| If the issuer's name changed in the last 12 months, provide most recent previous legal name. | | | | | | | | | | | | | |
| | Website www.antriminvestments.com (if applicable) | | | | | | | | | | | | |
| If the issuer has a legal entity i | identifier <u>,</u> pro | vide below | . Refer t | to Part B c | of the l | Instructi | ons for t | the definition | of "legal enti | ty identifier". | | | |
| Legal entity | v identifier | | | | | | | | | | | | |
| If two or more issuers distribut | ed a single s | curity, pro | vide the | e full legal | name | e(s) of th | e co-issı | uer(s) other th | an the issuer | r named abov | е. | | |
| Full legal name(s) of co | o-issuer(s) | | | | | | | (if applicabl | e) | | | | |
| | | | | | | | | | | | | | |
| ITEM 4 - UNDERWRITE | r Inform | IATION | | | | | | | | | | | |
| If an underwriter is completing | η the report, μ | provide the | underw | riter's full | legal | name a | nd firm | NRD number. | | | | | |
| Full legal name | | | | | | | | | | | | | |
| Firm NRD number | | (if applicable) | | | | | | | | | | | |
| If the underwriter does not hav | ve a firm NRI | D number, p | orovide | the head | office | contact | informa | ition of the un | derwriter. | | | | |
| Street address | | | | | | | | | | |] | | |
| Municipality | | | | | | | Prov | /ince/State | | | | | |
| Country | | | | | | Pos | tal cod | e/Zip code | | | | | |
| Telephone number | | | | | | | | Website | | | (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 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 | | | | | | | | | | |
| 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 Ves 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 YYYY 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. All AB BC MB NL NT | | | | | | | | | | |
| | | | | | | | | | | |
| 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 | | | | | | | | | | |
| 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 |
|-----------------------|---------------------|-------------------------|
| S100M to under \$500M | S500M to under \$1B | S1B or over |

| ib close is an investment fund, provide the following information: iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii |
|---|
| Full legal name |
| Firm NRD number |
| 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 Municipality Country Postal code/Zjp code Telephone number Website (if applicable) D Type of investment fund Type of investment fund fund that most accurately identifies the issuer (select only one). Money market Country Postal code/Zjp code Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Country Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment fund Date of formation and financial year-end of the investment fund YYYY MM DD MM DD |
| Street address Municipality Province/State Country Postal code/Zip code Telephone number Website (if applicable) b Type of investment fund b Type of investment fund b Type of investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Is a UCITs Fund b Type of formation and financial year-end of the investment funds is on authorization from one member state. c Date of formation and financial year-end of the investment fund is a reporting issuer. c All All All All All All All All All Al |
| Municipality Province/State Country Postal code/Zip code Telephone number Website (if applicable) b) Type of investment fund Website (if applicable) The of investment fund that most accurately identifies the issuer (select only one). Municipality Fixed income Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Is a UCITs Fund Undicate whether one collective investment fund issuers Is a UCITs Fund Undersking for the Collective investment of Transforable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state. O bate of formation and financial year-end of the investment fund is a reporting issuer status of the investment fund a reporting issuer status of the investment fund is a reporting issuer. MM DD |
| Country |
| Telephone number Website (if applicable) b) Type of investment fund Type of investment fund that most accurately identifies the issuer (select only one). Money market Equity Alternative strategies Cryptoasset Indicate whether one or both of the following apply to the investment fund. Invests primarily in other investment fund issuers Is a UCITs Fund 'Undertaking for the Collective investment fund issuers to pate of formation and financial year-end of the investment fund YYYY MM DD Tele of formation and financial year-end of the investment fund Select the jurisdictions of Canada in which the investment fund is a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer. All |
| b) Type of investment fund Type of investment fund that most accurately identifies the issuer (select only one). Money market Equity Alternative strategies Cryptoasset Invests primarily in other investment fund. Invests primarily in other investment fund issuers Is a UCITs Fund 'Undertaking for the Collective Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state. c) Date of formation and financial year-end of the investment fund Date of formation and financial year-end of the investment fund Is the investment fund a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer. All AB BC MB NL NT NS NU ON PE QC SK YT e) Public listing status of the investment fund CUSIP number, provide below (first 6 digits only) CUSIP number, provide below (first 6 digits only) |
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| Invests primarily in other investment fund issuers Is a UCITs Fund* 'Undertaking for the Collective Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state. c) Date of formation and financial year-end of the investment fund Date of formation |
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| Date of formation YYYY MM DD Financial year-end MM MM DD d) Reporting issuer status of the investment fund Is the investment fund a reporting issuer in any jurisdication of Canada? If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer. If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer. All AB BC MB NB NL NT OC SK YT If the investment fund has a CUSIP number, provide below (first 6 digits only) CUSIP number CUSIP number |
| YYYY MM DD < |
| d) Reporting issuer status of the investment fund Is the investment fund a reporting issuer in any jurisdication of Canada? No If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer. All 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 USIP number |
| Is the investment fund a reporting issuer in any jurisdication of Canada? No Yes If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer. All AB BC MB NB NB NL NT NS ON PE QC SK TY Public listing status of the investment fund If the investment fund has a CUSIP number, provide below (first 6 digits only) CUSIP number |
| If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer. All All NS NU ON PE QC SK YT |
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| If the investment fund has a CUSIP number, provide below (first 6 digits only) CUSIP number |
| 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 |
| Select the NAV range of the 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 \$500M \$500M to under \$1B \$1B or over Date of NAV calculation: |

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

| purchasers r connection v | 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) Curre | ency | | | | | | | | | | | |
| Select the cu | irrency or currei | ncies in which th | e distributior | n was made. A | ll dollar amounts provid | ded in the | report n | nust be | e in Canad | ian dollars. | | |
| 🖌 Canadi | an dollar | US dollar | | Euro | Other (describ | e) | | | | | | |
| b) Distril | bution date(s) | 1 | | | | | | | | | | |
| as both the s | start and end do period covered | ates. If the report by the report. art date 202 | is being file D 10 | d for securities | r securities distributed o s distributed on a contin End da | ate 20 | s, include 20 | e the si | tart and er 29 | | | |
| | | YYY | / MM | DD | | YY | YY | 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 | | | | | | | | | | | |
| | | | | | er security basis. Refer to CUSIP number assianed | | | | | now to indicate the | | |
| security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed. | | | | | | | | | | | | |
| | Canadian \$ | | | | | | | | | | | |
| Security code | CUSIP number (if applicable) | | ription of secu | - | Number of securities | lov | lowest Highest price | | nest price | Total amount | | |
| P R S | | Class A Prei Shares | erred Nor | n-Voting | 220,363.0 | 0 | 1.0000 | | | 220,363.00 | | |
| P R S | | Class B Seri | | ferred Non | - 3,366,269.0 | 0 | 1.0000 | | | 3,366,269.00 | | |
| P R S | | Class B Seri | | ferred Non | - 2,014,895.0 | 0 | 1.0000 | | | 2,014,895.00 | | |
| e) Detai | ls of rights an | d convertible/e | xchangeal | ole securitie | S | | | | | | | |
| | | | | | ise price and expiry dat terms for each convertil | | | | | exchangeable securities | | |
| Convertible exchangeab security cod | le Underlyin | 9 | Exercise price (Canadian \$) | • | Expiry date (YYYY- MM-DD) | Conversi ratio | Conversion ratio Describe other items (if applicable) | | | | | |
| | | Lowest | ŀ | lighest | | | | | | | | |
| | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | |
| F | Province or country | | E | kemption relied | on | | of unique hasers | 22 | Total a | amount (Canadian \$) | | |
| Britis | h Columbia | NI 45-1 | 06 2.3 [Ac | credited in | vestor] | | | 16 | | 1,587,197.00 | | |
| Britis | h Columbia | NI 45-1 NL) | 06 2.9(1) | Offering m | nemorandum] (BC, | | | 19 | | 1,795,932.00 | | |
| Britis | h Columbia | , , | | mily, friend | ds and business | | | 1 | | 15,000.00 | | |
| (| Ontario | NI 45-1 | 06 2.3 [Ac | credited in | vestor] | | | 8 | | 1,002,298.00 | | |

| Ontario | NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS) | 7 | 92,100.00 |
|----------|--|----------------------|--------------|
| Manitoba | NI 45-106 2.3 [Accredited investor] | 1 | 1,092,000.00 |
| Québec | NI 45-106 2.3 [Accredited investor] | 1 | 17,000.00 |
| | Total dollar amount of se | curities distributed | 5,601,527.00 |
| | Total number of unique purchasers ^{2b} | 53 | |

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

^{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.

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.³ 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 | Y | 2020-10-23 |

| Ітем 8 - Со | MPENSATIO | N INFORMATION | |
|---------------|-----------------|--|--|
| | | rson (as defined in NI 45-106) to whom the issuer directly provides, or will pro litional copies of this page if more than one person was, or will be, com | |
| Indicate whet | her any compens | ation was paid, or will be paid, in connection with the distribution. | |
| 🗌 No | ✓ Yes | If yes, indicate number of persons compensated. | |

| a) Name of person compensated and registration status | | | | | | | | | | | | | |
|---|---|------------------------|------------------------|--------------------|--------------------------|--------------------|------------------------|---------------------|----------------------------|-------------|--------------|-------------|---------|
| Indicate whether the person comp | pensated is a registi | rant. | | [| No | | \checkmark | Yes | | | | | |
| If the person compensated is an i | ndividual, provide t | he name | e of the in | dividı | ıal. | | | | | | | | |
| Full legal name of individ | lual | | | | | | | | | | | | |
| | ſ | amily na | ame | | 1 | Firs | t given n | ame | | Seco | ondary give | n names | |
| If the person compensated is not | an individual, provi | de the fo | ollowing i | nform | ation. | | | | | | | | |
| Full legal name o | f non-individual | Markh | am Cen | tre Fi | nancial | Securi | ities Ind | c. | | | | | |
| Firr | m NRD number | 6 | 1 | 0 | 3 | 0 | | | (if appl | icable) | | | |
| Indicate whether the person comp | pensated facilitated | the dist | ribution t | hroug | h a fundi | ng port | tal or an | interne | et-based p | ortal. | \checkmark | No 🗌 | Yes |
| b) Business contact inform | nation | | | | | | | | | | | | |
| If a firm NRD number is not prov | ided in Item 8 (a), p | rovide ti | he busine | ss con | tact info | mation | n of the p | person b | peing com | pensated. | | | |
| Street address | | | | | | | | | | | | | |
| Municipality | | | | | | | Р | rovince | e/State | | | | |
| Country | | | | | | P | ostal c | ode/Zi | p code | | | | |
| Email address | | | | | | | Telep | hone r | number | | | | |
| c) Relationship to issuer or investment fund manager | | | | | | | | | | | | | |
| Indicate the person's relationship | with the issuer or i | nvestme | ent fund m | nanag | er (select | all that | t apply). | Refer to | o the mea | ning of "co | onnected" | in Part | B(2) of |
| the Instructions and the meaning | | | | | | | | | | U . | | | |
| Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund) | | | | | | | | | | | | | |
| Director or officer of the | Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager | | | | | | | | | | | | |
| ✓ 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, securitie as clerical, printing | es-based g, legal c | l compens or accoun | sation, ting se | gifts, dis ervices. A | counts n issuer | or other r is not r | r compe required | nsation. E ' to ask foi | Do not repo | ort payme | nts for se | ervices |
| Cash commissions paid | 1 | 97.45 | | | | | | Security | code 1 | Security co | nde 2 S | Security co | nde 3 |
| Value of all securities | | | | 6 | | doo | | | | | | | |
| distributed as compensation | 4 | | | 36 | ecurity co | des | | | | | | | |
| Describe ter | ms of warrants, op | tions or | other rig | hts | | | | | | | | | |
| Other compensation ⁵ | | | Descri | be | | | | | | | | | |
| Total compensation paid | 19 | 97.45 | | | | | | | | | | | |
| ✓ Check box if the pers | on will or may rece | eive any | deferred | comp | ensation | (descr | ibe the | terms b | elow) | | | | |
| Markham Centre Fi A Preferred Non-Vo Preferred Non-Votin | oting Shares, 1% | | | | | | | | | | | | |
| ⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred compen- ⁵ Do not include deferred compen- ⁵ Do not include deferred compen- ⁵ Do not include deferred compen- additional sectors and the sectors and the sectors and the sectors ⁵ Do not include deferred compen- additional sectors and the sectors and the sectors and the sectors and the sectors ⁵ Do not include deferred sectors and the sect | r. Indicate the secu ditional securities of | irity cod | les for all | | | | | | | | | | er |

| a) Name of person comp | ensated and regis | stration | status | | | | | | | | | | | |
|--|---|------------------------|----------------------|--------------------|---------------------------|----------------------|----------------------|------------------|--------------------------|-------------|--------------|-----------|------------|---|
| Indicate whether the person con | npensated is a regist | rant. | | Ľ | No | | \checkmark | Yes | | | | | | |
| If the person compensated is an | individual, provide i | the name | e of the in | dividu | ıal. | | | | | | | | | |
| Full legal name of indivi | dual | | | | | | | | | | | | |] |
| | | Family na | ame | | 1 | First | given na | ame | | Seco | ondary giv | ven nam | es | 1 |
| If the person compensated is no | t an individual, prov | ide the fo | ollowing i | nform | ation. | | | | | | | | | |
| Full legal name | of non-individual | Rethin | k and D | iversi | fy Secu | rities Ir | nc. | | | | | | | |
| Fi | rm NRD number | 4 | 7 | 2 | 5 | 0 | | | (if appli | icable) | | | | |
| Indicate whether the person con | npensated facilitated | l the dist | ribution t | hroug | h a fundi. | ng porte | al or an | interne | t-based p | ortal. | \checkmark | No | Yes | |
| b) Business contact inform | mation | | | | | | | | | | | | | |
| If a firm NRD number is not pro | vided in Item 8 (a), _I | orovide ti | he busine | ss con | tact infor | mation | of the p | person b | eing com | pensated. | | | | |
| Street address | | | | | | | | | | | | | | |
| Municipality | | | | | | | P | rovince | e/State | | | | | |
| Country | | | | | | P | ostal c | ode/Zi | o code | | | | | |
| Email address | | | | | | | Telep | hone n | umber | | | | | |
| c) Relationship to issuer of | or investment fun | d mana | ger |] | | | | | | | | | | |
| Indicate the person's relationshi | | | | | | | | | | ning of "co | onnected | l" in Pai | rt B(2) of | |
| the Instructions and the meanin | g of "control" in sect | tion 1.4 c | of NI 45-1 | 06 for | the purp | oses of | comple | ting thi | s section. | | | | | |
| Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund) | | | | | | | | | | | | | | |
| Director or officer of th | 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 compensati Canadian dollars. Include cash c incidental to the distribution, suc allocation arrangements with the | ommissions, securiti h as clerical, printin | es-based g, legal c | compens or accoun | sation, ting se | gifts, dis ervices. Al | counts o n issuer | or other is not r | compe equired | nsation. D to ask for | Do not repo | ort paym | ents for | · services | l |
| Cash commissions pa | id 1 | 11.52 | | | | | | Security | code 1 | Security co | ode 2 | Security | code 3 | |
| Value of all securitie | s | | | 0. | | | | Security | | | | Security | | |
| distributed as compensation | - | | | 56 | ecurity co | aes | | | | | | | | |
| Describe te | erms of warrants, op | otions or | other rig | hts | | | | | | | | | | |
| Other compensatior | 1 ⁵ | | Descr | ibe [| | | | | | | | | | |
| Total compensation pa | id 1 | 11.52 | | | | | | | | | | | | |
| Check box if the per | son will or may rec | eive any | deferred | comp | ensation | (descri | ibe the t | terms b | elow) | | | | | |
| Rethink and Diverse Preferred Non-Vot Preferred Non-Vot | ing Shares, 1% o | | | | | | | | | | | | | |
| ⁴ Provide the aggregate value o additional securities of the issu rights exercisable to acquire ac ⁵ Do not include deferred compo- ⁵ Do not include deferred compo- security of the security of the sec | er. Indicate the secu Iditional securities o | urity cod | es for all | | | | | | | | | | | |

| a) Name of person compensated and registration status | | | | | | | | | | | | | | | |
|---|--|-----------|------------|----------|-------------|----------|--------------|----------|----------|---------|----------|----------|----------|---------|------|
| Indicate whether the person co | mpensated is a regist | trant. | | [| No | | \checkmark | Yes | | | | | | | |
| If the person compensated is ar | n individual, provide | the nam | e of the | individı | ual. | | | | | | | | | | |
| Full legal name of indiv | vidual | | | | | | | | | | | | | | |
| | | Family na | ame | | | Firs | t given r | name | | | Seco | ondary g | jiven na | mes | |
| If the person compensated is no | ot an individual, prov | ide the f | following | inform | nation. | | | | | | | | | | |
| Full legal name | of non-individual | Genes | sis Wea | alth Ma | anageme | ent Co | rporati | ion | | | | | | | |
| F | irm NRD number | 6 | 4 | 5 | 7 | 0 | | | (if a | oplicab | ole) | | | | |
| Indicate whether the person co | Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves | | | | | | | | | | | | | | |
| b) Business contact information | | | | | | | | | | | | | | | |
| If a firm NRD number is not pro | ovided in Item 8 (a), | provide t | he busin | ness cor | ntact infor | matior | n of the | person | being c | ompen | sated. | | | | |
| Street address | | | | | | | | | | | | | | | |
| Municipality | | | | | | | F | Provinc | e/State | e | | | | | |
| Country | | | | | | F | Postal | code/Z | ip cod | e [| | | | | |
| Email address | | | | | | | Telep | ohone | numbe | er 🗌 | | | | | |
| 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 o | | | | | | | | | | | | | | | |
| incidental to the distribution, su | ch as clerical, printin | g, legal | or accou | nting s | ervices. A | n issuel | r is not | require | d to ask | | | | | | |
| allocation arrangements with th | | | yees of a | i non-ir | ndividual | compei | nsated l | by the i | ssuer. | | | | | | |
| Cash commissions pa | | 08.50 | | | | | - | Securit | y code 1 | Se | curity c | ode 2 | Secur | ity coo | de 3 |
| Value of all securitie distributed as compensatio | | | | Se | ecurity co | des | | | | | | | | | |
| Describe t | erms of warrants, op | otions or | other ri | ghts | | | | | | | | | | | |
| Other compensatio | n ⁵ | | Desc | ribe | | | | | | | | | | | |
| Total compensation pa | nid 1 | 08.50 | | L | | | | | | | | | | | |
| ✓ Check box if the period | erson will or may rec | eive any | deferre | d comp | ensation | (desci | ribe the | terms | below) | | | | | | |
| Genesis Wealth M Class A Preferred 'C' Preferred Non- | Non-Voting Shar | | | | | | | | | | | | | | ries |
| 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 o | urity cod | les for al | | | | | | | | | | | | r |

| a) Name of person comp | ensated and regis | stration | status | | | | | | | | | | | |
|---|---|------------------------|-----------------------|-------------------|----------------------------|--------------------|------------------------|---------------------|-------------------------|-------------|----------|----------|----------|------|
| Indicate whether the person co | mpensated is a regist | rant. | | [| No | | \checkmark | Yes | | | | | | |
| If the person compensated is ar | n individual, provide i | the name | e of the ii | ndividı | ual. | | | | | | | | | |
| Full legal name of indiv | ridual | | | | | | | | | | | | | |
| Family name First given name Secondary given names | | | | | | | | | | | | | | |
| If the person compensated is not an individual, provide the following information. | | | | | | | | | | | | | | |
| Full legal name | of non-individual | Fidelity | y Cleari | ng Ca | anada U | LC | | | | | | | | |
| F | irm NRD number | 2 | 8 | 8 | 8 | 0 | | | (if appl | licable) | | | | |
| Indicate whether the person co | Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. No 🗸 Yes | | | | | | | | | | | | | |
| b) Business contact infor | b) Business contact information | | | | | | | | | | | | | |
| If a firm NRD number is not pro | ovided in Item 8 (a), p | orovide t | he busine | ess cor | ntact info | mation | of the | person l | being con | npensated. | | | | |
| Street address | | | | | | | | | | | | | | |
| Municipality | | | | | | | Р | rovince | e/State | | | | | |
| Country | | | | | | Р | ostal c | code/Zi | p code | | | | | |
| Email address | Email address Telephone 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) | | | | | | | | | | | | | | |
| Director or officer of t | he investment fund o | or invest | ment fun | nd mar | nager | | Employ | vee of th | ne issuer | or investm | ent fun | d mana | ger | |
| None of the above | | | | | | | | | | | | | | |
| d) Compensation details | | | | | | | | | | | | | | |
| Provide details of all compensat Canadian dollars. Include cash o incidental to the distribution, su allocation arrangements with th | commissions, securiti ch as clerical, printin | es-basea g, legal o | l compen or accour | sation nting s | , gifts, dis ervices. A | counts n issuer | or othei r is not i | r compe required | nsation. L to ask fo | Do not repo | ort payn | nents fo | or servi | ices |
| Cash commissions pa | aid | 19.17 | | | | | | Security | code 1 | Security c | ode 2 | Securit | v code | 3 |
| Value of all securitie | es | | | ¢, | ecurity co | doc | | | | | | | , | |
| distributed as compensatio | n ⁴ | | | 0 | | ues | | | | | | | | |
| Describe t | erms of warrants, or | otions or | other rig | hts | | | | | | | | | | |
| Other compensatio | n ⁵ | | Descr | ribe | | | | | | | | | | |
| Total compensation pa | id | 19.17 | | | | | | | | | | | | |
| 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 Non-Voting | | | | | | | | | | | | | | |
| ⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire a ⁵ Do not include deferred comp | ier. Indicate the secu dditional securities o | urity cod | les for all | | | | | | | | | | | |

| a) Name of person compe | nsated and regis | stration | status | | | | | | | | | | | | |
|---|--|------------------------|------------------------|----------------------|------------------------|----------------------|----------------------|-------------------|-------------------|---------|------------|----------|---------|---------|--------|
| Indicate whether the person com | pensated is a regist | rant. | | |] No | | \checkmark | Yes | | | | | | | |
| If the person compensated is an individual, provide the name of the individual. | | | | | | | | | | | | | | | |
| Full legal name of individual | | | | | | | | | | | | | | | |
| | Family name First given name Secondary given names | | | | | | | | | | | | | | |
| If the person compensated is not an individual, provide the following information. | | | | | | | | | | | | | | | |
| Full legal name o | Full legal name of non-individual Raymond James Ltd. | | | | | | | | | | | | | | |
| Fin | m NRD number | 8 | 2 | 4 | 0 | | | | (if | applic | able) | | | | |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. No 🗸 Yes | | | | | | | | | | | | | | | |
| b) Business contact inform | nation | | | | | | | | | | | | | | |
| 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 | | | | | | | Р | rovinc | e/Sta | ate | | | | | |
| Country | | | | | | P | ostal c | code/Z | ip co | de | | | | | |
| Email address | | | | | | | Telep | hone | numt | ber | | | | | |
| c) Relationship to issuer o | r investment fund | d mana | iger |] | | | | | | | | | | | |
| 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 issue | r or investment fun | d mana | ger | | | | nsider | of the i | ssuer | r (othe | r than ar | n invest | ment f | und) | |
| Director or officer of the | e investment fund o | or invest | ment fund | mana | ger | | Employ | vee of t | he iss | suer or | · investm | ent fun | d man | ager | |
| ✓ 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 | es-based g, legal (| compense or account | ation, g ing serv | ifts, dis vices. Al | counts o n issuer | or othei is not i | r comp require | ensati d to a: | ion. Do | o not repo | ort payı | ments (| for sei | rvices |
| Cash commissions paid | 2 | 42.48 | | | | | | Securit | v code | 1 | Security c | ode 2 | Secur | rity co | de 3 |
| Value of all securities | | | | Sec | urity co | dos | | | | | | | | _ | |
| distributed as compensation | 4 | | | 000 | | ues | | | | | | | | | |
| Describe ter | rms of warrants, op | otions or | other righ | ts | | | | | | | | | | | |
| Other compensation ⁵ | ; | | Describ | be | | | | | | | | | | | |
| Total compensation paid | 1 24 | 42.48 | | | | | | | | | | | | | |
| ✓ 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 | | | | | | | | | | | | | | | |
| ⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred competence ⁵ Do not include deferred competence | r. Indicate the secu ditional securities o | ırity coa | les for all s | | | | | | | | | | | | r |

| a) Name of person compens | ated and regis | tration | status | | | | | | | | | | | | | |
|--|---|------------------------|-----------------------|--------------------|-----------------------------|----------------------|---------------------|------------------|----------------|--------------------|---------|----------|----------|----------|---------|--------|
| Indicate whether the person compe | nsated is a registi | rant. | | | No | | \checkmark | Yes | 5 | | | | | | | |
| If the person compensated is an ind | ividual, provide t | he name | e of the i | ndivid | ual. | | | | | | | | | | | |
| Full legal name of individual | | | | | | | | | | | | | | | | |
| | F | amily na | ame | | | First | t given r | name | | | | Sec | ondary (| given na | ames | |
| If the person compensated is not an individual, provide the following information. | | | | | | | | | | | | | | | | |
| Full legal name of non-individual National Bank Financial Inc. | | | | | | | | | | | | | | | | |
| Firm | NRD number | 1 | 9 | 6 | 0 | | | | | (if app | olicat | ole) | | | | |
| Indicate whether the person compe | 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 provide | ed in Item 8 (a), p | rovide t | he busin | ess cor | ntact infor | mation | of the | perso | n bei | ing cor | mper | nsated. | | | | |
| Street address | Street address | | | | | | | | | | | | | | | |
| Municipality | | | | | | | F | Provir | nce/ | State | | | | | | |
| Country | | | | | | Р | ostal | code/ | /Zip | code | | | | | | |
| Email address | | | | | | | | | | | | | | | | |
| 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 "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 o | r investment fun | d manag | ger | | | | Insider | of the | e issu | uer (ot | ther t | han ar | invest | ment f | und) | |
| Director or officer of the ir | vestment fund c | or invest | ment fur | nd mar | nager | | Employ | yee of | the | issuer | r or ir | vestm | ent fun | d man | ager | |
| None of the above | | | | | | _ | | | | | | | | | | |
| d) Compensation details | | | | | | | | | | | | | | | | |
| Provide details of all compensation p Canadian dollars. Include cash comp incidental to the distribution, such a allocation arrangements with the diu | nissions, securitie s clerical, printing | es-basea g, legal c | l compen or accour | nsation nting s | n, gifts, dis ervices. A | counts o n issuer | or othe • is not | er com requir | pens red to | ation. 5 ask fe | Do n | ot rep | ort payı | ments | for se | rvices |
| Cash commissions paid | 2 | 21.70 | | | | | Г | Secur | ritv co | ode 1 | Se | curity c | ode 2 | Secu | rity co | de 3 |
| Value of all securities | | | | S | ecurity co | dee | | | , | | | | | | , | |
| distributed as compensation ⁴ | | | | | | ues | L | | | | | | | | | |
| Describe terms | s of warrants, op | tions or | other rig | ghts | | | | | | | | | | | | |
| Other compensation ⁵ | | | Desc | ribe | | | | | | | | | | | | |
| Total compensation paid | 2 | 21.70 | | | | | | | | | | | | | | |
| Check box if the person will or may receive any deferred compensation (describe the terms below) | | | | | | | | | | | | | | | | |
| 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 Non-Voting | | | | | | | | | | | | | | | | |
| ⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. ⁵ Do not include deferred compensation. | | | | | | | | | | | | | | | | |

| a) Name of person compens | sated and registr | ration status | | | | | | | | | | |
|---|---|--------------------------------|-----------------------|--------------------------|----------------------|-----------------------|-------------------|--------------------------|-------------|-------------|------------|---------|
| Indicate whether the person compe | ensated is a registra | ınt. | [| No | | \checkmark | Yes | | | | | |
| If the person compensated is an inc | lividual, provide the | e name of the | individı | ıal. | | | | | | | | |
| Full legal name of individu | al | | | | | | | | | | | |
| | Fa | amily name | | 1 | First | t given na | ame | | Seco | ondary give | n names | |
| If the person compensated is not an individual, provide the following information. | | | | | | | | | | | | |
| Full legal name of | non-individual | ndustrielle A | lliance | Valeurs | Mobil | lieres Ir | nc. | | | | | |
| Firm | NRD number | 1 5 | 4 | 0 | 0 | | | (if appli | cable) | | | |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. 🗌 No 🗹 Yes | | | | | | | | | | | | |
| b) Business contact informa | tion | | | | | | | | | | | |
| If a firm NRD number is not provid | ed in Item 8 (a), pro | ovide the busii | ness con | tact infor | mation | of the p | person b | eing com | pensated. | | | |
| Street address | | | | | | | | | | | | |
| Municipality | | | | | | Pr | rovince | /State | | | | |
| Country | | | | | Р | ostal co | ode/Zip | o code | | | | |
| Email address | | | | | | Telepł | 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 issuer or investment fund manager Insider of the issuer (other than an investment fund) | | | | | | | | | | | | |
| Director or officer of the i | 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 com incidental to the distribution, such c allocation arrangements with the d | missions, securities as clerical, printing, | -based compe legal or accou | nsation, Inting se | gifts, dis ervices. A | counts o n issuer | or other is not re | comper equired | nsation. D to ask for | o not repo | rt paymei | nts for se | ervices |
| Cash commissions paid | · · · · · · · · · · · · · · · · · · · | 1.89 | | | | | Security | code 1 | Security co | nde 2 S | ecurity co | nde 3 |
| Value of all securities | | | 0. | | | _ | Gecunty | | | | | |
| distributed as compensation ⁴ | | | 56 | ecurity co | aes | | | | | | | |
| Describe term | ns of warrants, opti | ons or other r | ights | | | | | | | | | |
| Other compensation ⁵ | | Des | cribe | | | | | | | | | |
| Total compensation paid | 1 | 1.89 | | | | | | | | | | |
| \checkmark Check box if the perso | Check box if the person will or may receive any deferred compensation (describe the terms below) | | | | | | | | | | | |
| Industrielle Alliance Valeurs Mobilieres 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 | | | | | | | | | | | | |
| ⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. ⁵ Do not include deferred compensation. | | | | | | | | | | | | |

| ITEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER | | | | | | | | | | | | |
|--|--|----------------------|-----------------------|---|-----------------------|----------|------------------|------------------|--|--|--|--|
| If the issuer is an investment fun | d, 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 ⁶ | | | | | | | | | | | | |
| Provide nar | ne of reporting issue | er 🗌 | | | | | |] | | | | |
| Wholly owned subsidiary of a foreign public issuer ⁶ | | | | | | | | | | | | |
| Provide name of foreign public issuer | | | | | | | | | | | | |
| Issuer distributing only eligi | 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 com | plete Item 9(a) – (d | c). Proceed to Item 1 | 0. | | | | | | | | |
| ⁶An 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. ⁷Check 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. If the issuer is none of the above, check this box and complete Item 9(a) - (c). | | | | | | | | | | | | |
| a) Directors, executive officer | a) Directors, executive officers and promoters of the issuer | | | | | | | | | | | |
| Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to issuer", "D" – Director, "O" – Executive Officer, "P" – Promoter. | | | | | | | | | | | | |
| Organization or company name | Family name | First given name | Secondary given names | Business loc non-individe resident jurisdictio individu | ual or ail n of | | issuer apply) | | | | | |
| | | | | Province or | D | 0 | Р | | | | | |
| | Granleese | William | | British Columb | а | ✓ | ~ | | | | | |
| | Granleese | William | R. | British Columb | a | ~ | | | | | | |
| | Worsnup | Christopher | Gavin | British Columb | a | ✓ | | | | | | |
| b) Promoter information | | | | | | | | | | | | |
| If the promoter listed above is not ar within Canada, state the province or | | | | | | | | | | | | |
| Organization or company name | Organization or company nameFamily nameFirst given nameSecondary given namesResidential jurisdiction of individualRelationship to promote (select one or both if applic) | | | | | | | oter licable) | | | | |
| | | | | Province or country | D | | C |) | | | | |
| | | | | | | | | | | | | |
| c) Residential address of eac | | | | | | | | | | | | |
| Complete Schedule 2 of this form completed report. Schedule 2 also | | | | | (a) and (b) |) and at | tach to t | he | | | | |

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 | R | R. | | | | | | | | | | |
| | Family name | | Secondary given names | | | | | | | | | | |
| Title | Portfolio Manager | | | | | | | | | | | | |
| Telephone number | 6045302301 | Email address | will@ar | om | | | | | | | | | |
| Signature | "William Granleese" | Date | 2020 | 10 | 30 | | | | | | | | |
| | | | 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 individual 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.