Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9378898

ITEM 1 - REPORT TYPE							
✓ New report							
☐ Amended report If ame	nded, provide filing date	of report that is being	amended	(YYYY-MM-DD)			
ITEM 2 - PARTY CERTIFYING TH	e Report						
Indicate the party certifying the report (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.							
☐ Investment fund issuer	naous Disclosure and the comp	umon policy to the or Too.					
✓ Issuer (other than an investment of the state of th	stment fund)						
Underwriter	······································						
ITEM 3 - ISSUER NAME AND OT	THE DENTIFIED						
Provide the following information about the		vertment fund, about the fi	und				
Full legal name			ma.				
Full legal name Antrim Balanced Mortgage Fund Ltd. Previous full legal name							
If the issuer's name changed in the last 12 months, provide most recent previous legal name.							
Website			licable)				
If the issuer has a legal entity identifier, provide below. Refer to Part B of the Instructions for the definition of "legal entity identifier".							
Legal entity identifier							
If two or more issuers distributed a single				ove.			
Full legal name(s) of co-issuer(s)		(it app	licable)				
ITEM 4 - UNDERWRITER INFORM	MATION						
If an underwriter is completing the report,	provide the underwriter's full le	gal name and firm NRD nu	mber.				
Full legal name							
Firm NRD number (if applicable)							
If the underwriter does not have a firm NR	If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.						
Street address							
Municipality		Province/S	tate	$\overline{}$			
Country		Postal code/Zip c	ode	一			
Telephone number		Web	site	(if applicable)			

ITEM 5 - ISSUER INFORMATION					
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.					
a) Primary industry					
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.					
NAICS industry code 5 2 2 9 9					
If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.					
Exploration Development Production					
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.					
✓ Mortgages ☐ Real estate ☐ Commercial/business debt ☐ Consumer debt ☐ Private companies					
☐ Cryptoassets					
b) Number of employees					
Number of employees:					
c) SEDAR profile number					
Does the issuer have a SEDAR profile?					
No ✓ Yes If yes, provide SEDAR profile number 0 0 0 3 8 5 6 8					
If the issuer does not have SEDAR profile complete item 5(d) - (h).					
d) Head office address					
Street address Province/State					
Municipality Postal code/Zip code					
Country Telephone number					
e) Date of formation and financial year-end					
Date of formation Financial year-end MM DD					
f) Reporting issuer status					
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes					
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.					
_ AII _ AB _ BC _ MB _ NB _ NL _ NT					
NS NU ON PE QC SK YT					
g) Public listing status					
If the issuer has a CUSIP number, provide below (first 6 digits only)					
CUSIP number					
If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an					
exchange and not a trading facility such as, for example, an automated trading system. Exchange name					
h) Size of issuer's assets					
11) 6120 01 100001 0 000010					

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

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

ITEM 6 - INVESTMENT	FUND ISSUER INFORMATION					
If the issuer is an inves	tment fund, provide the following information.					
a) Investment fund ma	anager information					
Full legal name						
Firm NRD number	(if applicable)					
If the investment fund mand	ager does not have a firm NRD number, provide the head office contact information of the investment fund manager.					
Street address						
Municipality	Province/State					
Country	Postal code/Zip code					
Telephone number	Website (if applicable)					
b) Type of investment	fund					
Type of investment fund tha	nt most accurately identifies the issuer (select only one) .					
Money market	☐ Equity ☐ Fixed income ☐ Balanced					
Alternative strateg	gies Cryptoasset Other (describe)					
Indicate whether one or bot	h of the following apply to the investment fund .					
Invests primarily in	n other investment fund issuers					
☐ Is a UCITs Fund¹						
¹ Undertaking for the Collective Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) directives that allow collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.						
c) Date of formation a	and financial year-end of the investment fund					
Date of forma	tion Financial year-end MM DD MM DD					
d) Reporting issuer st	atus of the investment fund					
Is the investment fund a rep	orting issuer in any jurisdication of Canada? No Yes					
If yes, select the jurisdictions of Canada in which the investment fund is a reporting issuer.						
☐ AII ☐	AB BC MB NB NL NT					
□ NS □	NU ON PE QC SK YT					
e) Public listing status	s of the investment fund					
If the investment fund has a	CUSIP number, provide below (first 6 digits only)					
	CUSIP number					
If the investment fund is publicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.						
Exchange on an exchange and h						
-	AV) of the investment fund					
	investment fund as of the date of the most recent NAV calculation (Canadian \$).					
\$0 to under \$5M	s5M to under \$25M s25M to under \$100M					
\$100M to under \$500	DM \$500M to under \$1B \$1B or over Date of NAV calculation: YYYY MM DD					

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

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

a) Currency

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

✓ Canadian dollar US dollar □ Euro □ Other (describe)

b) Distribution date(s)

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

Start date 2021 02 11 YYYY MM DD

End date 2021 02 18

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 T		Total amount			
Р	R	S		Class A Preferred Non-Voting Shares.	493,130.00	1.0000		493,130.00	
Р	R	S		Class B Series 'B' Preferred Non-Voting Shares.	1,909,535.00	1.0000		1,909,535.00	
Р	R	S		Class B Series 'C' Preferred Non-Voting Shares.	8,639,340.00	1.0000		8,639,340.00	

e) Details of rights and convertible/exchangeable securities

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

Convertible / exchangeable underlying security code security code		Cianadian Si		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 \$)
Alberta	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	2	80,000.00
British Columbia	NI 45-106 2.3 [Accredited investor]	11	3,368,193.00
British Columbia	NI 45-106 2.9(1) [Offering memorandum] (BC, NL)	43	2,701,672.00
Ontario	NI 45-106 2.3 [Accredited investor]	6	2,913,290.00

Ontario	Ontario NI 45-106 2.9(2.1) [Offering memorandum] 13 (AB, SK, ON, QC, NB, NS)		
Manitoba	NI 45-106 2.3 [Accredited investor]	1	1,021,350.00
New Brunswick	NI 45-106 2.3 [Accredited investor]	10	418,000.00
New Brunswick	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	11	190,000.00
Québec	NI 45-106 2.3 [Accredited investor]	2	103,500.00
Alberta	1	50,000.00	
	11,042,005.00		

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

g) Net proceeds to the investment fund by jurisdiction

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

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

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

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

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

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

	Description	Date of document or other material (YYYY-MM-DD)	Previously filed with or delivered to regulator? (Y/N)	Date previously filed or delivered (YYYY-MM-DD)
1.	Offering Memorandum	2020-10-19	Y	2020-10-30

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

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

a) Name of person comp	ensated and regis	tration st	tatus								
Indicate whether the person con	npensated is a regist	rant.		☐ No		✓ Y	Yes				
If the person compensated is an	individual, provide t	he name o	of the indiv	vidual.							
Full legal name of indiv	idual										
		Family nam	ie		First gi	iven nan	ne		Secondary (given names	
If the person compensated is no	t an individual, prov	ide the foll	lowing info	ormation.							
Full legal name	of non-individual	Fidelity	Clearing	Canada U	_C						
Fi	rm NRD number	2	8 8	8	0		(i	f appli	cable)		
Indicate whether the person con	npensated facilitated	the distri	bution thro	ough a fundi	ng portal	or an ii	nternet-b	ased po	ortal.	No ✓	Yes
b) Business contact infor	mation										
If a firm NRD number is not pro	vided in Item 8 (a), p	provide the	business o	contact infor	mation o	f the pe	erson bein	g com	pensated.		
Street address											
Municipality						Pro	ovince/S	tate			
Country					Pos	stal co	de/Zip c	ode			
Email address					Т	elepho	one num	ber			
c) Relationship to issuer	or investment fund	d manage	er								
Indicate the person's relationship the Instructions and the meanin Connect with the issue	g of "control" in sect	ion 1.4 of	NI 45-106		oses of co	ompletii	ng this se	ction.	-		
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											
	ie investinent fund t	n iiivesiiii	ent iunu n	iaiiayei	□ '''	прюуес	e or the is	suei u	i ilivesililelii luli	u manayei	
✓ None of the above											
d) Compensation details											
Provide details of all compensations and compensations and compensations. Include cash concidental to the distribution, such allocation arrangements with the	ommissions, securitions of the commissions, securitions of the commissions of the commission of the commissions of the commissions of the commission of the commis	es-based c g, legal or r employe	ompensati accounting	ion, gifts, dis g services. A	counts or n issuer is	other c	compensa quired to	tion. De ask for	o not report payı	ments for se	ervices
Cash commissions pa	ia ;	32.33				Se	ecurity cod	le 1	Security code 2	Security co	ode 3
Value of all securitie distributed as compensation	-			Security co	des						
Describe to	erms of warrants, op	otions or o	ther rights								
Other compensation	1 ⁵		Describe								
Total compensation pai	id (32.33									
✓ Check box if the per	rson will or may rece	eive any d	eferred co	mpensation	(describe	e the te	erms belo	w)			
Fidelity Clearing C Non-Voting Share Non-Voting Share	s, 1% on Class B										erred
⁴ Provide the aggregate value of additional securities of the issurights exercisable to acquire ac ⁵ Do not include deferred compa	er. Indicate the secu Iditional securities o	ırity codes	s for all sed								er

a) Name of person compe	ensated and regis	tration st	tatus								
Indicate whether the person com	pensated is a regist	rant.		☐ No		√	Yes				
If the person compensated is an i	individual, provide i	he name o	of the indi	vidual.							
Full legal name of individ	dual										
		Family nam	ie	I	First	given na	ime		Secondary	given names	
If the person compensated is not	an individual, prov	ide the foll	lowing info	ormation.							
Full legal name o	of non-individual	Raymor	nd James	s Ltd.							
Fir	m NRD number	8	2 4	1 0				(if appl	icable)		
Indicate whether the person com	pensated facilitated	the distrii	bution thre	ough a fund	ling porta	l or an	internet-	based p	oortal.	No √	Yes
b) Business contact inform	nation										
If a firm NRD number is not prov	rided in Item 8 (a), ¡	provide the	e business	contact info	rmation (of the p	erson be	ing com	pensated.		
Street address											
Municipality						Pr	ovince/	State			
Country					Po	stal co	ode/Zip	code			
Email address						Teleph	none nu	mber			
c) Relationship to issuer of	r investment fun	d manage	er								
Indicate the person's relationship the Instructions and the meaning Connect with the issue	of "control" in sect	ion 1.4 of	NI 45-106		poses of a	complet	ing this s	section.	ning of "connect		
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 co- incidental to the distribution, such allocation arrangements with the	mmissions, securiti h as clerical, printin directors, officers o	es-based c g, legal or r employe	ompensat accountin	ion, gifts, di g services. A	scounts o An issuer i	r other is not re	compens equired to	ation. L o ask fo	Do not report pay	ments for se	ervices
Cash commissions paid	2	47.43				5	Security co	ode 1	Security code 2	Security co	ode 3
Value of all securities distributed as compensation				Security c	odes						
Describe te	rms of warrants, or	otions or o	ther rights	3							
Other compensation	5		Describe								
Total compensation paid	24	17.43									
✓ Check box if the pers	son will or may rec	eive any d	eferred co	ompensatio	n (describ	e the te	erms bel	ow)			
Raymond James L Voting Shares, 1% Voting Shares.	td. will receive ar on Class B Serie	n annual es 'B' Pre	trailer fee ferred N	e paid mor on-Voting	nthly in t Shares	he amo	ount of % on Cl	1/2% c ass B :	on Class A Pre Series 'C' Prefe	erred Non rred Non-	1-
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 reg	stration status								
Indicate whether the person co	mpensated is a regis	trant.	☐ No		√	Yes				
If the person compensated is ar	individual, provide	the name of the ind	ividual.							
Full legal name of indiv	ridual									
		Family name	I	First (given na	ime		Secondary (jiven name:	3
If the person compensated is no	ot an individual, pro	vide the following in	formation.							
Full legal name	of non-individual	IA Private Wealt	h Inc.							
F	irm NRD number	1 5	4 0	0			(if appl	icable)		
Indicate whether the person co	mpensated facilitate	d the distribution the	ough a fund	ling porta	l or an	internet-l	based p	oortal.	No 🔽	✓ Yes
b) Business contact infor	mation									
If a firm NRD number is not pro	ovided in Item 8 (a),	provide the business	contact info	ormation o	of the p	erson bei	ng com	pensated.		
Street address										
Municipality					Pr	ovince/S	State			
Country				Po	ostal co	ode/Zip o	code			
Email address				-	Teleph	none nur	mber			
c) Relationship to issuer	or investment fur	nd manager								
Indicate the person's relationsh the Instructions and the meanin	ng of "control" in sec	ction 1.4 of NI 45-10	-	poses of c	complet	ing this s	ection.	ning of "connecte		
<u> </u>		-		_			·			,
Director or officer of t	he investment fund	or investment fund	manager	L ⊦	mploye	ee of the i	ssuer	or investment fun	d manage	r
None of the above										
d) Compensation details										
Provide details of all compensate Canadian dollars. Include cash a incidental to the distribution, su allocation arrangements with the Cash commissions page 1.	commissions, securit ch as clerical, printi ne directors, officers	ties-based compensa ng, legal or accountin	tion, gifts, di ng services. <i>i</i>	scounts of An issuer i	r other is not re	compenso	ation. E ask fo	Do not report payı	ments for s	services
Casii commissions pa		4.09			8	Security co	de 1	Security code 2	Security of	ode 3
Value of all securitie distributed as compensation	-		Security c	odes						
Describe t	erms of warrants, o	options or other right	s							
Other compensatio	n ⁵	Describ	е							
Total compensation pa	id	4.69								
✓ Check box if the pe	rson will or may red	ceive any deferred c	ompensatio	n (describ	oe the to	erms belo	ow)			
IA Private Wealth Voting Shares, 19 Voting										
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 additional securities	curity codes for all se								ner

a) Name of person compo	ensated and regis	tration sta	atus								
Indicate whether the person con	npensated is a regist	rant.		☐ No		✓ \	Yes				
If the person compensated is an	individual, provide t	he name of	f the indivi	dual.							
Full legal name of indivi	dual										
		Family name	!	<u> </u>	First g	given nar	me		Secondary	given names	
If the person compensated is no	t an individual, provi	ide the follo	wing infor	mation.							
Full legal name	of non-individual	PI Financ	cial Corp.								
Fi	rm NRD number	5	2 9	0			(if appli	cable)		
Indicate whether the person con	npensated facilitatea	the distrib	ution thro	ugh a fund	ing portal	l or an i	internet-b	pased p	ortal.	No ✓	Yes
b) Business contact inform	mation										
If a firm NRD number is not pro	vided in Item 8 (a), p	provide the	business c	ontact info	rmation c	of the pe	erson beir	ng com	pensated.		
Street address											
Municipality						Pro	ovince/S	State			
Country					Po	stal co	de/Zip d	code			
Email address					٦	Teleph	one nun	nber			
c) Relationship to issuer	or investment fund	d manage	r								
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 compensati Canadian dollars. Include cash co incidental to the distribution, suc allocation arrangements with the	ommissions, securitions of the as clerical, printing edirectors, officers of the comments of t	es-based co g, legal or a r employee.	mpensatio accounting	on, gifts, di: services. A	scounts or In issuer i	r other o	compenso quired to	ation. D ask for	o not report pay	ments for se	ervices
Cash commissions pai	id ;	38.06				S	ecurity co	de 1	Security code 2	Security co	ode 3
Value of all securities distributed as compensation			:	Security co	odes						
Describe to	erms of warrants, op	tions or oth	ner rights								
Other compensation	1 ⁵		Describe								
Total compensation pai	d 3	38.06									
✓ Check box if the per	rson will or may rece	eive any de	ferred con	npensatior	n (describ	e the te	erms belo	ow)			
PI Financial Corp. Shares, 1% on Cla Shares.											oting
⁴ Provide the aggregate value o additional securities of the issu- rights exercisable to acquire ad ⁵ Do not include deferred compe	er. Indicate the secu Iditional securities o	ırity codes	for all sec								er

a) Name of person compe	ensated and regis	stration sta	itus								
Indicate whether the person com	npensated is a regist	rant.		☐ No		√ Y	Yes .				
If the person compensated is an	individual, provide	the name of	the indivi	dual.							
Full legal name of indivi	dual										
		Family name			First gi	iven nan	me		Secondary	given names	
If the person compensated is not	t an individual, prov	ide the follo	wing infor	rmation.							
Full legal name	of non-individual	National I	Bank Fin	ancial Inc							
Fi	rm NRD number	1 9	9 6	0			(i	if appli	cable)		
Indicate whether the person com	npensated facilitated	the distribu	ıtion throu	ugh a fundi	ng portal	or an ii	nternet-b	ased p	ortal.] No ✓	Yes
b) Business contact inform	mation										
If a firm NRD number is not pro	vided in Item 8 (a), p	provide the b	business co	ontact info	mation o	f the pe	erson bein	ng com	pensated.		
Street address											
Municipality						Pro	ovince/S	state			
Country]	Pos	stal co	de/Zip c	ode			
Email address					Т	elepho	one num	nber			
c) Relationship to issuer of	or investment fund	d manager	i								
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund) Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager											
None of the above											
d) Compensation details											
Provide details of all compensations and compensations and compensations. Include cash continuities are the distribution, such allocation arrangements with the	ommissions, securiti h as clerical, printin e directors, officers o	es-based col g, legal or a r employees	mpensatic ccounting	on, gifts, dis services. A	counts or n issuer is	other c	compensa quired to	ition. D ask for	o not report pay	ments for se	ervices
Cash commissions pai	a	0.38				Se	ecurity cod	de 1	Security code 2	Security co	ode 3
Value of all securities distributed as compensation			;	Security co	des						
Describe te	erms of warrants, op	otions or oth	er rights								
Other compensation	5	ı	Describe								
Total compensation pai	d	0.38									
✓ Check box if the per	son will or may reco	eive any def	ferred con	npensation	(describe	e the te	erms belo	w)			
National Bank Fina Non-Voting Shares Non-Voting Shares	s, 1% on Class B										ed
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire an ⁵ Do not include deferred compe	er. Indicate the secu Iditional securities o	urity codes i	for all sect								er

a) Name of person compe	ensated and regis	tration st	tatus								
Indicate whether the person com	npensated is a regist	rant.		☐ No		✓ \	Yes				
If the person compensated is an	individual, provide	he name o	of the indiv	ridual.							
Full legal name of indivi	dual										
		Family nam	ne		First g	jiven nar	me		Secondary	given names	
If the person compensated is not	t an individual, prov	ide the foll	lowing info	rmation.							
Full legal name	of non-individual	Aligned	Capital P	artners In	c.						
Fi	rm NRD number	2	3 4	0			((if appl	icable)		
Indicate whether the person com	npensated facilitated	the distri	bution thro	ugh a fund	ing portal	or an i	internet-b	based p	ortal.	No ✓	Yes
b) Business contact inform	mation										
If a firm NRD number is not pro	vided in Item 8 (a), ¡	provide the	e business o	contact info	rmation o	of the pe	erson beii	ng com	pensated.		
Street address											
Municipality						Pro	ovince/S	State			
Country					Po	stal co	de/Zip d	code			
Email address				Ī	7	Γeleph	one nun	nber			
c) Relationship to issuer of	or investment fund	d manage	er	_							
Indicate the person's relationship the Instructions and the meaning	g of "control" in sect	ion 1.4 of	NI 45-106		ooses of c	ompleti	ing this se	ection.	-		
Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)											
Director or officer of the	ne investment fund o	or investm	ent fund m	nanager	Eı	mploye	e of the i	ssuer	or investment fur	nd manager	•
✓ None of the above											
d) Compensation details											
Provide details of all compensation Canadian dollars. Include cash continuities incidental to the distribution, such allocation arrangements with the	ommissions, securiti h as clerical, printin e directors, officers o	es-based c g, legal or r employe	compensati accounting	on, gifts, dis g services. A	counts or n issuer is	other o	compenso quired to	ation. E ask fo	o not report pay	ments for se	ervices
Cash commissions pai	ld	7.40				S	ecurity co	de 1	Security code 2	Security co	ode 3
Value of all securities distributed as compensation				Security co	odes						
Describe te	erms of warrants, op	otions or o	ther rights								
Other compensation	n ⁵		Describe								
Total compensation pai	d	7.40									
✓ Check box if the per	son will or may rece	eive any d	eferred co	mpensatior	(describ	e the te	erms belo	ow)			
Aligned Capital Pa Non-Voting Shares Non-Voting Shares	s, 1% on Class B										red
⁴ Provide the aggregate value o additional securities of the issue rights exercisable to acquire ad ⁵ Do not include deferred compe	er. Indicate the secu Iditional securities o	ırity codes	s for all sed								er

TEM 9 - DIRECTORS, EXECU				UER							
If the issuer is an investment fun	d, do not complete l	Item 9. Procced to	Item 10.								
Indicate whether the issuer is any o	f the following (select	t the one that applie	es - if more than one	applies, select only	one).						
Reporting issuer in any juris	sdiction of Canada										
Foreign public issuer											
Wholly owned subsidiary of	f a reporting issuer in	n any jurisdiction of	Canada ⁶								
Provide name of reporting issuer											
Wholly owned subsidiary of	f a foreign public issu	uer ⁶									
Provide name o	f foreign public issue	r									
Issuer distributing only eligible foreign securities and the distribution is to permitted clients only ⁷											
If the issuer is at least one of the	If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10.										
⁶ An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷ Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions. If the issuer is none of the above, check this box and complete Item 9(a) - (c).											
a) Directors, executive officer	rs and promoters of	of the issuer									
Provide the following information fo territory; otherwise state the country.						tate the p	rovince	or			
Organization or company name	Family name	First given name	Secondary given names	Business loca non-individu residenta jurisdictior individu	ial or ail n of			to issuer at apply)			
				Province or o	country	D	0	Р			
	Granleese	William		British Columbia	a	✓	✓				
	Granleese	William	R.	British Columbia	a	✓					
	Worsnup	Christopher	Gavin	British Columbia	a	✓					
b) Promoter information											
If the promoter listed above is not ar within Canada, state the province or											
			Secondary given	Residential jurisdiction of		itionship					

Residential address of each individual

Organization or company name

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

names

First given name

Family name

individual

Province or

country

D

0

ITEM 10 - CERTIFICATION

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

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

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

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

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

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

Name of issuer/underwriter/ investment fund manager/agent	Antrim Balanced Mortgage Fu	Intrim Balanced Mortgage Fund Ltd.										
Full legal name	Granleese											
	Family name	First given name	'	Seconda	ry given names							
Title	Portfolio Manager											
Telephone number	6045302301	Email address	will@a	antriminvest	ments.com							
Signature	"William Granleese"	Date	202	1 02	19							
			YYY	Y MM	DD							

ITEM 11- CONTACT F	PERSON				
		r the individual that the secu the individual certifying the	rities regulatory authority or l report in Item 10.	regulator mo	ay contact with any questions
Same as individua	al certifying the report				
Full legal name				Title	
	Family name	First given name	Secondary given names		
Name of company					
Telephone number		En	nail address		

Notice - Collection and use of personal information

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

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

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

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

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