Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9290575

ITEM 1 - REPORT TYPE					
☐ New report					
✓ Amended report If ame	nded, provide filing date	of report that is b	peing ame	ended 2021 01 12	(YYYY-MM-DD)
ITEM 2 - PARTY CERTIFYING TH	E REPORT				
Indicate the party certifying the report (sel Instrument 81-106 Investment Fund Conti				estment fund, refer to section	on 1.1 of National
☐ Investment fund issuer	naous Disclosure and the comp	amon policy to tvi or	700.		
✓ Issuer (other than an investigation)	stment fund)				
Underwriter	ourione raina,				
ITEM 3 - ISSUER NAME AND OT					
Provide the following information about the			t the fund.		
-	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 www.antriminvestments.com (if applicable)					
If the issuer has a legal entity identifier. pr	ovide below. Refer to Part B of t	he Instructions for the	e definition c	of "legal entity identifier".	
Legal entity identifier					
If two or more issuers distributed a single :	security, provide the full legal no	ame(s) of the co-issue	er(s) other the	an the issuer named above.	
Full legal name(s) of co-issuer(s)	me(s) of co-issuer(s) (if applicable)				
ITEM 4 - UNDERWRITER INFORM	MATION				
If an underwriter is completing the report,	provide the underwriter's full le	gal name and firm N	IRD number.		1
Full legal name					
Firm NRD number (if applicable)					
If the underwriter does not have a firm NR	D number, provide the head off	ice contact informatio	on of the und	derwriter.	
Street address					
Municipality		Provin	nce/State		
Country		Postal code/	/Zip code		
Telephone number			Website		(if applicable)

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

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

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

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

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

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

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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 2020 11 05

End date 2020 11 12

c) Detailed purchaser information

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

d) Types of securities distributed

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

							Canadian \$	
	ecuri code	,	CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
Р	R	s		Class A Preferred Non-Voting Shares	1,240,000.00	1.0000		1,240,000.00
Р	R	s		Class B Series 'B' Preferred Non- Voting Shares	1,749,633.00	1.0000		1,749,633.00
Р	R	s		Class B Series 'C' Preferred Non- Voting Shares	27,638,551.00	1.0000		27,638,551.00

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.

exch	nvertib nangea urity c	able	nderlyi curity c	•	Exercise price (Canadian \$)		Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)
					Lowest	Highest			

f) Summary of the distribution by jurisdiction and exemption

State the total dollar amount of securities distributed and the number of purchasers for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides and for each exemption relied on in Canada for that distribution. However, if an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include distributions to purchasers resident in that jurisdiction of Canada only.

This table requires a separate line item for: (i) each jurisdiction where a purchaser resides, (ii) each exemption relied on in the jurisdiction where a purchaser resides, if a purchaser resides in a jurisdiction of Canada, and (iii) each exemption relied on in Canada, if a purchaser resides in a foreign jurisdiction.

For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Exemption relied on	Number of unique ²⁸ purchasers	Total amount (Canadian \$)
Alberta	NI 45-106 2.3 [Accredited investor]	1	100,000.00
British Columbia	NI 45-106 2.3 [Accredited investor]	8	1,982,750.00
British Columbia	NI 45-106 2.9(1) [Offering memorandum] (BC, NL)	23	4,027,235.00
British Columbia	NI 45-106 2.5 [Family, friends and business associates]	1	20,000.00

Manitoba	NI 45-106 2.3 [Accredited investor]	1	557,400.00
Ontario	NI 45-106 2.3 [Accredited investor]	6	23,906,499.00
Ontario	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	4	34,300.00
	Total dollar amount of se	curities distributed	30,628,184.00
	Total number of unique purchasers ^{2b}	44	

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

g) Net proceeds to the investment fund by jurisdiction

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

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

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

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

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

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

Description	Date of document or other material (YYYY-MM-DD)	Previously filed with or delivered to regulator? (Y/N)	Date previously filed or delivered (YYYY-MM-DD)

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

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

a) Name of person compe	ensated and regis	tration s	tatus								
Indicate whether the person com	pensated is a regist	rant.		☐ No		√ ,	Yes				
If the person compensated is an	individual, provide i	he name	of the indiv	∕idual.							
Full legal name of indivi	dual										
		Family nan	ne	I	First g	given na	me	I	Secondary	given name	s
If the person compensated is not	an individual, prov	ide the fol	lowing info	ormation.							
Full legal name of	of non-individual	Aligned	Capital F	Partners In	C.						
Fir	m NRD number	2	3 4	0				(if appl	icable)		
Indicate whether the person com	pensated facilitated	the distri	bution thro	ough a fund	ing portal	l or an i	internet-	based p	oortal.	□ No [v	✓ Yes
b) Business contact inform	nation										
If a firm NRD number is not prov	vided in Item 8 (a), p	provide the	e business (contact info	rmation c	of the pe	erson bei	ing com	pensated.		
Street address											
Municipality						Pro	ovince/	State			
Country					Po	stal co	de/Zip	code			
Email address	Telephone number										
c) Relationship to issuer or investment fund manager											
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.											
Connect with the issuer or investment fund manager 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										
✓ 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 h directors, officers o	es-based og, legal or r employe	compensati accounting	ion, gifts, dis g services. A	counts or n issuer i	r other o	compens quired to	ation. L ask fo	Do not report pa	ments for s	services
Cash commissions pai	d	9.86				S	Security co	ode 1	Security code 2	Security of	code 3
Value of all securities distributed as compensation	-			Security co	odes						
•	rms of warrants, or	otions or c	ther rights								
Other compensation	5		Describe								
Total compensation pai	d	9.86									
✓ Check box if the per-	son will or may rece	eive any c	leferred co	mpensation	(describ	e the te	erms bel	ow)			
Aligned Capital Pa Non-Voting Shares Non-Voting											
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire ad ⁵ Do not include deferred compe	er. Indicate the secu Iditional securities o	ırity code.	s for all se								ner

a) Name of person comp	ensated and regis	stration stat	tus							
Indicate whether the person con	npensated is a regist	rant.		☐ No		✓ Y	es			
If the person compensated is an	individual, provide	the name of	the indivi	dual.						
Full legal name of indivi	idual									
		Family name			First giv	ven name	e	Secondar	given names	
If the person compensated is no	t an individual, prov	ide the follov	ving infor	mation.						
Full legal name	of non-individual	Genesis V	Vealth M	lanageme	nt Corpo	oration				
Fi	rm NRD number	6 4	5	7	0		(if a	oplicable)		
Indicate whether the person con	npensated facilitated	the distribu	tion throu	ugh a fundi	ng portal (or an in	ternet-base	d portal. [✓ No 🗆	Yes
b) Business contact inform	mation									
If a firm NRD number is not pro	vided in Item 8 (a), ¡	provide the b	usiness co	ontact infor	mation of	the per	son being c	ompensated.		
Street address										
Municipality						Prov	vince/Stat	е		
Country					Pos	stal cod	le/Zip cod	е		
Email address					Т	elepho	ne 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	ie investment rana v	or investmen	it rund me	anagei	<u> </u>	рюусс	or the 133u	or or investment is	ina manager	
d) Compensation details										
Provide details of all compensati Canadian dollars. Include cash co incidental to the distribution, suc allocation arrangements with the	ommissions, securiti ch as clerical, printin e directors, officers o	es-based con g, legal or ac r employees	npensatio counting	on, gifts, dis services. A	counts or o	other co not requ	ompensation uired to ask	n. Do not report po	yments for se	ervices
Cash commissions pa	10	12.33				Sed	curity code 1	Security code 2	Security co	ode 3
Value of all securitie distributed as compensation	-		;	Security co	des					
Describe to	erms of warrants, or	otions or other	er rights							
Other compensation	1 ⁵		Describe							
Total compensation pa	id	12.33								
✓ Check box if the per	rson will or may rec	eive any defe	erred con	npensation	(describe	the ter	ms below)			
Genesis Wealth M Class A Preferred 'C' Preferred Non-	Non-Voting Shar									eries
⁴ Provide the aggregate value of additional securities of the issurights exercisable to acquire ac ⁵ Do not include deferred compa	er. Indicate the seconditional securities of	urity codes fo								∍r

a) Name of person compe	nsated and regis	tration	status										
Indicate whether the person com	pensated is a regist	rant.			☐ No		√	Yes					
If the person compensated is an i	ndividual, provide t	he name	of the i	ndivid	dual.								
Full legal name of individ	dual												
		Family na	me			First	given n	ame		Seconda	ry given na	mes	
If the person compensated is not	an individual, provi	ide the fo	ollowing	infor	mation.								
Full legal name o	of non-individual	Fidelity	/ Cleari	ng C	anada UL	.C							
Fir	m NRD number	2	8	8	8	0			(if app	licable)			
Indicate whether the person com	pensated facilitatea	the dist	ribution	throu	ıgh a fundii	ng porto	al or an	interne	t-based _l	oortal.	☐ No	✓ Y	'es
b) Business contact inform	nation												
If a firm NRD number is not prov	ided in Item 8 (a), p	orovide tl	he busine	ess co	ontact infor	mation	of the p	person b	eing con	npensated.			
Street address													
Municipality							Р	rovince	/State				
Country		Postal code/Zip code											
Email address	Telephone number												
c) Relationship to issuer or investment fund manager													
Indicate the person's relationship the Instructions and the meaning										aning of "conne	cted" in P	art B(2)	of
Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)													
Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager													
None of the above													
d) Compensation details													
Provide details of all compensation Canadian dollars. Include cash continuities incidental to the distribution, such allocation arrangements with the	mmissions, securition as clerical, printing directors, officers o	es-based g, legal o r employ	compen or accour	satio nting	n, gifts, disc services. Ar	counts c issuer	or other is not r	comper equired	nsation. I to ask fo	Do not report p	ayments f	or servic	es
Cash commissions paid	28	84.69						Security	code 1	Security code	2 Secur	ity code 3	3
Value of all securities distributed as compensation				5	Security co	des							
Describe ter	rms of warrants, op	otions or	other rig	hts									
Other compensation ⁵	5		Desci	ribe									
Total compensation paid	28	34.69											
✓ Check box if the pers	son will or may rece	eive any	deferred	d com	npensation	(descri	be the	terms be	elow)				
Fidelity Clearing Ca Non-Voting Shares Non-Voting													k
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred compe	r. Indicate the secu ditional securities o	ırity code	es for all										

a) Name of person comp	ensated and regi	stration status							
Indicate whether the person co	mpensated is a regis	trant.	☐ No	[✓ Yes				
If the person compensated is a	n individual, provide	the name of the indiv	vidual.						
Full legal name of indiv	vidual								
		Family name	I	First give	en name		Secondary (jiven names	
If the person compensated is no	ot an individual, pro	vide the following info	ormation.						
Full legal name	of non-individual	Raymond James	Ltd.						
F	irm NRD number	8 2 4	. 0			(if appl	icable)		
Indicate whether the person co.	mpensated facilitate	d the distribution thro	ough a fund	ing portal o	r an internet	t-based p	oortal.	No ✓ Y	⁄es
b) Business contact info	rmation								
If a firm NRD number is not pro	ovided in Item 8 (a),	provide the business	contact info	rmation of t	the person b	eing con	pensated.		
Street address									
Municipality					Province	/State			
Country		Postal code/Zip code							
Email address			Ī	Te	elephone 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 investment fund or investment fund manager Employee of the issuer or investment fund manager Employee of the issuer or investment fund manager									
<u> </u>	ne investment iuna	or investment rund n	ianagei		pioyee or the	eissuer	or investment tun	ı manager	
d) Compensation details				0();				"	
Provide details of all compensations of all compensations and compensations. Include cash a incidental to the distribution, sure allocation arrangements with the Cash commissions page 1.	commissions, securit ch as clerical, printi ne directors, officers	ies-based compensati ng, legal or accounting	ion, gifts, dis g services. A	scounts or o	ther compen not required	nsation. L to ask fo	Do not report payı	ments for servic	ces
·		17.32			Security of	code 1	Security code 2	Security code 3	3
Value of all securition distributed as compensation			Security co	odes					
Describe	terms of warrants, o	ptions or other rights							
Other compensation	n ⁵	Describe							
Total compensation pa	aid	17.32							
✓ Check box if the pe	erson will or may red	ceive any deferred co	mpensatior	(describe t	the terms be	elow)			
		in annual trailer fee ies 'B' Preferred No							
⁴ Provide the aggregate value additional securities of the issinghts exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sed dditional securities	curity codes for all sec							

a) Name of person comp	ensated and regi	stration status							
Indicate whether the person co	mpensated is a regis	trant.	☐ No	[✓ Yes				
If the person compensated is ar	n individual, provide	the name of the indi	vidual.						
Full legal name of indiv	ridual								
		Family name	I	First give	en name		Secondary (jiven names	
If the person compensated is no	ot an individual, pro	vide the following inf	ormation.						
Full legal name	of non-individual	National Bank F	inancial Ind	D.]
F	irm NRD number	1 9	6 0			(if appl	icable)		
Indicate whether the person co	mpensated facilitate	d the distribution thr	ough a fund	ing portal o	r an internet	t-based p	oortal.	No ✓ Ye	es
b) Business contact infor	mation								
If a firm NRD number is not pro	ovided in Item 8 (a),	provide the business	contact info	rmation of t	the person b	eing con	pensated.		
Street address									
Municipality					Province	/State			٦
Country		Postal code/Zip code							
Email address				Te	elephone n	umber			٦
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 Employee of the issuer or investment fund manager									
✓ None of the above	ne investment rand	or investment rand i	nanager	LJ,	pioyee or tri	0 133461	or investment fun	a manager	
d) Compensation details									
Provide details of all compensat	ion naid or to he no	aid to the person idea	atified in Ite	n 8(a) in co	nnaction wit	h tha dis	tribution Provide	all amounts in	
Canadian dollars. Include cash of incidental to the distribution, sur allocation arrangements with the	commissions, securit ch as clerical, printi ne directors, officers	ties-based compensating, legal or accounting or employees of a no	tion, gifts, dis ng services. A	scounts or o In issuer is r	ther comper not required	nsation. L to ask fo	Do not report payı	ments for service	
Cash commissions pa	aid	10.96			Security	code 1	Security code 2	Security code 3	
Value of all securitie distributed as compensation	~		Security co	odes					
Describe t	erms of warrants, c	pptions or other rights	6						
Other compensatio	n ⁵	Describe	9						
Total compensation pa	iid	10.96							
✓ Check box if the pe	rson will or may red	ceive any deferred co	ompensation	describe	the terms be	elow)			
National Bank Fin Non-Voting Share Non-Voting									
⁴ Provide the aggregate value of additional securities of the issurights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec dditional securities	curity codes for all se							

a) Name of person comp	ensated and regis	stration sta	tus								
Indicate whether the person con	mpensated is a regist	rant.		☐ No		\checkmark	Yes				
If the person compensated is ar	ı individual, provide t	the name of	the indivi	dual.							
Full legal name of indiv	ridual										
		Family name			First	t given n	ame		Secondary	given name	S
If the person compensated is no	ot an individual, provi	ide the follov	wing infor	mation.							
Full legal name	of non-individual	Industriell	e Alliand	e Valeurs	Mobil	lieres I	nc.				
F	irm NRD number	1 5	5 4	0	0			(if app	licable)		
Indicate whether the person co	mpensated facilitated	the distribu	tion throu	ıgh a fundi	ng port	al or an	internet	-based _l	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	provide the b	usiness co	ontact info	mation	of the	person b	eing con	npensated.		
Street address											
Municipality	Province/State										
Country					Р	ostal c	ode/Zip	code			
Email address	Telephone number										
c) Relationship to issuer or investment fund manager											
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)											
Director or officer of t	ne investment tuna (or investmer	it tuna ma	anager	Ш	Employ	ee or the	eissuer	or investment fur	a manage	er
✓ None of the above											
d) Compensation details											
Provide details of all compensate Canadian dollars. Include cash of incidental to the distribution, surallocation arrangements with the Cash commissions page 1.	commissions, securition ch as clerical, printing the directors, officers o	es-based cor g, legal or ac r employees	mpensatio ccounting	n, gifts, dis services. A	counts n issuer	or othei is not i	r compen required	sation. I to ask fo	Do not report pay	ments for :	services
Casii commissions pa		11.74					Security	code 1	Security code 2	Security	code 3
Value of all securitie distributed as compensatio	~		5	Security co	des						
Describe t	erms of warrants, op	otions or oth	er rights								
Other compensatio	n ⁵		Describe								
Total compensation pa	nid -	11.74									
✓ Check box if the pe	rson will or may rece	eive any def	erred con	npensation	(descr	ibe the	terms be	elow)			
Industrielle Alliand Preferred Non-Vo Preferred Non-Vo	ting Shares, 1% o										
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire an ⁵ Do not include deferred comp	ıer. Indicate the secu dditional securities o	urity codes f									her

TEM 9 - DIRECTORS, EXECU	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	UER						
If the issuer is an investment fun	d, do not complete	Item 9. Procced to	Item 10.							
Indicate whether the issuer is any o	f the following (selec	t the one that applie	es - if more than one	applies, select only	one).					
Reporting issuer in any juris	sdiction of Canada									
Foreign public issuer										
Wholly owned subsidiary of	f a reporting issuer ir	any jurisdiction of	Canada ⁶							
Provide name of reporting issuer										
Wholly owned subsidiary of a foreign public issuer ⁶										
Provide name of foreign public issuer										
Issuer distributing only eligible foreign securities and the distribution is to permitted clients only ⁷										
If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10.										
⁶ An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷ Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions. [V] If the issuer is none of the above, check this box and complete Item 9(a) - (c).										
a) Directors, executive officer	rs and promoters of	of the issuer								
Provide the following information for territory; otherwise state the country						tate the p	province	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		onship to et all that			
				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	ntrim Balanced Mortgage Fund Ltd.										
Full legal name	Granleese		R.									
	Family name	1	Seconda	ry given names								
Title	Portfolio Manager											
Telephone number	6045302301	Email address	will@a	antriminvestr	ments.com							
Signature	"William Granleese"	Date	202	1 01	12							
			YYY	Y MM	DD							

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

Notice - Collection and use of personal information

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

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

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

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

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