Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9464877

ITEM 1 - REPORT TYPE							
✓ New report							
☐ Amended report If amended, 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.				
Previous full legal name	7 thin Balancea World						
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 security, provide the full legal name(s) of the co-issuer(s) other than the issuer named above.							
				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 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 Collec (EU) directives that allow c	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.			
c) Date of formation a	and financial year-end of the investment fund			
Date of formation Financial year-end MM DD Financial year-end				
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 name				
-	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.

_ 1	.	
a) Curr	ency

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 04 22

YYYY MM DD

End date 2021 04 29

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 Highest price Total amount price		Total amount		
Р	R	S		Class A Preferred Non-Voting Shares	679,405.00	1.0000		679,405.00		
Р	R	S		Class B Series 'B' Preferred Non- Voting Shares	3,203,156.00	1.0000		3,203,156.00		
Р	R	S		Class B Series 'C' Preferred Non- Voting Shares	4,649,698.00	1.0000		4,649,698.00		

e) Details of rights and convertible/exchangeable securities

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

Convertible / exchangeable security code		eable		Underlying security code	•	Exercise price (Canadian \$)		Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)
						Lowest	Highest			

f) Summary of the distribution by jurisdiction and exemption

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

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

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

Province or country	Exemption relied on	Number of unique ²⁸ purchasers	Total amount (Canadian \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	7	825,368.00
British Columbia	NI 45-106 2.9(1) [Offering memorandum] (BC, NL)	34	5,017,911.00
Ontario	NI 45-106 2.3 [Accredited investor]	3	2,321,980.00
Ontario	NI 45-106 2.9(2.1) [Offering memorandum] (AB, SK, ON, QC, NB, NS)	4	200,000.00

Manitoba	NI 45-106 2.3 [Accredited investor]	119,000.00				
Québec	Québec NI 45-106 2.3 [Accredited investor] 2					
	8,532,259.00					
	Total number of unique purchasers ^{2b}	51				

^{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	2020-10-23

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

Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional copies of this page if more than one person was, or will be, compensated. Indicate whether any compensation was paid, or will be paid, in connection with the distribution. No V Yes If yes, indicate number of persons compensated.	ITEM 8 - COMPENSATION INFORMATION					
No ✓ Yes If yes, indicate number of persons compensated.	Indicate whether any compensation was paid, or will be paid, in connection with the distribution.					
	No ✓ Yes If yes, indicate number of persons compensated. 5					

a) Name of person compe	nsated and regis	tration s	status								
Indicate whether the person com	dicate whether the person compensated is a registrant. No Ves										
If the person compensated is an i	ndividual, provide t	he name	of the inc	dividual.							
Full legal name of individ	dual										
		Family nar	me	I	Firs	t given n	ame		Secondary	given names	
If the person compensated is not an individual, provide the following information.											
Full legal name o	f non-individual	Raymo	nd Jame	es Ltd.							
Fire	m NRD number	8	2	4 0				(if app	licable)		
Indicate whether the person com	Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.										
b) Business contact inform	nation										
If a firm NRD number is not prov	ided in Item 8 (a), p	orovide th	e busines	s contact ii	nformation	of the	person b	eing con	npensated.		
Street address											
Municipality						Р	rovince	/State			
Country					F	Postal c	code/Zip	code			
Email address						Telep	hone nu	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	a investment fund (or invecto	nent fund	manager	_	Employ	vee of the	issuer	or investment fu	nd manager	
<u> </u>	, investment rana (n investi	nont fana	manager	Ш	Linploy	CC OI THE	7 133461	or investment ru	ia 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, securition as clerical, printing directors, officers o	es-based g, legal of r employ	compensor r account	ation, gifts, ing services	discounts . An issue	or othei r is not i	r compen required	nsation. I to ask fo	Do not report pay	ments for se	ervices
Cash commissions paid	1	11.89					Security of	code 1	Security code 2	Security co	ode 3
Value of all securities distributed as compensation				Security	codes						
Describe ter	rms of warrants, op	otions or	other righ	ts							
Other compensation ⁵	5		Describ	ре							
Total compensation paid	1	11.89									
✓ Check box if the pers	son will or may rece	eive any	deferred	compensa	ion (desc	ribe the	terms be	elow)			
Raymond James Li Voting Shares, 1% Voting Shares.	td. will receive ar on Class B Serie	n annual es 'B' Pr	trailer for the service of the servi	ee paid m Non-Votir	onthly in g Shares	the an	nount of 1% on C	1/2% (lass B	on Class A Pre Series 'C' Pref	ferred Nonerred Non-)-
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 s								er

a) Name of person compe	nsated and regis	tration	status									
Indicate whether the person com	pensated is a regist	rant.			No		\checkmark	Yes				
If the person compensated is an i	individual, provide t	he name	of the in	dividual.								
Full legal name of individ	dual											
		amily na	me			First	given n	ame		Secondary	given name	es :
If the person compensated is not an individual, provide the following information.												
Full legal name of	of non-individual	IA Priv	ate Wea	Ith Inc.								
Fir	m NRD number	1	5	4	0	0			(if app	licable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. No Ves												
b) Business contact information												
If a firm NRD number is not prov	rided in Item 8 (a), p	rovide tł	he busines	s contac	t infor	mation	of the	person b	eing cor	npensated.		
Street address												
Municipality							P	rovince	e/State			
Country						Р	ostal o	code/Zip	o code			
Email address							Telep	hone n	umber			
c) Relationship to issuer o	r investment fund	d mana	ger									
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	e investment fund c	r investr	ment func	l manage	er	Ш'	Employ	ee of th	e issuer	or investment fur	id manage	∍r
None of the above												
d) Compensation details												
Provide details of all compensation Canadian dollars. Include cash continuity in the distribution, such allocation arrangements with the	mmissions, securitien as clerical, printing directors, officers o	es-based g, legal o r employ	compens or account	ation, gi† ing servi	ts, disc ces. Ar	counts o issuer	or othe	r compei required	nsation. to ask fo	Do not report pay	ments for	services
Cash commissions paid	1	22.39						Security	code 1	Security code 2	Security	code 3
Value of all securities distributed as compensation				Secu	rity co	des						
Describe te	rms of warrants, op	tions or	other righ	nts								
Other compensation	5		Descri	be								
Total compensation paid	2	22.39										
✓ Check box if the pers	Check box if the person will or may receive any deferred compensation (describe the terms below)											
IA Private Wealth Inc. will receive an annual trailer fee paid monthly in the amount of 1/2% on Class A Preferred Non-Voting Shares, 1% on Class B Series 'B' Preferred Non-Voting Shares and 0% on Class B Series 'C' Preferred Non-Voting Shares.												
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred compe	er. Indicate the secu ditional securities o	irity code	es for all s									

a) Name of person comp	ensated and regi	stration status						
Indicate whether the person co	mpensated is a regis	trant.	☐ No	Į.	✓ Yes			
If the person compensated is ar	individual, provide	the name of the indiv	ridual.					
Full legal name of indiv	ridual							
		Family name		First give	en name	<u> </u>	Secondary (given names
If the person compensated is not an individual, provide the following information.								
Full legal name	of non-individual	PI Financial Corp).					
F	irm NRD number	5 2 9	0			(if app	licable)	
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.								
b) Business contact infor	mation							
If a firm NRD number is not pro	ovided in Item 8 (a),	provide the business o	contact info	rmation of t	he person b	eing con	npensated.	
Street address								
Municipality					Province	/State		
Country				Posta	al code/Zip	code		
Email address				Tel	lephone 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								
✓ None of the above	ne investinent tuna	or investment rand in	iariagei		noyee or the	5 155UEI	or investment fan	u managei
d) Compensation details Provide details of all compensat	ion naid or to be no	aid to the person iden	tified in Iter	n 8(a) in cor	naction wit	h the 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 compensations, legal or accounting or employees of a nor	on, gifts, dis g services. A	counts or ot n issuer is n	ther comper ot required	nsation. L to ask fo	Do not report payı	ments for services
Cash commissions pa	and	219.91			Security	code 1	Security code 2	Security code 3
Value of all securitie distributed as compensation	-		Security co	odes				
Describe t	erms of warrants, o	options or other rights						
Other compensatio	n ⁵	Describe						
Total compensation pa	id 2	219.91						
✓ Check box if the pe	rson will or may red	ceive any deferred co	mpensation	(describe t	he terms be	elow)		
		nnual trailer fee pa Preferred Non-Votir						
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire and ⁵ Do not include deferred comp	uer. Indicate the sec additional securities	curity codes for all sec	ion, <u>excludi</u> curities disti	ing options, ibuted as co	warrants or ompensatio	r other rig en, <u>includ</u>	ghts exercisable t ling options, warr	o acquire ants or other

a) Name of person comp	ensated and regis	stration s	tatus								
Indicate whether the person con	npensated is a regist	rant.		☐ No		√ \	Yes				
If the person compensated is an	individual, provide	the name	of the indiv	∕idual.							
Full legal name of indiv	idual										
		Family nan	ne		First g	iven nar	me		Secondary (given names	
If the person compensated is not an individual, provide the following information.											
Full legal name	of non-individual	Fidelity	Clearing	Canada U	_C						
Fi	rm NRD number	2	8 8	8 8	0		(i	if appli	cable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. No Ves											
b) Business contact infor	mation										
If a firm NRD number is not pro	vided in Item 8 (a), ¡	provide the	e business (contact info	mation o	f the pe	erson bein	ng comp	pensated.		
Street address											
Municipality						Pro	ovince/S	tate			
Country					Pos	stal co	de/Zip c	ode			
Email address					Т	Telepho	one num	nber			
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	ne investment fund o	or investm	ent fund n	nanager	☐ Er	mploye	e of the is	ssuer o	r investment fun	d manager	
None of the above											
d) Compensation details											
Provide details of all compensate Canadian dollars. Include cash c incidental to the distribution, suc allocation arrangements with th	ommissions, securiti ch as clerical, printin e directors, officers o	es-based og, legal or r employe	compensati accounting	ion, gifts, dis g services. A	counts or n issuer is	other c	compensa quired to	tion. D ask for	o not report payı	ments for se	ervices
Cash commissions pa	id :	27.40				S	ecurity cod	de 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 c	ther rights	i							
Other compensation	n ⁵		Describe								
Total compensation pa	id 2	27.40									
✓ Check box if the per	rson will or may rec	eive any c	leferred co	mpensation	(describ	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 comp	er. Indicate the secu Iditional securities o	urity code.	s for all se								er

a) Name of person compo	ensated and regis	tration s	tatus								
Indicate whether the person con	npensated is a regist	rant.		N	0	√	Yes				
If the person compensated is an	individual, provide	he name	of the ind	lividual.							
Full legal name of indivi	dual										
		Family nan	ne		Firs	t given n	ame		Secondary	given names	·
If the person compensated is not an individual, provide the following information.											
Full legal name	of non-individual	Nationa	al Bank F	inancial I	nc.						
Fi	rm NRD number	1	9	6 0				(if app	licable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. No Ves											
b) Business contact inform	mation										
If a firm NRD number is not pro	vided in Item 8 (a), ¡	provide th	e busines:	s contact in	formation	of the	person b	eing con	npensated.		
Street address											
Municipality						Р	rovince	/State			
Country					F	Postal c	code/Zip	code			
Email address						Telep	hone nu	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	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 control incidental to the distribution, such allocation arrangements with the	ommissions, securiti h as clerical, printin e directors, officers o	es-based og, legal or r employe	compensa accounti	ition, gifts, i ng services.	discounts An issuei	or othei r is not i	r compen required	nsation. I to ask fo	Do not report pay	ments for se	ervices
Cash commissions pai	d	6.16					Security of	code 1	Security code 2	Security co	ode 3
Value of all securities distributed as compensation				Security	codes						
Describe to	erms of warrants, or	otions or c	other right	ts							
Other compensation	15		Describ	е							
Total compensation pai	d	6.16									
✓ Check box if the per	son will or may rec	eive any o	deferred o	compensati	on (descr	ribe the	terms be	elow)			
National Bank Fina Non-Voting Share: Non-Voting Share:	s, 1% on Class B										ed
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 code	s for all s								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 eligi	ble foreign securities	and the distributio	n is to permitted clie	nts only ⁷					
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d	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 fo territory; otherwise state the country.						tate the p	rovince	or	
Organization or company name	Family name	First given name	Secondary given names	Business location of non-individual or residentail jurisdiction of individual					
				Province or o	country	D	0	Р	
	Granleese	William		British Columbia	British Columbia		✓		
	Granleese	William	R.	British Columbia	British Columbia				
	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 Fund Ltd.										
Full legal name	Granleese	R.									
	Family name	Secondary given names									
Title	Portfolio Manager										
Telephone number	6045302301	Email address	will@a	antriminvest	ments.co	om					
Signature	"William Granleese"	202	1 04	30							
			YYY	Y MM	DD						

ITEM 11- CONTACT F	PERSON				
. 3	ness contact information for this report, if different than t		3 ,	regulator ma	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		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.