Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9010938

ITEM 1 - REPORT TYPE											
✓ New report											
Amended report	lf amer	ided, pro	vide f	iling da	te of	report	that is	being ame	ended) (YYYY-MM-DD)
ITEM 2 - PARTY CERTIF	YING THE	REPOR	Γ								
Indicate the party certifying th Instrument 81-106 Investment		-	-		-	-			estment fund	l, refer to sect	ion 1.1 of National
Investment fund i					•	. ,					
✓ Issuer (other that	n an inves	tment fui	nd)								
			- /								
ITEM 3 - ISSUER NAME		HER IDEI	NTIFIE	RS							
Provide the following informat		-	-			-		it the fund.			
Full le	egal name	Antrim I	Balano	ced Mo	rtgag	e Fund	d Ltd.				
Previous full le	egal name										
If the issuer's name ch	If the issuer's name changed in the last 12 months, provide most recent previous legal name.										
	Website	www.ar	ntrimin	vestme	ents.c	om		(if applicabl	e)		
If the issuer has a legal entity i	identifier <u>,</u> pro	vide below	. Refer t	to Part B	of the	Instructio	ons for th	he definition o	of "legal entit	ty identifier".	
Legal entity	v identifier										
If two or more issuers distribut	ed a single s	ecurity, pro	vide the	e full lega	l name	e(s) of th	e co-issu	er(s) other th	an the issuer	named abov	2.
Full legal name(s) of co	o-issuer(s)							(if applicable	e)		
ITEM 4 - UNDERWRITER	R INFORM	IATION									
If an underwriter is completing	the report, p	provide the	underw	vriter's ful	l legal	name a	nd firm N	NRD number.			_
Full legal name											
Firm NRD number							(if app	licable)			
If the underwriter does not hav	ve a firm NRI	D number,	orovide	the head	office	contact	informati	ion of the un	derwriter.		
Street address]
Municipality							Provi	ince/State			Ĩ
Country						Pos	tal code	e/Zip code	·		
Telephone number								Website			(if applicable)

ITEM 5 - ISSUER INFORMATION								
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.								
a) Primary industry								
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.								
NAICS industry code 5 2 2 2 9 9								
If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.								
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 Province/State								
Municipality Postal code/Zip code								
Country Telephone number								
e) Date of formation and financial year-end								
Date of formation Financial year-end YYYY MM DD								
f) Reporting issuer status								
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes								
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.								
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								
Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.								

\$0 to under \$5M	\$5M to under \$25M	□ \$25M to under \$100M
S100M to under \$500M	S500M to under \$1B	S1B or over

If the issue is an investment fund, provide the following information: a) Investment fund manager information Full legal name Furn NRD number If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Province/State Guntry Postal code/Zip code Telephone number D Type of investment fund Tree of investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Indicate whether one or both of the following apply to the investment fund. Investment fund issuers Is a UCIT's Fund' 'understaining for the Collective Investment fund issuers Is a UCIT's Fund' 'understaining for the Collective Investment of Transferable Securities funds (UCIT's Funds) are investment funds regulated by the European Union (C) Date of formation and financial year-end of the investment fund Suppresent fund a reporting issuer in any jurisdication of Canada? No Yes It he investment fund a reporting issuer in any jurisdication of Canada? No Yes It he investment fund hars a CUSP number, provide below (first 6 digits only) CUSP number On O Public listing status of the investment fund is a reporting issuer. All All All </th
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Firm NRD number (if applicable) If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Province/State
If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality County Postal code/Zip code County Telephone number Postal code/Zip code Do Type of investment fund Type of investment fund Type of investment fund that most accurately identifies the issuer (select only one). Do Type of investment fund that most accurately identifies the issuer (select only one). Do Money market De Quity De County De C
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CUSIP number
name of an exchange and not a trading facility such as, for example, an automated trading system
Exchange name
f) Net asset value (NAV) of the investment fund
Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$).
L L \$\the under \$\mathbf{S}M \qquad L \qquad \mathbf{S}M \text{ to under \$\mathbf{S}M \qquad to
\$0 to under \$5M \$5M to under \$25M \$25M to under \$100M \$100M to under \$500M \$500M to under \$1B \$1B or over Date of NAV calculation:

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

pui cor	rcha: nneci	sers tion	resident in that j	iurisdi	ction of Canada	only. Do not include	isdiction of Canada, inc. in Item 7 securities issu e information provided	ed as payment of	commissions or f	inder's fees in		
a)	C	Curr	ency									
Sel	ect t	he c	urrency or curre	ncies i	n which the dist	ribution was made. A	ll dollar amounts provid	ded in the report r	nust be in Canad	ian dollars.		
\checkmark	Са	nac	lian dollar		US dollar	Euro	Other (describ	be)				
b)	D	Disti	ribution date(s))								
as	both	the	e start and end d n period covered	ates. If	the report is be report.		r securities distributed o s distributed on a contin End da	nuous basis, includ				
c)	D)eta	iled purchase	[.] infor	mation							
,						h purchaser and	attach the schedule	to the comple	ted report.			
	Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report. d) Types of securities distributed											
Pro	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 \$											
	Security code CUSIP number (if applicable) Description of security Number of securities Single or lowest price Highest price Total amount											
Ρ	P R S Class A Preferred Non-Voting Shares 1,314,015.00 1.0000 1,314,015.00											
Ρ	P R S Shares Class B Series 'B' Preferred Non- 1.411.057.00 1.0000 1.411.057.00											
Ρ	R	s			s B Series '(ng Shares	C' Preferred Non	- 1,761,907.0	1.0000		1,761,907.00		
e)	Ē)eta	ails of rights an	d cor	vertible/excha	angeable securitie	S	·	•	·		
If c	ıny r	ight	s (e.g. warrants,	option	s) were distribut	ed, provide the exerc	ise price and expiry dat	e for each right. If	any convertible/e	exchangeable securities		
				ne con	version ratio and	d describe any other	terms for each convertil	ble/exchangeable	security.			
e>	char	ngea	ble Underlyin			ise price adian \$)	Expiry date (YYYY- MM-DD)	Conversion ratio	Deceribe other	itama (if appliable)		
5	ecuri	iy ci	ode security co		Lowest	Highest	(1111-00)	Tallo	Describe other	items (if applicable)		
f)	S	um	mary of the dis	stribut	ion by jurisdic	tion and exemptio	n					
pu dis The pu jur	 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			Exemption relied	on	Number of unique	2 ²⁹ Total a	mount (Canadian \$)		
-	-) =: 4:	country		NI 45-106 2	.3 [Accredited in		purchasers	10	1,513,500.00		
-	E	JIII	sh Columbia			-	-					
	E	Briti	sh Columbia		NL)		emorandum] (BC,		27	2,741,979.00		
			Ontario		NI 45-106 2	.3 [Accredited in	vestorj		1	115,000.00		

Ontario	NI 45-106 2.9(2.1) [O (AB, SK, ON, QC, NE		um]	9	116,500.0						
		Total dollar amou	unt of sec	urities distributed		4,486,979.00					
	Total nu	Imber of unique purch	hasers ^{2b}	47							
^{2a} In calculating the number of u	nique purchasers per row, co	ount each purchaser only	y once. Joir	nt purchasers may b	e counted as one pu	rchaser.					
^{2b} In calculating the total numbe the issuer distributed multiple					ser only once, regard	lless of whether					
g) Net proceeds to the inv	estment fund by jurisdict	ion									
purchaser resides. ³ If an issuer lo	f the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides. ³ If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.										
Province or country Net proceeds (Canadian \$)											
Total ne	proceeds to the investme	ent fund									
³ "Net proceeds" means the gros redemptions that occurred durin			ributions fo	or which the report i	s being filed, less the	e gross					
h) Offering materials - This	s section applies only in S	Saskatchewan, Onta	rio, Québ	ec, New Brunswi	ck and Nova Scot	ia.					
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)	Previou with or deli regula (Y/t	tor?	reviously filed or delivered YYY-MM-DD)						
1. Offering	Memorandum	2019-10-24	Y	20)19-11-01						

Ітем 8 - Со	MPENSATIO	N INFORMATION		
		rson (as defined in NI 45-106) to whom the issuer directly provides, o itional copies of this page if more than one person was, or will	,	
Indicate whet	her any compens	ation was paid, or will be paid, in connection with the distribution.		
🗌 No	✓ Yes	If yes, indicate number of persons compensated.	3	

a) Name of person compe	ensated and regis	stration	status											
Indicate whether the person com	npensated is a regist	rant.		[No		\checkmark	Yes						
If the person compensated is an	individual, provide i	the name	e of the l	individı	ual.									
Full legal name of indivi	dual													
		Family na	ame			Firs	t given n	ame		Seco	ondary g	jiven nar	nes	
If the person compensated is not	t an individual, prov	ide the f	ollowing	inform	nation.									
Full legal name	of non-individual	Indust	rielle A	lliance	Valeurs	s Mobi	liers In	c.						
Fi	m NRD number	1	5	4	0	0			(if app	licable)				
Indicate whether the person con	ppensated facilitated	l the dist	ribution	throug	h a fundi	ng port	tal or an	interne	et-based	portal.] No	\checkmark	Yes
b) Business contact inform	nation													
If a firm NRD number is not pro	vided in Item 8 (a), p	orovide t	he busin	ess cor	ntact infor	mation	n of the p	person l	being cor	npensated.				
Street address														
Municipality							Р	rovince	e/State					
Country						Р	Postal c	ode/Zi	p code					
Email address							Telep	hone r	umber					
c) Relationship to issuer of	or investment fun	d mana	ger											
Indicate the person's relationshi the Instructions and the meaning											onnecte	d" in Po	art B(2	') of
Connect with the issue				100 [0.			-	-		her than an	n investi	ment fu	ind)	
Director or officer of th	o invoctmont fund	or invoct	mont fu	nd mar	agor		Employ	ioo of th		or invoctm	ont fun	d mana	aor	
 ✓ None of the above 				nu mai	lagei		спрюу	ee or u	10 155001	or investm		Jillalla	iyei	
d) Compensation details														
Provide details of all compensation	on paid or to be pai	d to the	nerson	identifi	ed in Iten	n 8(a) ir	n conne	ction wi	th the div	stribution F	Provide	all amo	unts i	n
Canadian dollars. Include cash co	ommissions, securiti	es-based	, comper	nsation	, gifts, dis	counts	or other	r compe	nsation.	Do not repo	ort payn	nents fo	or serv	ices
incidental to the distribution, suc allocation arrangements with the										or details al	bout, or	report o	on, int	ernal
Cash commissions pai	[0.36	,	non a	arreader	compe		-						-
							-	Security	code 1	Security c	ode 2	Securit	ty code	: 3
Value of all securities distributed as compensatior				Se	ecurity co	des								
Describe te	erms of warrants, or	otions or	other rig	ghts										
Other compensation	5		Desc	ribe										
Total compensation pai	d	0.36		L										
Check box if the per	son will or may rece	eive any	deferre	d comp	ensation	(descr	ibe the	terms b	elow)					
Industrielle Allianc Preferred Non-Vot Preferred Non-Vot	ing Shares, 1% o													
⁴ Provide the aggregate value o additional securities of the issue rights exercisable to acquire ad ⁵ Do not include deferred compe- ⁵ Do	er. Indicate the secu Iditional securities o	urity cod	les for al											

 a) Name of person comp 	pensated and regis	stration	status													
Indicate whether the person co	mpensated is a regist	trant.			No No		\checkmark	Yes								
If the person compensated is a	n individual, provide	the nam	e of the ir	ndivid	dual.											
Full legal name of indiv	vidual															
		Family n	ame			First	t given r	name				Sec	ondary (given n	ames]
If the person compensated is no	ot an individual, prov	ide the f	following	infor	mation.											
Full legal name	of non-individual	Raym	ond Jam	nes L	_td.											
F	irm NRD number	8	2	4	0					(if app	licable	e)				
Indicate whether the person co	mpensated facilitated	d the dis	tribution i	throu	ıgh a fundi	ng port	al or ai	n inter	net-l	based	portal.] No	\checkmark] Yes
b) Business contact info	rmation															
If a firm NRD number is not pr	ovided in Item 8 (a), j	provide t	the busine	ess co	ontact info	rmation	of the	persoi	n bei	ng cor	npenso	ated.				
Street address																
Municipality							F	Provin	ice/S	State						
Country						Ρ	ostal	code/	Zip (code						
Email address]		Telep	phone	nur	nber						
c) Relationship to issuer	or investment fun	d mana	ager]						<u> </u>					
Indicate the person's relationsh the Instructions and the meani												of "co	onnecte	ed″ in I	Part E	8(2) of
Connect with the issu	er or investment fur	nd mana	ger				Insider	of the	issu	uer (otl	her tha	an ar	invest	ment	fund)	
Director or officer of t	he investment fund	or inves	tment fun	d ma	anager		Employ	yee of	the i	issuer	or inv	estm	ent fun	d mar	ager	
None of the above					-										-	
d) Compensation details																
Provide details of all compensation Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with th	commissions, securiti ch as clerical, printin ne directors, officers c	es-based g, legal or emplo	d compen or accoun	satio nting	n, gifts, dis services. A	counts o n issuer	or othe • is not	r com requir	penso ed to	ation. ask fo	Do no	t repo	ort payı	ments	for se	ervices
Cash commissions pa		4.93						Secur	ity co	de 1	Secu	urity c	ode 2	Secu	rity co	de 3
Value of all securition distributed as compensation				S	Security co	des										
Describe	erms of warrants, op	ptions o	r other rig	hts												
Other compensation	n ⁵		Descr	ibe												
Total compensation pa	nid	4.93														
Check box if the pe	erson will or may rec	eive any	deferred	l com	npensation	(descr	ibe the	terms	s belo	(wc						
	Ltd. will receive a % on Class B Seri															-
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec dditional securities o	urity cod	ies for all													er

a) Name of person comp	ensated and regis	stration	status												
Indicate whether the person cor	npensated is a regist	trant.			🗌 No		\checkmark	Yes							
If the person compensated is an	individual, provide	the nam	e of the	individ	ual.										
Full legal name of indiv	idual														
		Family na	ame		-1	First	given n	ame			Sec	ondary	given na	mes	
If the person compensated is no	t an individual, prov	ide the f	following	ı inforn	nation.										
Full legal name	of non-individual	PI Fin	ancial (Corp.											
F	rm NRD number	5	2	9	0				(if a	applic	able)				
Indicate whether the person cor	npensated facilitated	d the dist	tribution	throug	gh a fund	ng porta	al or ar	n intern	et-bas	ed po	ortal.] No	\checkmark	Yes
b) Business contact infor	mation														
If a firm NRD number is not pro	ovided in Item 8 (a), j	provide t	the busir	ness coi	ntact info	rmation	of the	person	being	сотр	ensated.				
Street address															
Municipality							Ρ	Provinc	e/Sta	te					
Country						P	ostal c	code/Z	ip coc	le					
Email address							Telep	hone	numb	er					
c) Relationship to issuer	or investment fun	d mana	ager												
Indicate the person's relationshitted the Instructions and the meaning the mea											ing of "c	onnect	ed" in P	art B	(2) of
Connect with the issu	-				F - F		-	-			er than a	n inves	tment fi	und)	
Director or officer of t	ne investment fund	or invest	tment fu	nd mai	nager		Employ	vee of t	he issu	uer oi	r investn	nent fur	id mana	ager	
✓ None of the above					-									-	
d) Compensation details															
Provide details of all compensat	ion paid. or to be pa	id. to the	e person	identif	ied in Iter	n 8(a) in	conne	ction w	ith the	distr	ibution.	Provide	all am	ounts	in
Canadian dollars. Include cash c	ommissions, securiti	es-based	d compe	nsation	n, gifts, dis	counts o	or othe	r comp	ensatic	on. Do	o not rep	ort pay	ments f	or sei	rvices
incidental to the distribution, su- allocation arrangements with th										k for	details a	bout, o	· report	on, ii	nternal
Cash commissions pa	id 1	29.45						Securit	v aada	1	Security	odo 2	Secur	ity oo	
Value of all securitie							_	Security	y code		Security		Secur		
distributed as compensatio	-			S	ecurity co	des	L								
Describe t	erms of warrants, or	otions or	r other ri	ghts											
Other compensation	n ⁵		Desc	cribe											
Total compensation pa	id 1	29.45		L											
Check box if the pe	rson will or may rec	eive any	v deferre	d com	pensatior	(descri	be the	terms	below)						
PI Financial Corp. Shares, 1% on CI Shares.															ling
⁴ Provide the aggregate value of additional securities of the issu- rights exercisable to acquire an ⁵ Do not include deferred comp	er. Indicate the sec dditional securities d	urity coa	ies for a												r

ITEM 9 - DIRECTORS, EXECU	ITIVE OFFICERS	AND PROMOT	ERS OF THE ISS	UER				
If the issuer is an investment fun	d, do not complete	Item 9. Procced to	ltem 10.					
Indicate whether the issuer is any o	f the following (seled	t the one that applie	es - if more than one	applies, select onl	y one).			
Reporting issuer in any juri	sdiction of Canada							
Foreign public issuer								
Wholly owned subsidiary of	f a reporting issuer i	n any jurisdiction of	Canada ⁶					
Provide nar	me of reporting issue	er						
Wholly owned subsidiary of	f a foreign public iss	uer ⁶						_
Provide name o	f foreign public issue	er]
Issuer distributing only eligi	ble foreign securitie	s and the distributio	n is to permitted clie	nts only7				
If the issuer is at least one of the	above, do not com	plete Item 9(a) – (d	c). Proceed to Item	10.				
⁶ An issuer is a wholly owned subsic securities that are required by law t respectively. ⁷ Check this box if it applies to the c clients. Refer to the definitions of "e	o be owned by its di urrent distribution ev	rectors, are benefic ven if the issuer mad	ially owned by the re de previous distributi	porting issuer or t ions of other types	he foreign	public is	suer,	
✓ If the issuer is none of the	above, check this l	box and complete I	ltem 9(a) - (c).					
a) Directors, executive officer	rs and promoters	of the issuer						
Provide the following information fo territory; otherwise state the country						tate the j	province	or
Organization or company name	Family name	First given name	Secondary given names	Business loc non-individe resident jurisdictio individu	ual or ail n of		onship to ct all that	
				Province or	country	D	0	Р
	Granleese	William		British Columb	a	~	~	
	Granleese	William	R.	British Columb	a	~		
	Worsnup	Christopher	Gavin	British Columb	a	✓		
b) Promoter information								
If the promoter listed above is not ar within Canada, state the province or								
Organization or company name	ame Family name First given name Secondary given names Residential Secondary given names Residential Secondary given names Residential Secondary given individual (select one or both if applicable)							
				Province or country	D		0	
c) Residential address of sea	hindividual							
c) Residential address of eac		racidantial address	for each individua-	listed in Item O	(a) and (L)) and at	ach to t	ha
Complete Schedule 2 of this form completed report. Schedule 2 also					u) una (D)	, ana ati		

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	ind Ltd.				
Full legal name	Granleese	William	F	R.		
	Family name	First given name		Seconda	ary given n	ames
Title	Portfolio Manager					
Telephone number	6045302301	Email address	will@ar	ntriminvest	ments.co	om
Signature	"William Granleese"	Date	2020	01	10	
			YYYY	MM	DD	-

ITEM 11- CONTACT PERSON

Provide the following business contact information for the individual that the securities regulatory authority or regulator may contact with any questions regarding the contents of this report, if different than the individual certifying the report in Item 10.

Same as individual certifying the report

Full legal name				Title	
·	Family name	First given name	Secondary given names		
Name of company					
Telephone number		Er	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.