# Form 45-106F1 Report of Exempt Distribution

## IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

| ITEM 1 - REPORT TYPE   |  |                                |                            |                 |  |  |  |
|--|--|--------------------------------|----------------------------|-----------------|--|--|--|
| New report     Amended report If amen  |  |                                |                            |                 |  |  |  |
| ITEM 2 - PARTY CERTIFYING THE  | REPORT   |                                |                            |                 |  |  |  |
| Indicate the party certifying the report (sele<br>National Instrument 81-106 Investment Fu |  |                                |                            | ection 1.1 of   |  |  |  |
| Investment fund issuer   |  |                                |                            |                 |  |  |  |
| ✓ Issuer (other than an invest   | stment fund)   |                                |                            |                 |  |  |  |
|  |  |                                |                            |                 |  |  |  |
| Item 3 - Issuer Name and Ot  |  |                                |                            |                 |  |  |  |
| Provide the following information about th   |  | vestment fund, about the fund. |                            |                 |  |  |  |
| Full legal name  | Antrim Balanced Morte  |                                |                            |                 |  |  |  |
| Previous full legal name   |  |                                |                            |                 |  |  |  |
|  | the last 12 months provide m   | ost recent previous legal name |                            |                 |  |  |  |
| Website  | the last 12 months, provide most recent previous legal name.           www.antriminvestments.com         (if applicable) |                                |                            |                 |  |  |  |
|  |  |                                |                            |                 |  |  |  |
| If the issuer has a legal entity identifier, pro<br>Legal entity identifier                | Svide below. Refer to Part B of t  |                                | oj legal entity taentifier |                 |  |  |  |
|  |  |                                |                            |                 |  |  |  |
| ITEM 4 - UNDERWRITER INFORM  | IATION   |                                |                            |                 |  |  |  |
| If an underwriter is completing the report,  | provide the underwriter's full le  | gal name and firm National Reg | gistration Database (NRD   | ) number.       |  |  |  |
| Full legal name  |  |                                |                            |                 |  |  |  |
| Firm NRD number  |  | (if applicable)                |                            |                 |  |  |  |
| If the underwriter does not have a firm NR.  | If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.      |                                |                            |                 |  |  |  |
| Street address   |  |                                |                            |                 |  |  |  |
| Municipality   |  | Province/State                 |                            |                 |  |  |  |
| Country  |  | Postal code/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 corresponds to the issuer's primary business activity.<br>For more information on finding the NAICS industry code go to <b>Statistics Canada's NAICS industry search tool.</b>   |  |  |  |  |  |  |  |  |
| NAICS industry code 5 2 2 2 9 9   |  |  |  |  |  |  |  |  |
| If the issuer is in the <b>mining industry</b> , 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 is to invest all or substantially all of its assets in any of the following? If yes, select all that apply.           Image: |  |  |  |  |  |  |  |  |
| 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       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   |  |  |  |  |  |  |  |  |
| 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.   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| 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 names of all exchanges on which its securities are listed. Include only the names of exchanges for which the issuer has applied for and received a listing, which excludes, for example, automated trading systems.   |  |  |  |  |  |  |  |  |
| Exchange name(s):   |  |  |  |  |  |  |  |  |
| h) Size of issuer's assets  |  |  |  |  |  |  |  |  |
| Select the size of the issuer's assets for its most recent financial year-end (Canadian \$). If the issuer has not existed for a full 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 \$1B or over  |  |  |  |  |  |  |  |  |

| ITEM 6 - INVESTMENT FUND ISSUER INFORMATION  |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| If the issuer is an investment fund, provide the following information.  |   |  |  |  |  |  |
| a) Investment fund m   | anager informaiton  |  |  |  |  |  |
| Full legal name  |   |  |  |  |  |  |
| Firm NRD number  | (if applicable)   |  |  |  |  |  |
| If the investment fund ma  | nager 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 investmen   | t fund  |  |  |  |  |  |
| Type of investment fund the  | at most accurately identifies the issuer (select only one) .  |  |  |  |  |  |
| Money market   | Equity Fixed income   |  |  |  |  |  |
| Balanced   | Alternative strategies 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 Fund <sup>1</sup>   |   |  |  |  |  |  |
| directives that allow collecti   | ive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU)<br>ve 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  |   |  |  |  |  |  |
| d) Reporting issuer status of the investment fund  |   |  |  |  |  |  |
| Is the investment fund a rep   | porting issuer in any jurisdication of Canada? 🔲 No 🗌 Yes   |  |  |  |  |  |
|  | of Canada in which the investment fund is a reporting issuer.   |  |  |  |  |  |
|  |   |  |  |  |  |  |
| e) Public listing statu  | NU   ON   PE   QC   SK   YT     s of the investment fund  |  |  |  |  |  |
| If the investment fund has a   | a CUSIP number, provide below (first 6 digits only)   |  |  |  |  |  |
|  | CUSIP number  |  |  |  |  |  |
| If the investment fund is publicly listed, provide the names of all exchanges on which its securities are listed. Include only the names of exchanges for which the issuer has applied for and received a listing, which excludes, for example, automated trading systems. |   |  |  |  |  |  |
| Exchage name   | ·\$   |  |  |  |  |  |
| f) Net asset value (NA   | 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 \$50   |   |  |  |  |  |  |
|  | YYYY MM DD  |  |  |  |  |  |

| ITEM 7 - INFORMATION A   | BOUT THE DISTRIBUTIO   | ON          |                      |                    |                              |                       |                       |  |  |
|--|--|-------------|----------------------|--------------------|------------------------------|-----------------------|-----------------------|--|--|
| If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about<br>purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees, which<br>should be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report.  |  |             |                      |                    |                              |                       |                       |  |  |
| a) Currency  |  |             |                      |                    |                              |                       |                       |  |  |
| -  | Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars.                                       |             |                      |                    |                              |                       |                       |  |  |
|  | US dollar Eur  | 0           | Other (              | describe           | )                            |                       |                       |  |  |
| b) Distribution date(s)  |  | 1 1 6       | ·.· .· .·            |                    |                              | · · · · · ·           |                       |  |  |
| 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.<br>Start date $ \begin{array}{c c c c c c c c c c c c c c c c c c c $  |  |             |                      |                    |                              |                       |                       |  |  |
| c) Detailed purchaser inform   | nation   |             |                      |                    |                              |                       |                       |  |  |
| Complete Schedule 1 of this f  | orm for each purchaser a   | nd attac    | h the sched          | lule to t          | he completed                 | report.               |                       |  |  |
| d) Types of securities distrib   | outed  |             |                      |                    |                              |                       |                       |  |  |
| Provide the following information<br>Instructions for how to indicate th<br>distributed.   |  |             |                      |                    |                              |                       |                       |  |  |
|  |  |             |                      |                    |                              | Canadian \$           |                       |  |  |
| Security<br>code CUSIP number<br>(if applicable)   | Description of security  |             | Numbe<br>securit     |                    | Single or<br>lowest<br>price | Highest price         | Total amount          |  |  |
| P R S Sh Cla<br>Vo<br>Cla  | ss A Preferred Non-Voting<br>ares - \$1,139,757.00<br>ss B Series 'B' Preferred Non-<br>ing Shares - \$825,248.00<br>ss B Series 'C' Preferred Non-<br>ing Shares - \$2,183,686.00 |             | 1.0000               | 1.0000             | 4,148,691.00                 |                       |                       |  |  |
| e) Details of rights and convertible/exchangeable securities   |  |             |                      |                    |                              |                       |                       |  |  |
| If any rights (e.g. warrants, option<br>were distributed, provide the con  | ns) were distributed, provide the  | e exercise  |                      |                    |                              |                       | changeable securities |  |  |
| Security Underlying code Security code   | Exercise price<br>(Canadian \$)<br>Lowest Highest  |             | iry date<br>- MM-DD) | Convers<br>ratio   |                              | ibe other items (if a | pplicable)            |  |  |
|  |  |             |                      |                    |                              |                       |                       |  |  |
| f) Summary of the distribution   | on by jurisdiction and exem  | nption      |                      |                    |                              |                       |                       |  |  |
| 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.<br>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.<br>For jurisdictions within Canada, state the province or territory, otherwise state the country. |  |             |                      |                    |                              |                       |                       |  |  |
| Province or country  | Exemption  | n relied on |                      |                    | Number of purchasers         | Total amoun           | t (Canadian \$)       |  |  |
| British Columbia   | NI 45-106 2.9(1) [Offer<br>(BC, NL)  | ring mei    | morandum             | ]                  | 114                          |                       | 3,723,491.00          |  |  |
| Alberta  | NI 45-106 2.9(2.1) [Off<br>(AB, SK, ON, QC, NB,  | NS)         |                      | _                  | 3                            |                       | 270,000.00            |  |  |
| Ontario  | NI 45-106 2.9(2.1) [Off<br>(AB, SK, ON, QC, NB,  |             | emorandu             | m]                 | 12                           |                       | 155,200.00            |  |  |
|  |  | Total dol   | lar amount o         | of securit         | ies distributed              |                       | 4,148,691.00          |  |  |
|  | Total num  | ber of ur   | ique purcha          | isers <sup>2</sup> | 120                          |                       |                       |  |  |

<sup>2</sup>In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

## g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides.<sup>3</sup> 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<br>(Canadian \$) |
|---|-------------------------------|
|   |                               |
| Total net proceeds to the investment fund |                               |

<sup>3</sup>"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<br>material<br>(YYYY-MM-DD) | Previously filed with<br>or delivered to<br>regulator?<br>(Y/N) | Date previously filed or delivered<br>(YYYY-MM-DD) |
|-------------|---|---|--|
|             |   |   |  |

| 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. <b>Complete additional copies of this page if more than one person was, or will be, compensated.</b>   |  |  |  |  |  |  |
| Indicate whether any compensation was paid, or will be paid, in connection with the distribution.   |  |  |  |  |  |  |
| No Ves If yes, indicate number of persons compensated.  |  |  |  |  |  |  |
| a) Name of person compensated and registration status   |  |  |  |  |  |  |
| Indicate whether the person compensated is a registrant. No Ves   |  |  |  |  |  |  |
| If the person compensated is an individual, provide the name of the individual.   |  |  |  |  |  |  |
| Full legal name of individual   |  |  |  |  |  |  |
| Family name     First given name     Secondary given names  |  |  |  |  |  |  |
| If the person compensated is not an individual, provide the following information.  |  |  |  |  |  |  |
| Full legal name of non-individual Holliswealth Advisory Services Inc.   |  |  |  |  |  |  |
| Firm NRD number 3 4 0 (if applicable)   |  |  |  |  |  |  |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  |  |  |  |  |  |  |
| b) Business contact information   |  |  |  |  |  |  |
| If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated.   |  |  |  |  |  |  |
| Street address  |  |  |  |  |  |  |
| Municipality Province/State   |  |  |  |  |  |  |
| Country Postal code/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 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 paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer. |  |  |  |  |  |  |
| Cash commissions paid     123.81       Security codes     Security code 1       Security code 2     Security code 3   |  |  |  |  |  |  |
| Value of all securities<br>distributed as<br>compensation <sup>4</sup>  |  |  |  |  |  |  |
| Describe terms of warrants, options or other rights   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Total compensation paid 123.81<br>↓ Check box if the person will or may receive any deferred compensation (describe the terms below)  |  |  |  |  |  |  |
| Holliswealth Advisory Services Inc. will receive an annual trailer fee paid monthly in the amount of 1/2% on Class A<br>Preferred Non-Voting Shares, 1% on Class B Series 'B' Preferred Non-Voting Shares and 0% on Class B Series 'C'<br>Preferred Non-Voting Shares.  |  |  |  |  |  |  |
| <sup>4</sup> Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer.   |  |  |  |  |  |  |

<sup>5</sup>Do not include deferred compensation.

| a) Name of person compensation   | ated and registration status  |                              |                                  |                         |  |  |  |
|--|---|------------------------------|----------------------------------|-------------------------|--|--|--|
| Indicate whether the person com  | pensated is a registrant.   | □ No 🗸                       | Yes                              |                         |  |  |  |
| If the person compensated is an individual, provide the name of the individual.                    |   |                              |                                  |                         |  |  |  |
| Full legal name of individua   | I   |                              |                                  |                         |  |  |  |
|  | Family name   | First given name             | Secondary give                   | n names                 |  |  |  |
| If the person compensated is not an individual, provide the following information.                 |   |                              |                                  |                         |  |  |  |
| Full legal name of non-individual Raymond James Ltd.   |   |                              |                                  |                         |  |  |  |
| Firm N   | IRD number 8 2 4  | 0                            | (if applicable)                  |                         |  |  |  |
| Indicate whether the person comp   | pensated facilitated the distribution th  | rough a funding portal or    | an internet-based portal.        | 🗌 No 🗸 Yes              |  |  |  |
| b) Business contact informati  |   | 5 , 5,                       | ,                                |                         |  |  |  |
| If a firm NRD number is not provia   | led in Item 8 (a), provide the business   | contact information of the   | e person being compensat         | ed.                     |  |  |  |
| Street address   |   |                              |                                  |                         |  |  |  |
| Municipality   |   | P                            | rovince/State                    |                         |  |  |  |
| Country  |   | Postal c                     | ode/Zip code                     |                         |  |  |  |
| Email address  |   |                              | hone number                      |                         |  |  |  |
|  |   | i elepi                      |                                  |                         |  |  |  |
| c) Relationship to issuer or in  |   |                              |                                  |                         |  |  |  |
|  | vith the issuer or investment fund mai<br>raning of "control" in section 1.4 of NI  | 5                            |                                  | connectea in Part       |  |  |  |
| Connect with the issuer or   | investment fund manager   | Insider                      | of the issuer (other than a      | n investment fund)      |  |  |  |
| Director or officer of the inv   | vestment fund or investment fund ma   | anager Employ                | ee of the issuer or investr      | nent fund manager       |  |  |  |
| None of the above  |   | _                            |                                  |                         |  |  |  |
| d) Compensation details  |   |                              |                                  |                         |  |  |  |
|  | paid, or to be paid, to the person ider   |                              |                                  |                         |  |  |  |
|  | nmissions, securities-based compensat<br>on, such as clerical, printing, legal or a |                              |                                  |                         |  |  |  |
|  | ts with the directors, officers or emplo  | 5                            | •                                | •                       |  |  |  |
| Cash commissions paid  | 27.80   | Security codes               | Security code 1 Security         | code 2 Security code 3  |  |  |  |
| Value of all securities  |   | Security codes               |                                  |                         |  |  |  |
| distributed as compensation <sup>4</sup>   |   |                              |                                  |                         |  |  |  |
| L<br>Describe terms  | of warrants, options or other rights  |                              |                                  |                         |  |  |  |
| Other compensation <sup>5</sup>  | Describe  |                              |                                  |                         |  |  |  |
| Total compensation paid  | 27.80   |                              |                                  |                         |  |  |  |
| ✓ Check box if the person will or may receive any deferred compensation (describe the terms below) |   |                              |                                  |                         |  |  |  |
| Raymond James Ltd.   | will receive an annual trailer fee  | paid monthly in the arr      | ount of 1/2% on Class            | A Preferred Non-        |  |  |  |
|  | Class B Series 'B' Preferred Nor  |                              |                                  |                         |  |  |  |
|  | Il securities distributed as compensa   |                              |                                  |                         |  |  |  |
| additional securities of the issuer.<br>rights exercisable to acquire addit                        | Indicate the security codes for all se<br>tional securities of the issuer.          | ecurities distributed as con | mpensation, <u>including</u> opt | ions, warrants or other |  |  |  |
| <sup>5</sup> Do not include deferred compens   | sation.   |                              |                                  |                         |  |  |  |

| a) Name of person com  | pensated and registration status   |          |  |  |  |  |  |
|--|--|----------|--|--|--|--|--|
| Indicate whether the perso   | n compensated is a registrant. 🔲 No 📝 Yes  |          |  |  |  |  |  |
| If the person compensated is an individual, provide the name of the individual.                    |  |          |  |  |  |  |  |
| Full legal name of indi  | ridual   |          |  |  |  |  |  |
|  | Family name         First given name         Secondary given names   |          |  |  |  |  |  |
| If the person compensated  | If the person compensated is not an individual, provide the following information.   |          |  |  |  |  |  |
| Full legal name  | of non-individual Echelon Wealth Partners Inc.   |          |  |  |  |  |  |
| Firm NRD number 3 2 4 2 0 (if applicable)  |  |          |  |  |  |  |  |
| Indicate whether the persor  | compensated facilitated the distribution through a funding portal or an internet-based portal.   | ✓ Yes    |  |  |  |  |  |
| b) Business contact info   |  | <u> </u> |  |  |  |  |  |
| If a firm NRD number is not  | provided in Item 8 (a), provide the business contact information of the person being compensated.  |          |  |  |  |  |  |
| Street address   |  |          |  |  |  |  |  |
| Municipality   | Province/State   |          |  |  |  |  |  |
| Country  | Postal code/Zip code   |          |  |  |  |  |  |
| Email address  | Telephone number   |          |  |  |  |  |  |
|  |  |          |  |  |  |  |  |
|  | or investment fund manager   | aut      |  |  |  |  |  |
|  | ship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in P<br>ne meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.                      | art      |  |  |  |  |  |
| Connect with the iss   | er or investment fund manager Insider of the issuer (other than an investment fun  | d)       |  |  |  |  |  |
| Director or officer of   | he investment fund or investment fund manager Employee of the issuer or investment fund manage   | er       |  |  |  |  |  |
| None of the above  |  |          |  |  |  |  |  |
| d) Compensation details  |  |          |  |  |  |  |  |
|  | ation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all am   |          |  |  |  |  |  |
|  | h commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments †<br>ibution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, o |          |  |  |  |  |  |
|  | ements with the directors, officers or employees of a non-individual compensated by the issuer.  | πτεροτί  |  |  |  |  |  |
| Cash commissions p   | aid 2.05 Security codes Security code 1 Security code 2 Security   | code 3   |  |  |  |  |  |
| Value of all securiti  |  |          |  |  |  |  |  |
| distributed<br>compensation  |  |          |  |  |  |  |  |
| Describe   | erms of warrants, options or other rights  |          |  |  |  |  |  |
| Other compensation   | n <sup>5</sup> Describe  |          |  |  |  |  |  |
| Total compensation p   |  |          |  |  |  |  |  |
| ✓ Check box if the person will or may receive any deferred compensation (describe the terms below) |  |          |  |  |  |  |  |
| Echelon Wealth I   | artners Inc. will receive an annual trailer fee paid monthly in the amount of 1/2% on Class A Pref   | erred    |  |  |  |  |  |
| Non-Voting Shar<br>Non-Voting Shar   | es, 1% on Class B Series 'B' Preferred Non-Voting Shares and 0% on Class B Series 'C' Preferre<br>es.  | d        |  |  |  |  |  |
|  | e of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acqu  |          |  |  |  |  |  |
|  | suer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or<br>additional securities of the issuer.  | other    |  |  |  |  |  |
| <sup>5</sup> Do not include deferred co  |  |          |  |  |  |  |  |

| ITEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER  |   |  |   |  |   |                                |         |          |                   |
|---|---|--|---|--|---|--------------------------------|---------|----------|-------------------|
| If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.  |   |  |   |  |   |                                |         |          |                   |
| Indicate whether the issuer is any of the following (select all that apply).  |   |  |   |  |   |                                |         |          |                   |
| Reporting issuer in any jurisdiction of Canada  |   |  |   |  |   |                                |         |          |                   |
| Foreign public issuer   |   |  |   |  |   |                                |         |          |                   |
| Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada <sup>6</sup>  |   |  |   |  |   |                                |         |          |                   |
| Provide name of reporting issuer  |   |  |   |  |   |                                |         |          |                   |
| Wholly owned subsidiary of a foreign public issuer <sup>6</sup>   |   |  |   |  |   |                                |         |          |                   |
| Provid  | le name of fo   | reign public issuer                            |   |  |   |                                |         |          |                   |
| Issuer distributing   | g eligible forei  | gn securities only t                           | o permitted clier   | nts <sup>7</sup>   |   |                                |         |          |                   |
| If the issuer is at least   | one of the al   | oove, do not comp                              | lete Item 9(a) –  | (c). Proceed to Ite  | m 10.   |                                |         |          |                   |
| <sup>6</sup> An issuer is a wholly own<br>securities that are require<br><sup>7</sup> Checck this box if it appl<br>clients. Refer to the defin.<br>↓ If the issuer is no | ed by law to be<br>lies to the curr<br>itions of "eligi   | e owned by its direct<br>rent distribution eve | ctors, are benefic<br>en if the issuer m<br>and "permitted" | cially owned by the<br>ade previous distri<br>client" in Part B(1) | reporting issuer<br>butions of other i  | or the foreig<br>types of secu | n publ  | ic issue | er, respectively. |
| a) Directors, execut  |   |  | -   | item 5(u) - (c).   |   |                                |         |          |                   |
| Provide the following in<br>territory; otherwise state  | formation for   | each director, execu                           | utive officer and   |  |   |                                | da, sta | te the p | rovince or        |
| Organization or con   | npany name  | Family name                                    | First given<br>name   | Secondary give<br>names  | ven Business location of non-individual or residentail jurisdiction of individual of individual or successful that apply) |                                | that    |          |                   |
|   |   |  |   |  | Province o  | or country                     | D       | 0        | Р                 |
|   |   | Granleese                                      | William   |  | British Colun   | nbia                           | ✓       | ✓        |                   |
|   |   | Granleese                                      | William   | R.   | British Colun   | nbia                           | ✓       |          |                   |
|   |   | Dyck   | Victor  |  | British Colun   | nbia                           | ✓       |          |                   |
|   |   | Worsnup  | Christopher   | Gavin  | British Colun   | nbia                           | ✓       |          |                   |
| b) Promoter informa   | ition   |  |   |  |   |                                |         |          |                   |
|   | If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer. |  |   |  |   |                                |         |          |                   |
| Organization or con   | npany name  | Family name                                    | First given name  | Secondary given names  | Residential<br>jurisdiction of<br>individual  | Relatio<br>(select one         |         |          |                   |
|   |   |  |   |  | Province or<br>country  | D                              |         | C        | >                 |
|   |   |  |   |  |   |                                |         |          |                   |
| c) Residential addre  |   |  |   |  |   |                                |         |          |                   |
| Complete Schedule 2 of<br>completed report. Sche  |   |  |   |  |   | m 9(a) and                     | (b) an  | d attac  | h to the          |

## ITEM 10 - CERTIFICATION

Provide the following certification and business contact information of an officer or director 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 not be delegated to an agent or other individual preparing the report on behalf of the issuer or underwriter. If the individual completing and filing the report is different from the individual certifying the report, provide their name and contact details 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.

## IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

By completing the information below, I certify to the securities regulatory authority or regulator that:

- I have read and understand this report; and
- all of the information provided in this report is true.

| Full legal name  | Granleese                          | William               | R.                    |  |
|--|------------------------------------|-----------------------|-----------------------|--|
|  | Family name                        | First given name      | Secondary given names |  |
| Title  | Director                           |                       |                       |  |
| Name of issuer/underwriter/<br>investment fund manager | Antrim Balanced Mortgage Fund Ltd. |                       |                       |  |
| Telephone number                                       | 6045302301                         | Email address will@an | triminvestments.com   |  |
| Signature  | William R. Granleese               | Date 2017             | 02 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.

 $\checkmark$  Same as individual certifying the report

| Full legal name  |             |                  |                          | Title |
|------------------|-------------|------------------|--------------------------|-------|
|                  | Family name | First given name | Secondary given<br>names |       |
| Name of company  |             |                  |                          |       |
| Telephone number |             | E                | mail address             |       |

#### Notice - Collection and use of personal information

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

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

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

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

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