# 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 (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								
✓ Issuer (other than an invest	stment fund)							
Item 3 - Issuer Name and Ot								
Provide the following information about th		westment fund, about the fund.						
Full legal name	Antrim Balanced Morte							
Previous full legal name								
	hanged in the last 12 months, provide most recent previous legal name.							
Website								
If the issuer has a legal entity identifier, pro Legal entity identifier	Wide below. Refer to Part B of		of legal entity taentifier .					
ITEM 4 - UNDERWRITER INFORM	IATION							
If an underwriter is completing the report,	provide the underwriter's full le	egal name and firm National Reg	istration Database (NRD)	number.				
Full legal name				7				
Firm NRD number	(if applicable)							
If the underwriter does not have a firm NR	D number, provide the head of	fice contact information of the u	nderwriter.					
Street address				7				
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. 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 manager 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) 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 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 names						
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 \$).						
\$0 to under \$5M	\$5M to under \$25M \$25M to under \$100M					
\$100M to under \$50						
	YYYY MM DD					

Item 7 - Information	ABOUT THE DISTRIBUTION	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 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 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 currencie	s in which the distribution was ma	ade. All do	llar amounts	provided in	the report mus	t be in Canadian	dollars.
✓ Canadian dollar	US dollar Eur	ro	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.							
	rt date 2016 11 2. YYYY MM DI			End date		11 29 MM DD	
c) Detailed purchaser in	formation						
Complete Schedule 1 of th	is form for each purchaser a	nd attac	h the sche	dule to th	e completed	report.	
d) Types of securities di	stributed					-	
Provide the following inform	ation for all distributions that take te the security code. If providing th					umber assigned	
						Canadian \$	
Security code (if applicable)	Description of security		Numbe securi		Single or lowest price	Highest price	Total amount
PRS	Shares - \$2,100,374.00 Class B Series 'B' Preferre Voting Shares - \$265,400. Class B Series 'C' Preferre	lass A Preferred Non-Voting hares - \$2,100,374.00 lass B Series 'B' Preferred Non- oting Shares - \$265,400.00 lass B Series 'C' Preferred Non- oting Shares - \$2,001,017.00			1.0000	1.0000	4,366,791.00
e) Details of rights and convertible/exchangeable securities							
	tions) were distributed, provide th conversion ratio and describe any						changeable securities
Security Underlying security code	Exercise price (Canadian \$) Lowest Highest		iry date - MM-DD)	Conversio ratio		be other items (if a	pplicable)
f) Summary of the distril	oution by jurisdiction and exen	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. 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	Exemptio	n relied on			Number of	Total amour	nt (Canadian \$)
British Columbia	NI 45-106 2.9(1) [Offe (BC, NL)	Exemption relied on         purchasers         Total amount (Canadian \$)           NI 45-106 2.9(1) [Offering memorandum]         105         4,366,791				4,366,791.00	
	· · · · ·	Total dol	lar amount	of securitie	es distributed		4,366,791.00
	Total number of unique purchasers <sup>2</sup> 99						
-	ber of unique purchasers to which e types of securities to, and relied					aser only once, re	gardless of whether

#### 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 (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 material (YYYY-MM-DD)	Previously filed with or delivered to regulator? (Y/N)	Date previously filed or delivered (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       38.21         Security codes       Security code 1         Security code 2       Security code 3					
Value of all securities distributed as compensation <sup>4</sup>					
Describe terms of warrants, options or other rights					
Total compensation paid       38.21         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					
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.					
<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 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 indiv	ridual					
	Family name First given name Secondary given names					
If the person compensated i	If the person compensated is not an individual, provide the following information.					
Full legal name of non-individual Raymond James Ltd.						
Firm NRD number 8 2 4 0 (if applicable)						
Indicate whether the person	compensated facilitated the distribution through a funding portal or an internet-based portal. No 🗸 Yes					
b) Business contact info	rmation					
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 ship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part					
	the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.					
Connect with the issu	er or investment fund manager Insider of the issuer (other than an investment fund)					
Director or officer of t	he investment fund or investment fund manager Employee of the issuer or investment fund manager					
✓ None of the above						
d) Compensation details						
Canadian dollars. Include cas services incidental to the distr	ation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in h commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for ibution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report ements with the directors, officers or employees of a non-individual compensated by the issuer.					
Cash commissions pa	aid     2.47       Security codes     Security code 1       Security code 2     Security code 3					
Value of all securitie						
distributed a compensatio						
Describe	erms of warrants, options or other rights					
Other compensatio	n <sup>s</sup> Describe					
Total compensation pa	id 2.47					
✓ 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 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.						
additional securities of the is	e of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire suer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other additional securities of the issuer. npensation.					

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	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>								
Provide name of fo	oreign public issuer							
Issuer distributing eligible fore	ign securities only t	o permitted clier	nts <sup>7</sup>					
If the issuer is at least one of the a	bove, do not comp	lete Item 9(a) –	(c). Proceed to Ite	m 10.				
<sup>6</sup> An issuer is a wholly owned subsidia securities that are required by law to L <sup>7</sup> Checck this box if it applies to the cu clients. Refer to the definitions of "elig ↓ If the issuer is none of the a	e owned by its dire rent distribution eve ible foreign security	ctors, are benefi en if the issuer m and "permitted"	cially owned by the nade previous distri client" in Part B(1)	reporting issuer butions of other i	or the foreig	n publ	ic issue	er, respectively.
a) Directors, executive officers		-	(u) (u)					
Provide the following information fo territory; otherwise state the country					- Promoter.			
Organization or company name	Family name	First given name	Secondary give names	non-indivi	dual or ntail ion of		ationshi issuer ect all apply)	that
				Province of	or country	D	0	Р
	Granleese	William		British Colun	nbia	✓	✓	
	Granleese	William	R.	British Colun	nbia	✓		
	Dyck	Victor		British Colun	nbia	✓		
	Worsnup	Chritopher	Gavin	British Colun	nbia	✓		
b) Promoter information								
	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 company name	Organization or company name Family name Family name Residential purisdiction of individual Relationship to promoter (select one or both if applicable)							
				Province or country	D		C	)
c) Residential address of each								
Complete Schedule 2 of this form p completed report. Schedule 2 also r					m 9(a) and	(b) an	d attac	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		-	Secondary give	en names
Title	Director				
Name of issuer/underwriter/ investment fund manager	Antrim Balanced Mortgage Fund Ltd.				
Telephone number	6045302301	Email address w	/ill@antrir	ninvestments	.com
Signature	William R. Granleese	Date	2016	12	02
			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 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.