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	nded, provide filing date	of report that is being am	nended	(YYYY-MM-DD)
ITEM 2 - PARTY CERTIFYING THE	REPORT			
Indicate the party certifying the report (sele 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	HER IDENTIFIERS			
Provide the following information about th		vestment fund, about the fund.		
Full legal name	Antrim Balanced Morte			
Previous full legal name				
If the issuer's name changed in	the last 12 months provide m	ost recent previous legal name		
Website	www.antriminvestment	-	(if applicable)	
If the issuer has a legal entity identifier, pro 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.	D number, provide the head of	fice contact information of the u	nderwriter.	
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. For more information on finding the NAICS industry code go to Statistics Canada's NAICS industry search tool.
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 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 - INVESTMEN	t Fund Issuer Information
If the issuer is an invest	tment 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 ¹	
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 forma	tion Financial year-end MM DD MM DD
d) Reporting issuer s	tatus 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
	blicly listed, provide the names of all exchanges on which its securities are listed. Include only the names of exchanges for I 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 DISTRIBUTIC	N					
If an issuer located outside of Cana- purchasers resident in that jurisdict should be disclosed in Item 8. The in	ion of Canada only. Do not incl	ude in Ite	em 7 securitie	s issued a	is payment of co	mmissions or find	er's fees, which
a) Currency							
Select the currency or currencies in						st be in Canadian	dollars.
	US dollar Euro)	Other (describe	e)		
b) Distribution date(s)							
State the distribution start and end as both the start and end dates. If distribution period covered by the Start da	the report is being filed for secure port.	urities dis			us basis, include e 2016		
c) Detailed purchaser inform	nation						
Complete Schedule 1 of this f	orm for each purchaser ar	nd attac	h the sched	lule to t	the completed	report.	
d) Types of securities distrib	outed						
Provide the following informatior Instructions for how to indicate th distributed.							
						Canadian \$	
Security code CUSIP number (if applicable)	Description of security		Numbe securit		Single or lowest price	Highest price	Total amount
P R S Cla Voi Cla	ass A Preferred Non-Voti ares - \$1,057,480.00 ass B Series 'B' Preferred ting Shares - \$421,498.0 ass B Series 'C' Preferred ting Shares - \$2,674,355	d Non-)0 d Non-		225.00) 1.0000	1.0000	4,153,333.00
	vertible/exchangeable secu					<u> </u>	
If any rights (e.g. warrants, option were distributed, provide the con-	s) were distributed, provide the	exercise					changeable securities
Security Underlying code Security code	Exercise price (Canadian \$) Lowest Highest		ry date - MM-DD)	Convers ratio		ibe other items (if a	pplicable)
f) Summary of the distribution	on by jurisdiction and exem	ption					
State the total dollar amount of se purchaser resides and for each ex- distribution in a jurisdiction of Ca This table requires a separate line purchaser resides, if a purchaser r jurisdiction. For jurisdictions within Canada, se	emption relied on in Canada fo nada, include distributions to p item for: (i) each jurisdiction w resides in a jurisdiction of Canac	r that dis urchasers here a pu da, and (i	tribution. Hov 5 resident in tl ırchaser resid ii) each exem _l	vever, if c nat jurisd es, (ii) eac otion reli	an issuer located liction of Canada ch exemption rel	outside of Canado only. ied on in the juriso	a completes a diction where a
Province or country	Exemption	relied on			Number of purchasers	Total amoun	t (Canadian \$)
British Columbia	NI 45-106 2.9(1) [Offer (BC, NL)	ing mei	morandum		223		4,043,333.00
Alberta	NI 45-106 2.9(2.1) [Offe (AB, SK, ON, QC, NB,		emorandu	m]	1		10,000.00
Ontario	NI 45-106 2.9(2.1) [Offe (AB, SK, ON, QC, NB,		emorandu	m]	1		100,000.00
	1	Fotal dol	lar amount o	of securi	ties distributed		4,153,333.00
	Total numb	per of ur	ique purcha	sers ²	154		

²In 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.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 net proceeds to the investment fund	

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

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

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

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

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

ITEM 8 - COMPENSATION INFORMATION
Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional copies of this page if more than one person was, or will be, compensated.
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.
No 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 38.09 Security codes Security code 1 Security code 2 Security code 3
Value of all securities distributed as compensation ⁴
Describe terms of warrants, options or other rights
Total compensation paid 38.09 ✓ 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.
⁴ 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.

⁵Do 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	<i>r</i> idual
	Family name First given name Secondary given names
If the person compensated i	s not an individual, provide the following information.
Full legal name	of non-individual Raymond James Ltd.
F	irm NRD number 8 2 4 0 (if applicable)
Indicate whether the persor	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
c) Relationship to issuer	r or investment fund manager
Indicate the person's relation	ship 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 t	he 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	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	sation 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 9.75 Security codes Security code 1 Security code 2 Security code 3
Value of all securiti	
distributed a compensatio	
Describe	terms of warrants, options or other rights
Other compensation	n ⁵ Describe
Total compensation pa	aid 9.75
Check box if the pe	erson will or may receive any deferred compensation (describe the terms below)
Raymond James Voting Shares, 19 Voting Shares.	Ltd. will receive an annual trailer fee paid monthly in the amount of 1/2% on Class A Preferred Non- % on Class B Series 'B' Preferred Non-Voting Shares and 0% on Class B Series 'C' Preferred Non-
additional securities of the is	e of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire ssuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other additional securities of the issuer. mpensation.

a) Name of person com	pensated and reg	istration status				
Indicate whether the perso	on compensated is a	registrant.	No No	✓ Yes		
If the person compensated is	an individual, provi	de the name of the ind	ividual.			
Full legal name of indi	vidual	Johnson	Gorde	on		
	Fa	mily name	First given r	name	Secondary given na	ames
If the person compensated	is not an individual,	provide the following ir	nformation.			
Full legal name	e of non-individual					
F	Firm NRD number			(if applicable)	
Indicate whether the persor	n compensated facili	tated the distribution th	nrough a funding po	ortal or an interne	et-based portal.	🗌 No 🗹 Yes
b) Business contact info	ormation					
If a firm NRD number is not	provided in Item 8 (a), provide the business	contact information	n of the person be	eing compensated.	
Street address	#179 - 16080 82	nd Avenue				
Municipality	Surrey]	Province/S	state British Co	olumbia
Country	Canada] Po	ostal code/Zip c	ode V4N 0N6	
Email address	gord.johnson@c	arisfinancial		Telephone num	nber 60459736	680
c) Relationship to issue	.com	nd manager				
Indicate the person's relation		-	nager (select all tha	at apply). Refer to	the meaning of "co	onnected" in Part
B(2) of the Instructions and t			-		-	
Connect with the iss	uer or investment fu	nd manager	🔲 Ir	nsider of the issue	er (other than an in	vestment fund)
Director or officer of	the investment fund	or investment fund ma	anager 🗌 E	mployee of the is	ssuer or investmen	t fund manager
None of the above						
d) Compensation details	5					
Provide details of all compen Canadian dollars. Include cas services incidental to the dist on, internal allocation arrang	sh commissions, secu ribution, such as cler	rities-based compensa ical, printing, legal or d	tion, gifts, discounts accounting services.	s or other compen An issuer is not r	nsation. Do not repo required to ask for d	ort payments for
Cash commissions p	aid	0.82	Security codes	Security cod	de 1 Security code	e 2 Security code 3
Value of all securiti distributed			· · · · · · · · · · · · · · · · · · ·			
compensati						
Describe	terms of warrants, o	options or other rights				
Other compensation	on⁵	Describe				
Total compensation pa	aid	0.82				
Check box if the p	erson will or may re	ceive any deferred con	npensation (describ	be the terms belo	w)	
Gordon Johnson Shares, 1% on C Shares.	will receive an ar lass B Series 'B' l	nual trailer fee paid Preferred Non-Votin	monthly in the ar g Shares and 0%	mount of 1/2% 5 on Class B Se	on Class A Prefe eries 'C' Preferree	erred Non-Voting d Non-Voting
⁴ Provide the aggregate valuaditional securities of the in additional securities of the in rights exercisable to acquire ⁵ Do not include deferred co	ssuer. Indicate the s additional securitie	ecurity codes for all se				

³Do not include deferred compensation.

a) Name of person comper	nsated and registration sta	atus					
Indicate whether the person c	ompensated is a registrant.		No	✓ Yes			
If the person compensated is an	individual, provide the name	of the indiv	idual.				
Full legal name of individe	ual McArthur		Pet	er		lan	
	Family name		First given	name	Seco	ndary given names	,
If the person compensated is n	ot an individual, provide the f	ollowing inf	formation.				
Full legal name of	non-individual						
Firm	n NRD number				(if appl	icable)	
Indicate whether the person co	mpensated facilitated the dist	ribution thr	ough a funding p	ortal or an inte	ernet-base	ed portal.] No 🗸 Yes
b) Business contact inform	ation					·	
If a firm NRD number is not pro	vided in Item 8 (a), provide th	e business c	contact information	on of the persoi	n being co	ompensated.	
Street address 97	0 Laval Crescent						
Municipality Ka	amloops			Province	e/State	British Colum	ıbia
Country Ca	anada		P	ostal code/Zi	p code	V2C 5P5	
Email address	n@plazafinancial.ca	 _		Telephone n	umber	2503747772	
	investment fund manage	r					
Indicate the person's relationshi	-		ager (select all th	at apply). Refer	to the m	eaning of "conne	cted" in Part
B(2) of the Instructions and the	-	n 1.4 of NI 4			•		
Connect with the issuer	or investment fund manager			Insider of the is	suer (oth	er than an inves	iment fund)
Director or officer of the	investment fund or investme	nt fund mar	nager 🗌 I	Employee of th	e issuer o	or investment fur	ıd manager
✓ None of the above							
d) Compensation details							
Provide details of all compensati Canadian dollars. Include cash c							
services incidental to the distribu	ition, such as clerical, printing	legal or ac	counting services	. An issuer is no	ot require	d to ask for detail	
on, internal allocation arrangem	ents with the directors, officer	s or employ	rees of a non-indi	vidual compen	sated by t	he issuer.	
Cash commissions paid	0.55	Se	ecurity codes	Security	code 1	Security code 2	Security code 3
Value of all securities distributed as							
compensation ⁴							
Describe terr	ms of warrants, options or oth	er rights					
Other compensation ⁵		Describe					
Total compensation paid	0.55						
Check box if the perso	on will or may receive any de	ferred comp	pensation (descri	ibe the terms b	elow)		
	will receive an annual trail on Class B Series 'B' Prefe						
⁴ Provide the aggregate value o additional securities of the issu rights exercisable to acquire ac ⁵ Dο not include deferred compo	er. Indicate the security code Iditional securities of the issu	s for all sec					

ITEM 9 - DIRECTORS, EXECUT	IVE OFFICERS A	ND PROMO	TERS OF THE I	SSUER				
If the issuer is an investment fund,	do not complete It	em 9. Procced t	o Item 10.					
Indicate whether the issuer is any of the second	ne following (select o	all that apply).						
Reporting issuer in any jurisdi	ction of Canada							
Foreign public issuer								
Wholly owned subsidiary of a	reporting issuer in a	any jurisdiction o	f Canada ⁶					
Provide name	of reporting issuer							
Wholly owned subsidiary of a	foreign public issue	r ⁶						
Provide name of foreign public issuer								
Issuer distributing eligible foreign securities only to permitted clients ⁷								
If the issuer is at least one of the a	bove, do not comp	lete Item 9(a) –	(c). Proceed to Ite	m 10.				
⁶ An issuer is a wholly owned subsidial securities that are required by law to b ⁷ Checck this box if it applies to the cur clients. Refer to the definitions of "elig ↓ If the issuer is none of the all	e owned by its direc rent distribution eve ible foreign security	ctors, are benefic en if the issuer m " and "permitted	cially owned by the ade previous distri client" in Part B(1)	reporting issuer butions of other t	or the foreig types of secu	n publ	ic issue	er, respectively.
a) Directors, executive officers		-						
Provide the following information for territory; otherwise state the country.				tive Officer, "P" - Business Ic non-indivi	Promoter.		te the p ationsh	
Organization or company name	Family name	First given name	Secondary give names	n reside jurisdict indivio	ion of	(sel	ect all apply)	
				Province o		D	0	Р
	Granleese	William		British Colun		✓ 	✓	
	Granleese	William	R.	British Colun		✓ 		
	Dyck	Victor		British Colun		✓ 		
	Worsnup	Christopher		British Colun	nbia	✓		
b) Promoter information								
If the promoter listed above is not an within Canada, state the province or								
Organization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual	Relation (select one			
				Province or country	D		C)
c) Residential address of each	individual							
Complete Schedule 2 of this form p completed report. Schedule 2 also r					m 9(a) and	(b) an	d attad	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/ investment fund manager	Antrim Balanced Mortgage Fund Ltd.						
Telephone number	6045302301	6045302301 Email address will@antriminvestments.com					
Signature	William R. Granleese Date 2016 12 1						
			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.