# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 10093736

TEM 1 - REPORT TYPE								
✓ New report								
☐ Amended report If ame	nded, provide filing date	of report that i	s being ame	ended	(YYYY-MM-DD)			
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 investment of the state of th	stment fund)							
Underwriter	and rand,							
ITEM 3 - ISSUER NAME AND OT								
Provide the following information about th		vestment fund, ab	out the fund.					
Full legal name	CPPIB Capital Inc.							
Previous full legal name								
If the issuer's name changed in the	e last 12 months, provide most	recent previous le	gal name.					
Website	www.cppib.com	(if applicable)						
If the issuer has a legal entity identifier, pr	ovide below. Refer to Part B of t	he Instructions for	the definition	of "legal entity identifier".				
Legal entity identifier	549300KW9NB55HTD	K075						
If two or more issuers distributed a single s	ecurity, provide the full legal no	ame(s) of the co-is	suer(s) other th	an the issuer named above	2.			
Full legal name(s) of co-issuer(s)			(if applicabl	e)				
ITEM A LINDERWEITER INFORM	AATION		1					
ITEM 4 - UNDERWRITER INFORM								
If an underwriter is completing the report,	provide the underwriter's full le	gal name and firn	n NRD number.		٦			
Full legal name								
Firm NRD number	Firm NRD number (if applicable)							
If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.								
Street address								
Municipality		Province/State						
Country		Postal co	de/Zip code					
Telephone number			Website		(if applicable)			

If the issuer is an investment fund, do not complete item 5. Proceed to Item 6.   a)   Primary industry						
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.  NAICS industry code						
AlcS industry code						
If the issuer is in the mining industry, indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.    Exploration   Development   Production						
mining industry. Select the category that best describes the issuer's stage of operations.  Exploration Development Production  Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply:  Mortgages Real estate Commercial/business debt Consumer debt Private companies  Cryptoassets  b) Number of employees  Number of employees: 0 - 49 50 - 99 100 - 499 500 or more  c) SEDAR profile number  Does the issuer have a SEDAR profile?  No Yes If yes, provide SEDAR profile number 0 0 0 3 9 0 7 8  If the issuer does not have SEDAR profile complete item 5(d) - (h).  d) Head office address  Street address  Municipality Postal code/Zip code  Country Telephone number  e) Date of formation and financial year-end  Date of formation Financial year-end  Date of formation Financial year-end  Street 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.						
Is the issuer does not have SEDAR profile complete item 5(d) - (h).  d) Head office address  Street address  Municipality  Country  Date of formation and financial year-end  Date of formation and financial year-end  Date of formation  The province of the following? If yes, select all that apply.  Country   SEDAR profile    Private companies    Consumer debt   Private companies    Private companies    Private companies    Private companies    Double of formation and financial year-end    Date of formation    Financial year-end    No   Yes    Financial year-end    No   Yes    Financial year-end    No   Yes    Financial year-end    No   Yes    Financial year-end    Province/State    Provinc						
Mortgages   Real estate   Commercial/business debt   Consumer debt   Private companies     Cryptoassets     Divided of employees						
Cryptoassets  b) Number of employees  Number of employees:						
Number of employees:						
c) SEDAR profile number  Does the issuer have a SEDAR profile?  No Yes If yes, provide SEDAR profile number 0 0 0 3 9 0 7 8  If the issuer does not have SEDAR profile complete item 5(d) - (h).  d) Head office address  Street address  Municipality  Country  Postal code/Zip code  Telephone number  e) Date of formation and financial year-end  Date of formation  The postal year-end  Pinancial year-end  MM DD  f) Reporting issuer status  Is the issuer a reporting issuer in any jurisdication of Canada?  No Yes  If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.						
Does the issuer have a SEDAR profile?  No Yes If yes, provide SEDAR profile number 0 0 0 3 9 0 7 8  If the issuer does not have SEDAR profile complete item 5(d) - (h).  d) Head office address  Street address  Municipality  Country  Postal code/Zip code  Telephone number  e) Date of formation and financial year-end  Date of formation and financial year-end  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.						
No   Yes   If yes, provide SEDAR profile number   0 0 0 3 9 0 7 8    If the issuer does not have SEDAR profile complete item 5(d) - (h).    Head office address   Province/State   Postal code/Zip code   P						
If the issuer does not have SEDAR profile complete item 5(d) - (h).  d) Head office address  Street address  Province/State  Municipality  Postal code/Zip code  Country  Telephone number  e) Date of formation and financial year-end  Date of formation  Financial year-end  MM DD  Financial year-end  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.						
Street address  Municipality  Country  Postal code/Zip code  Telephone number  e) Date of formation and financial year-end  Date of formation  The postal code/Zip code  Telephone number  Financial year-end  MM DD  f) Reporting issuer status  Is the issuer a reporting issuer in any jurisdication of Canada?  No Yes  If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.						
Street address Province/State Postal code/Zip code Telephone number  e) Date of formation and financial year-end  Date of formation Financial year-end MM DD  f) Reporting issuer status  Is the issuer a reporting issuer in any jurisdication of Canada? No Yes  If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.						
Municipality Country Telephone number  Date of formation and financial year-end  The phone number  Date of formation Telephone number  Financial year-end MMM DD  The phone number  Financial year-end MMM DD  The phone number  The						
Country  Telephone number  e) Date of formation and financial year-end  Date of formation  YYYY MM DD  Financial year-end  MM DD  f) Reporting issuer status  Is the issuer a reporting issuer in any jurisdication of Canada?  No Yes  If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.						
e) Date of formation and financial year-end  Date of formation Financial year-end MM DD  f) Reporting issuer status  Is the issuer a reporting issuer in any jurisdication of Canada? No Yes  If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.						
Date of formation  YYYY MM DD  Financial year-end  MM DD  MM DD  f) Reporting issuer status  Is the issuer a reporting issuer in any jurisdication of Canada?  No Yes  If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.						
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.						
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.						
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.						
AII AB BC MB NB NL NT						
□ NS         □ NU         □ ON         □ PE         □ QC         □ SK         □ YT						
g) Public listing status						
If the issuer has a CUSIP number, provide below (first 6 digits only)  CUSIP number						
If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.						
Exchange name						
h) Size of issuer's assets						

Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.

☐ \$0 to under \$5M	☐ \$5M to under \$25M	☐ \$25M to under \$100M
\$100M to under \$500M	☐ \$500M to under \$1B	\$1B or over

ITEM 6 - INVESTMENT FUND ISSUER INFORMATION								
If the issuer is an inves	tment fund, provide the following information.							
a) Investment fund manager information								
Full legal name								
Firm NRD number	(if applicable)							
If the investment fund mand	If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager.							
Street address								
Municipality	Province/State							
Country	Postal code/Zip code							
Telephone number	Website (if applicable)							
b) Type of investment	fund							
Type of investment fund tha	nt most accurately identifies the issuer (select only one) .							
Money market	☐ Equity ☐ Fixed income ☐ Balanced							
Alternative strateg	gies Cryptoasset Other (describe)							
Indicate whether one or bot	h of the following apply to the investment fund .							
Invests primarily in	n other investment fund issuers							
☐ Is a UCITs Fund¹								
<sup>1</sup> Undertaking for the Collec (EU) directives that allow c	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.							
c) Date of formation a	and financial year-end of the investment fund							
Date of forma	tion Financial year-end MM DD MM DD							
d) Reporting issuer st	atus of the investment fund							
Is the investment fund a rep	orting issuer in any jurisdication of Canada? No Yes							
If yes, select the jurisdictions	s of Canada in which the investment fund is a reporting issuer.							
☐ AII ☐	AB BC MB NB NL NT							
□ NS □	NU ON PE QC SK YT							
e) Public listing status	s of the investment fund							
If the investment fund has a CUSIP number, provide below (first 6 digits only)								
CUSIP number								
If the investment fund is publicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.								
Exchange on an exchange and h								
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	s5M to under \$25M s25M to under \$100M							
\$100M to under \$500	DM \$500M to under \$1B \$1B or over Date of NAV calculation:  YYYY MM DD							

### **ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION**

If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees in connection with the distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report.

١.	_	
a)	Currency	1
a	Ouricity	

Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars.

#### b) Distribution date(s)

State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report.

Start date 2023 02 23

YYYYY MM DD

End date 2023 02 23

#### c) Detailed purchaser information

Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report.

#### d) Types of securities distributed

Provide the following information for all distributions reported on a per security basis. Refer to Part A(12) of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed.

					Canadian \$		
		CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount
I	N O T	12593ZAA 8	3.950% Fixed Rate Notes due June 2, 2032	410,000.00	1,000.7041		410,288,681.00

#### e) Details of rights and convertible/exchangeable securities

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

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

#### f) Summary of the distribution by jurisdiction and exemption

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

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

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

Province or country	Exemption relied on	Number of unique <sup>28</sup> purchasers	Total amount (Canadian \$)
Ontario	NI 45-106 2.3 [Accredited investor]	4	133,368,838.93
Québec	NI 45-106 2.3 [Accredited investor]	10	227,384,989.13
British Columbia	NI 45-106 2.3 [Accredited investor]	1	37,526,403.74
New Brunswick	NI 45-106 2.3 [Accredited investor]	1	12,008,449.20
	410,288,681.00		

<sup>&</sup>lt;sup>2a</sup> In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

<sup>&</sup>lt;sup>2b</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 (Canadian \$)
Total net proceeds to the investment fund	

<sup>&</sup>lt;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)
1.	Pricing Supplement No. 55–B to the OM dated June 2, 2022, as supplemented by OM Supplements dated August 12, 2022, November 14, 2022 and February 10, 2023	2023-02-21	N	
2.	OM Supplement dated February 10, 2023 to the OM dated June 2, 2022	2023-02-10	N	
3.	OM Supplement dated November 14, 2022 to the OM dated June 2, 2022	2022-11-14	Υ	2022-12-15
4.	OM Supplement dated August 12, 2022 to the OM dated June 2, 2022	2022-08-12	Y	2022-12-15
5.	Offering Memorandum	2022-06-02	Υ	2022-06-27

TEM 8 - COMPENSATION	Informatio	N								
	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 compensati	on was paid, or w	ill be paid, in conne	ction with the distribu	ution.						
☐ No ✓ Yes	If yes, indica	te number of pe	sons compensated	d.	7					
a) Name of person compen	sated and regis	tration status								
Indicate whether the person compe	ensated is a registi	rant.	☐ No	✓ Ye	s					
If the person compensated is an inc	dividual, provide t	he name of the ind	ividual.							
Full legal name of individu	ıal									
	ı	amily name	First	given name	1	Seconda	ry given names			
If the person compensated is not a	n individual, provi	de the following in	formation.							
Full legal name of	non-individual	CIBC WORLD	MARKETS INC./MA	ARCHES	MONDIAU	X CIBC INC.				
Firm	NRD number	3 8	5 0		(if app	licable)				
Indicate whether the person compe	ensated facilitated	the distribution th	ough a funding porta	ıl or an inte	ernet-based p	portal.	✓ No □	] Yes		
b) Business contact informa	ntion									
If a firm NRD number is not provid	led in Item 8 (a), p	rovide the business	contact information	of the pers	on being con	npensated.				
Street address										
Municipality				Provi	ince/State					
Country			Po	ostal code	e/Zip code					
Email address				Telephon	e number					
c) Relationship to issuer or	investment fund	d manager								
Indicate the person's relationship w the Instructions and the meaning o						aning of "conne	ected" in Part I	3(2) of		
Connect with the issuer	or investment fun	d manager	Ir	nsider of th	ne issuer (oth	ner than an inv	estment fund)			
Director or officer of the	investment fund c	or investment fund	manager	mployee o	of the issuer	or investment	fund manager			
None of the above										
d) Compensation details										
Provide details of all compensation Canadian dollars. Include cash com- incidental to the distribution, such a allocation arrangements with the d	missions, securitie as clerical, printing	es-based compensa g, legal or accounti	tion, gifts, discounts o ng services. An issuer	r other con is not requ	npensation. I ired to ask fo	Do not report p	ayments for se	ervices		
Cash commissions paid	533,00	00.00		Seci	urity code 1	Security code	2 Security co	ode 3		
Value of all securities distributed as compensation <sup>4</sup>			Security codes							
•	ns of warrants, op	tions or other right	s							
Other compensation <sup>5</sup>		Describ	e							
Total compensation paid 533,000.00										
Check box if the perso	Check box if the person will or may receive any deferred compensation (describe the terms below)									
<sup>4</sup> Provide the aggregate value of a	securities distrif	buted as compens	ntion, excluding ontion	ns. warran	ts or other ric	ahts exercisah	le to acquire			
additional securities of the issuer. rights exercisable to acquire additional securities.	Indicate the secu	irity codes for all s	ecurities distributed a	s compens	sation, <u>includ</u>	<u>ding</u> options, w	arrants or othe	∍r		

<sup>&</sup>lt;sup>5</sup>Do not include deferred compensation.

a) Name of person comper	nsated and registration	n status							
Indicate whether the person compensated is a registrant.  No  Yes									
If the person compensated is an ir	ndividual, provide the nar	ne of the indivio	lual.						
Full legal name of individ	ual								
	Family	name	Fir	st given na	ame	Secondary	given names		
If the person compensated is not o	If the person compensated is not an individual, provide the following information.								
Full legal name of	non-individual DES	JARDINS SE	CURITIES INC	:/VALE	URS MOBIL	IERES DESJARI	DINS INC.		
Firm NRD number 1 0 3 0 (if applicable)									
Indicate whether the person comp	pensated facilitated the di	stribution throu	gh a funding poi	tal or an	internet-based	d portal. ✓	No Yes		
b) Business contact inform	ation								
If a firm NRD number is not provi	ded in Item 8 (a), provide	the business co	ntact informatio	n of the p	person being co	ompensated.			
Street address									
Municipality				Pi	rovince/State	)			
Country			1	Postal c	ode/Zip code	)			
Email address				Teleph	none numbe	r			
c) Relationship to issuer or	investment fund man	ager							
Indicate the person's relationship the Instructions and the meaning							ed" in Part B(2) of		
	or investment fund man			•	•	other than an inves	tment fund)		
Director or officer of the	investment fund or inves	stment fund ma	nager	Employe	ee of the issue	er or investment fur	id manager		
None of the above			- <b>_</b>						
d) Compensation details									
Provide details of all compensation	n paid, or to be paid, to th	ne person identij	fied in Item 8(a)	in connec	tion with the d	listribution. Provide	all amounts in		
Canadian dollars. Include cash cor	nmissions, securities-base	ed compensation	n, gifts, discounts	or other	compensation	. Do not report pay	ments for services		
incidental to the distribution, such allocation arrangements with the						for aetalis about, oi	report on, internal		
Cash commissions paid	403,500.00				Security code 1	Security code 2	Security code 3		
Value of all securities			Security codes				Security seaso		
distributed as compensation <sup>4</sup>			codes						
Describe ter	ms of warrants, options o	or other rights							
Other compensation <sup>5</sup>		Describe							
Total compensation paid	403,500.00								
Check box if the person	on will or may receive ar	ny deferred com	pensation (desc	ribe the t	terms below)				
<sup>4</sup> Provide the aggregate value of a									
additional securities of the issuer rights exercisable to acquire add <sup>5</sup> Do not include deferred comper	litional securities of the is		rnies aistřibutea	as comp	verisation, <u>incl</u>	uuiri <u>y</u> options, wari	ants of Other		
Do not include deletred compet.	isauOH.								

a) Name of person comp	ensated and regis	stration status										
Indicate whether the person con	npensated is a regist	trant.	[	No		$\checkmark$	Yes					
If the person compensated is an individual, provide the name of the individual.												
Full legal name of indivi	idual											
		Family name			First	given n	ame		Sec	condary	given name	es
If the person compensated is no	If the person compensated is not an individual, provide the following information.											
Full legal name of non-individual RBC DOMINION SECURITIES INC./RBC DOMINION VALEURS MOBILIERES INC.												
Firm NRD number 3 1 6 0 (if applicable)												
Indicate whether the person con	npensated facilitated	d the distribution	n throug	h a fund	ling porta	ıl or an	interne	⊐ et-based	portal.	<b>✓</b>	] No [	Yes
b) Business contact inform	mation											
If a firm NRD number is not pro	vided in Item 8 (a), p	provide the busi	ness con	tact info	rmation (	of the	person	being co	mpensated	l		
Street address												
Municipality						Р	rovinc	e/State				
Country					Po	ostal c	code/Zi	p code				
Email address						Telep	hone r	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 meanin	g of "control" in sec	tion 1.4 of NI 45	5-106 foi	the pur	poses of c	comple	eting thi	s section	).			
Connect with the issue	er or investment fur	nd manager			Ir	nsider	of the is	ssuer (o	ther than a	ın invest	ment fun	d)
Director or officer of the	ne investment fund	or investment fu	und man	ager	E	mploy	ee of th	ne issue	r or investr	ment fun	d manag	er
✓ None of the above												
d) Compensation details												
Provide details of all compensati Canadian dollars. Include cash concidental to the distribution, such allocation arrangements with the	ommissions, securiti ch as clerical, printin e directors, officers c	es-based compe g, legal or accou or employees of	ensation, unting se	gifts, di. ervices. A	scounts o An issuer i	r othei is not i	r compe required	nsation. I to ask f	Do not rep	ort payı	ments for	services
Cash commissions pa	id 403,5	00.00					Security	code 1	Security	code 2	Security	code 3
Value of all securitie distributed as compensation			Se	ecurity co	odes							
Describe to	erms of warrants, op	otions or other r	rights									
Other compensation	n <sup>5</sup>	Des	cribe									
Total compensation pai	id 403,5	00.00										
Check box if the per	rson will or may rec	eive any deferre	ed comp	ensatio	n (describ	be the	terms b	pelow)				
<sup>4</sup> Provide the aggregate value of additional securities of the issurights exercisable to acquire ac <sup>5</sup> Do not include deferred compa	er. Indicate the sec Iditional securities o	urity codes for a										

a) Name of person compensated and registration status								
Indicate whether the person compensated is a registrant.    No   Yes								
If the person compensated is an individual, provide the name of the individual.								
Full legal name of individu	ıal							
	F	amily name	Firs	st given na	me	Second	ary given names	
If the person compensated is not an individual, provide the following information.								
Full legal name of	non-individual [	BMO NESBITT B	URNS INC.					
Firm	NRD number	2 5 8	0		(if a	ipplicable)		
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  V No Yes								
b) Business contact informa	ntion							
If a firm NRD number is not provid	led in Item 8 (a), p	rovide the business c	ontact information	n of the pe	erson being	compensated.		
Street address								
Municipality				Pro	ovince/Sta	te		
Country			Ī	Postal co	ode/Zip cod	le		
Email address			Ī	Teleph	one numb	er		
c) Relationship to issuer or	investment fund	manager	_					
Indicate the person's relationship we the Instructions and the meaning o							ected" in Part B(	2) of
Connect with the issuer				•		on. (other than an in	vestment fund)	
Director or officer of the			anager $\square$			` ier or investment		
<u>_</u>	investinent fana o	i ilivesiillelii lalla lii	anagei	Lilipioye	e or the issu	iei oi ilivestillelli	Turiu manager	
✓ None of the above								
d) Compensation details								
Provide details of all compensation Canadian dollars. Include cash com- incidental to the distribution, such of	missions, securitie as clerical, printing	s-based compensation, legal or accounting	on, gifts, discounts services. An issue	or other or	compensation equired to as	n. Do not report	payments for ser	vices
allocation arrangements with the d			-ındıvıdual compe	ensated by	the issuer.			
Cash commissions paid	164,00	0.00		S	Security code	1 Security code	2 Security cod	e 3
Value of all securities distributed as compensation <sup>4</sup>			Security codes					
•	ns of warrants, op	tions or other rights						
Other compensation <sup>5</sup>		Describe						
Total compensation paid	164,00	0.00						
Check box if the person will or may receive any deferred compensation (describe the terms below)								
<sup>4</sup> Provide the aggregate value of a	ll securities distrib	uited as component	on evoluding ont	ione war	rante or othe	ur riahte evereice	hle to acquire	
additional securities of the issuer. rights exercisable to acquire addit 5Do not include deferred compens	Indicate the secu tional securities of	rity codes for all sec						

a) Name of person compensated and registration status								
Indicate whether the person compensated is a registrant.	☐ No ✓ Yes							
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 NATIONAL BANK FINANCIAL INC./FINANCIÈRE BANQUE NATIONALE INC.								
Firm NRD number 1 9 6 0 (if applicable)								
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  Ves								
b) Business contact information								
If a firm NRD number is not provided in Item 8 (a), provide the business co	ntact 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 manathe Instructions and the meaning of "control" in section 1.4 of NI 45-106 for	ger (select all that apply). Refer to the meaning of "connected" in Part B(2) of							
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 ma	<u> </u>							
	Employee of the issuer of investment fund manager							
✓ None of the above								
d) Compensation details								
	n, gifts, discounts or other compensation. Do not report payments for services							
incidental to the distribution, such as clerical, printing, legal or accounting allocation arrangements with the directors, officers or employees of a non-	services. An issuer is not required to ask for details about, or report on, internal individual compensated by the issuer.							
Cash commissions paid 164,000.00								
Value of all securities	Security code 1 Security code 2 Security code 3							
distributed as compensation <sup>4</sup>	ecurity codes							
Describe terms of warrants, options or other rights								
Other compensation <sup>5</sup> Describe								
Total compensation paid 164,000.00								
Check box if the person will or may receive any deferred compensation (describe the terms below)								
<sup>4</sup> Provide the aggregate value of all securities distributed as compensation	n, <u>excludina</u> options, warrants or other rights exercisable to acquire							
additional securities of the issuer. Indicate the security codes for all securights exercisable to acquire additional securities of the issuer.								
<sup>5</sup> Do not include deferred compensation.								

a) Name of person compensated and registration status								
Indicate whether the person compensated is a registrant.	☐ No ✓ Yes							
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 SCOTIA CAPITA	AL INC. / SCOTIA CAPITAUX INC.							
Firm NRD number 3 4 6	G (if applicable)							
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  V No Yes								
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 mathe Instructions and the meaning of "control" in section 1.4 of NI 45-106	nager (select all that apply). Refer to the meaning of "connected" in Part B(2) of							
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 in	<u> </u>							
<u>_</u>	Tallager Employee of the issuer of investment fund manager							
✓ None of the above								
d) Compensation details								
Canadian dollars. Include cash commissions, securities-based compensat	ntified in Item 8(a) in connection with the distribution. Provide all amounts in ion, gifts, discounts or other compensation. Do not report payments for services g 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 no								
Cash commissions paid 164,000.00	Security code 1 Security code 2 Security code 3							
Value of all securities	Security codes							
distributed as compensation <sup>4</sup>								
Describe terms of warrants, options or other rights								
Other compensation <sup>5</sup> Describe								
Total compensation paid 164,000.00								
Check box if the person will or may receive any deferred compensation (describe the terms below)								
<sup>4</sup> Provide the aggregate value of all securities distributed as compensa	tion, excluding options, warrants or other rights exercisable to acquire							
	curities distributed as compensation, including options, warrants or other							
Do ної тошие истепей сотрепьацоп.								

a) Name of person compensated and registration status								
Indicate whether the person compensated is a registrant.	☐ No ✓	Yes						
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 TD SECURITIES	INC. / VALEURS MO	BILIÈRES TD	INC.					
Firm NRD number 5 8 6	0	(if app	plicable)					
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  Ves								
b) Business contact information								
If a firm NRD number is not provided in Item 8 (a), provide the business of	ontact information of the	person being co	mpensated.					
Street address								
Municipality		Province/State						
Country	Postal	code/Zip code						
Email address	Tele	phone number						
c) Relationship to issuer or investment fund manager								
Indicate the person's relationship with the issuer or investment fund mand the Instructions and the meaning of "control" in section 1.4 of NI 45-106				ed" in Part B(2) of				
Connect with the issuer or investment fund manager	· · · · <u>—</u>	-	 ther than an invest	ment fund)				
☐ Director or officer of the investment fund or investment fund m	_		r or investment fun					
<u> </u>	anagei Emplo	yee or the issue	i or investment tun	u manager				
✓ None of the above								
d) Compensation details								
Provide details of all compensation paid, or to be paid, to the person ident Canadian dollars. Include cash commissions, securities-based compensation	n, gifts, discounts or othe	er compensation.	Do not report payı	ments for services				
incidental to the distribution, such as clerical, printing, legal or accounting allocation arrangements with the directors, officers or employees of a non			for details about, or	report on, internal				
Cash commissions paid 164,000.00	,		10 % 10	0 " 10				
Value of all cognition		Security code 1	Security code 2	Security code 3				
distributed as compensation <sup>4</sup>	Security codes							
Describe terms of warrants, options or other rights								
Other compensation <sup>5</sup> Describe								
Total compensation paid 164,000.00								
Check box if the person will or may receive any deferred compensation (describe the terms below)								
<sup>4</sup> Provide the aggregate value of all securities distributed as compensation	on, <u>excludina</u> options. w	arrants or other i	rights exercisable t	o acquire				
additional securities of the issuer. Indicate the security codes for all sec rights exercisable to acquire additional securities of the issuer.								
<sup>5</sup> Do not include deferred compensation.								

TEM 9 - DIRECTORS, EXECU				JER			
If the issuer is an investment fun	d, do not complete	Item 9. Procced to	Item 10.				
Indicate whether the issuer is any c	of the following (selec	t the one that applie	es - if more than one o	applies, select only one).			
Reporting issuer in any juri	sdiction of Canada						
Foreign public issuer							
Wholly owned subsidiary o	f a reporting issuer in	n any jurisdiction of	Canada <sup>6</sup>				
Provide nar	me of reporting issue	or					7
Wholly owned subsidiary o	f a foreign public issi	uer <sup>6</sup>					_
Provide name o	f foreign public issue	er					7
Issuer distributing only elig	ible foreign securities	and the distribution	n is to permitted clien	ute only <sup>7</sup>			_
If the issuer is at least one of the	-		·	•			
respectively.  7 Check this box if it applies to the clients. Refer to the definitions of "e  If the issuer is none of the  a) Directors, executive office  Provide the following information for the state the country of the state the country.	e above, check this b rs and promoters of the each director, execu	nox and complete I  of the issuer  of tive officer and pror	tem 9(a) - (c).  noter of the issuer. Fo	the Instructions.  r locations within Canada,		,	
Organization or company name  Family name  First given name  First given name  Secondary given names  Secondary given names  First given name  First given name  Secondary given names  Province or country  D  O  P							
	Fernandez	Christina		United Kingdom	<b>✓</b>	<b>√</b>	
	Barry	Ryan		Ontario	<b>✓</b>	<b>✓</b>	
	Graham	John		Ontario		<b>✓</b>	
	Savage	Brian		Ontario		<b>✓</b>	
b) Promoter information	<u> </u>						
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		Relationship to promoter (select one or both if applicable)		
				Province or country	D	0	

# c) Residential address of each individual

Complete Schedule 2 of this form providing the full residential address for each individual listed in Item 9(a) and (b) and attach to the completed report. Schedule 2 also requires information to be provided about control persons.

## **ITEM 10 - CERTIFICATION**

Provide the following certification and business contact information of an officer, director or agent of the issuer or underwriter. If the issuer or underwriter is not a company, an individual who performs functions similar to that of a director or officer may certify the report. For example, if the issuer is a trust, the report may be certified by the issuer's trustee. If the issuer is an investment fund, a director or officer of the investment fund manager (or, if the investment fund manager is not a company, an individual who performs similar functions) may certify the report if the director or officer has been authorized to do so by the investment fund.

The certification may be delegated, but only to an agent that has been authorized by an officer or director of the issuer or underwriter to prepare and certify the report on behalf of the issuer or underwriter. If the report is being certified by an agent on behalf of the issuer or underwriter, provide the applicable information for the agent in the boxes below.

If the individual completing and filing the report is different from the individual certifying the report, provide the name and contact details for the individual completing and filing the report in Item 11.

The signature on the report must be in typed form rather than handwritten form. The report may include an electronic signature provided the name of the signatory is also in typed form.

Securities legislation requires an issuer or underwriter that makes a distribution of securities under certain prospectus exemptions to file a completed report of exemt distribution.

By completing the information below, I certify, on behalf of the issuer/underwriter/investment fund manager, to the securities regulatory authority or regulator, as applicable, that I have reviewed this report and to my knowledge, having exercised reasonable diligence, the information provided in this report is true and, to the extent required, complete.

Name of issuer/underwriter/ investment fund manager/agent	CPPIB Capital Inc.							
Full legal name	Daniels Kathryn							
	Family name First given name			Secondary given names				
Title	Authorized Signatory							
Telephone number	4167265684	Email address	kdaniels	@cppib.c	om			
Signature	/s/ Kathryn Daniels, solely on behalf of the issuer and	Date	2023	03	06			
	without personal liability		YYYY	MM	DD			

TEM 11- CONTACT PERSON							
Provide the following business contact information for the individual that the securities regulatory authority or regulator may contact with any questions regarding the contents of this report, if different than the individual certifying the report in Item 10.							
Same as individua	al certifying the report						
Full legal name	Lizotte	Angela			Title	Securities Law Clerk	
	Family name	First given name	Secondary give	ven names			
Name of company	McCarthy Tetrault LLP						
Telephone number	4166017875	E	mail address	alizotte@mo	carthy.ca	a	

#### 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.