# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 10062729

ITEM 1 - REPORT TYPE										
✓ New report										
Amended report If amended, provide filing date of report that is being amended (YYYY-MM-DD)										
TEM 2 - PARTY CERTIFYING THE REPORT										
Indicate the party certifying the report (sel				vestment fund, refer to sect	ion 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 fund)										
Underwriter	and rand,									
ITEM 3 - ISSUER NAME AND OT										
Provide the following information about the issuer, or if the issuer is an investment fund, about the fund.										
Full legal name	CPPIB Capital Inc.									
Previous full legal name										
If the issuer's name changed in the	If the issuer's name changed in the last 12 months, provide most recent previous legal 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 (if applicable)										
If the underwriter does not have a firm NR	D number, provide the head off	ice contact inform	nation of the un	derwriter.						
Street address										
Municipality		Province/State								
Country		Postal code/Zip code								
Telephone number	Website									

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    Pressure a reporting issuer in any jurisdication of Canada?    No   Yes    No   Yes    No   Yes    Province/State    Province/S
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  Province/State Postal code/Zip code Country 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 ma	anager information
Full legal name	
Firm NRD number	(if applicable)
If the investment fund mand	ager 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
	blicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the not a trading facility such as, for example, an automated trading system.
Exchange on an exchange and h	
-	AV) of the investment fund
	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.

a) Currency	a)	Currency
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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 01 17

YYYY MM DD

End date 2023 01 17

#### 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 \$				
S	Security CUSIP numl (if applicab		Description of security	Number of securities	Single or lowest price	Highest price	Total amount	
N	ОТ	12593ZAA 8	3.950% Fixed Rate Notes due June 2, 2032	369,000.00	999.8000		368,926,200.00	

#### 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			se price adian \$)	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]	14	157,968,400.00
Québec	NI 45-106 2.3 [Accredited investor]	7	82,483,500.00
British Columbia	NI 45-106 2.3 [Accredited investor]	2	104,979,000.00
Manitoba	NI 45-106 2.3 [Accredited investor]	2	20,495,900.00
New Brunswick	NI 45-106 2.3 [Accredited investor]	1	2,999,400.00
	368,926,200.00		

<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>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. 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 to OM dated June 2, 2022, as supplemented by OM Supplements dated August 12, 2022 and November 14, 2022	2023-01-13	Z	
2.	OM Supplement dated November 14, 2022 to OM dated June 2, 2022	2022-11-14	Y	2022-12-15
3.	OM Supplement dated August 12, 2022 to OM dated June 2, 2022	2022-08-12	Υ	2022-12-15
4.	Offering Memorandum	2022-06-02	Y	2022-06-27

TEM 8 - COMPENSATION	Informatio	N						
Provide information for each personal the distribution. <b>Complete addition</b>				•	-	•	in connect	ion with
Indicate whether any compensati	on was paid, or w	ill be paid, in conne	ction with the distribution	on.				
☐ No ✓ Yes	If yes, indica	te number of pe	sons compensated.	7				
a) Name of person compen	sated and regis	tration status						
Indicate whether the person compe	ensated is a registi	rant.	☐ No	✓ Yes				
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 giv	en name	<u> </u>	Secondary	given names	3
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./MAR	CHES MONE	DIAUX	CIBC INC.		
Firm	NRD number	3 8	5 0	(i	f applic	cable)		
Indicate whether the person compe	ensated facilitated	the distribution th	rough a funding portal o	r an internet-bo	ased po	ortal.	✓ No [	Yes
b) Business contact informa	ation							
If a firm NRD number is not provid	led in Item 8 (a), p	rovide the business	contact information of	the person bein	g comp	pensated.		
Street address								
Municipality				Province/St	tate			
Country			Post	al code/Zip c	ode			
Email address			Te	elephone num	ber			
c) Relationship to issuer or	investment fund	d manager						
Indicate the person's relationship v the Instructions and the meaning o						ning of "connect	ted" in Part	B(2) of
Connect with the issuer	or investment fun	d manager	Insi	der of the issue	er (othe	er than an inves	stment fund	)
Director or officer of the	investment fund c	or investment fund	manager Em	ployee of the is	suer o	r investment fu	nd manage	r
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	nmissions, securitie as clerical, printing	es-based compensa g, legal or accounti	tion, gifts, discounts or c ng services. An issuer is 1	ther compensa not required to	tion. Do ask for	o not report pay	ments for s	services
Cash commissions paid	230,62	25.00		Security cod	le 1	Security code 2	Security of	code 3
Value of all securities distributed as compensation <sup>4</sup>			Security codes					
Describe tern	ns of warrants, op	tions or other right	s					
Other compensation <sup>5</sup>		Describ	е					
Total compensation paid	230,62	25.00						
Check box if the perso	n will or may rece	eive any deferred o	ompensation (describe	the terms below	w)			
<sup>4</sup> Provide the aggregate value of a	ll securities distrib	buted as compens	ation, <u>exc</u> ludina options	warrants or of	her rial	hts exercisable	to acquire	
additional securities of the issuer. rights exercisable to acquire additional security and the security of the issuer.	Indicate the secu	irity codes for all s	ecurities distributed as d	compensation, <u>i</u>	<u>includii</u>	<u>ng</u> options, war	rants or oth	ier

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

a) Name of person comper	nsated and regist	ration status										
Indicate whether the person comp	ensated is a registro	ant.		No		<b>√</b>	Yes					
If the person compensated is an ir	ndividual, provide th	e name of the	individu	ıal.								
Full legal name of individ	ual											
	F	amily name			First giv	ven na	me		Sec	condary (	given name	es
If the person compensated is not an individual, provide the following information.												
Full legal name of non-individual BMO NESBITT BURNS INC.												
Firm NRD number 2 5 8 0 (if applicable)												
Indicate whether the person comp	pensated facilitated t	the distribution	throug	h a fundin	g portal o	or an i	interne	t-based	portal.	<b>√</b>	] No [	Yes
b) Business contact inform	ation											
If a firm NRD number is not provi	ded in Item 8 (a), pr	ovide the busin	ness con	tact inforn	nation of	the p	erson b	eing cor	mpensated	!.		
Street address												
Municipality						Pr	ovince	e/State				
Country					Pos	tal co	ode/Zip	o code				
Email address					Te	eleph	one n	umber				
c) Relationship to issuer or	investment fund	manager										
Indicate the person's relationship the Instructions and the meaning										connecte	ed" in Par	t B(2) of
Connect with the issuer			,	, ,		•	-		her than a	ın invest	ment fund	d)
Director or officer of the	investment fund or	investment fu	nd man	ager	☐ Em	nploye	e of the	e issuer	or investn	nent fun	d manage	er
None of the above												
d) Compensation details												
Provide details of all compensation	n paid, or to be paid	, to the person	identifi	ed in Item	8(a) in co	onnect	tion wit	th the di	stribution.	Provide	all amou	nts in
Canadian dollars. Include cash cor incidental to the distribution, such												
allocation arrangements with the									or actails a	ibout, oi	report or	, arcerrae
Cash commissions paid	202,95	0.00				S	Security	code 1	Security	code 2	Security	code 3
Value of all securities			Se	ecurity cod	es							
distributed as compensation <sup>4</sup>	ms of warrants, opti	iono or other ri	_					•		•	<u>'</u>	
	ms or warrants, opt		Ĭ									
Other compensation <sup>5</sup>		Desc	e									
Total compensation paid	,											
Check box if the person	on will or may recei	ve any deferre	d comp	ensation (	describe	the te	erms be	elow)				
<sup>4</sup> Provide the aggregate value of a												
rights exercisable to acquire add  5Do not include deferred compen	litional securities of		occur	aisuit	aica as (	σοπρ	cricano	, <u></u>	<del>unig</del> opuol	io, wall	Oi Ol	
additional securities of the issuer	r. Indicate the secur	ity codes for a										
"Do not include deferred comper	isation.											

a) Name of person compen-	sated and regis	tration status								
Indicate whether the person compe	ensated is a registr	rant.		No	$\checkmark$	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	ame		Seco	ndary give	en names
If the person compensated is not a	n individual, provi	de the following	information							
Full legal name of	non-individual	RBC DOMINIONC.	ON SECU	RITIES IN	VC./RB	C DON	MINION	VALEURS	MOBIL	JERES
Firm	Firm NRD number 3 1 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 informa	ation									
If a firm NRD number is not provid	led in Item 8 (a), p	rovide the busine	ess contact i	nformation	n of the p	person b	peing cor	mpensated.		
Street address										
Municipality					Р	rovince	e/State			
Country				F	Postal c	ode/Zi	p code			
Email address					Telepl	hone n	umber			
c) Relationship to issuer or	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 of			106 for the	ourposes o	-	-		her than an	invoctm	ant fund)
<u> </u>		_					,			•
Director or officer of the i	investment fund o	r investment fun	id manager	Ш	Employ	ee of th	e issuer	or investme	ent fund r	nanager
✓ 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	202,95	50.00				Security	code 1	Security co	de 2 S	Security code 3
Value of all securities distributed as compensation <sup>4</sup>			Securit	y codes						
	ns of warrants, op	tions or other rig	ıhts							
Other compensation <sup>5</sup>		Descr	ribe							
Total compensation paid	202,95	60.00								
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 additional securities of the issuer. rights exercisable to acquire addit <sup>5</sup> Do not include deferred compens	Indicate the secutional securities of	rity codes for all	nsation, <u>exc</u> I securities d	luding opti distributed	ions, wai as comp	rrants o pensatio	r other n on, <u>inclu</u>	ights exercis ding options	sable to a	acquire ts or other

a) Name of person comper	sated and regist	tration status										
Indicate whether the person comp	ensated is a registr	ant.	[	No		$\checkmark$	Yes					
If the person compensated is an individual, provide the name of the individual.												
Full legal name of individe	ual											
	F	amily name		First given name Secondary given names							mes	
If the person compensated is not a	ın individual, provi	de the following	inforn	nation.								
Full legal name of	non-individual	TD SECURIT	IES II	NC. / VA	LEURS	MOE	3ILIÈF	RES TE	INC.			
Firm	NRD number	5 8	6	0				(if a	oplicabl	le)		
Indicate whether the person comp	Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.  V No Yes											
b) Business contact information	ation											
If a firm NRD number is not provid	ded in Item 8 (a), p	rovide the busin	ess cor	ntact infor	mation o	of the <sub>l</sub>	person	being c	ompens	sated.		
Street address												
Municipality						Р	rovin	ce/Stat	е			
Country					Po	stal c	code/2	Zip cod	е 🔚			
Email address					-	Telep	hone	numbe	er 🗀			
c) Relationship to issuer or	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			100 10	r the purp		•	-			nan an inves	tment fu	und)
Director or officer of the	investment fund o	r investment fu	nd mar	nager	— □ E	mploy	ee of	the issu	er or in\	vestment fur	nd mana	ager
✓ None of the above				J		. ,						· ·
d) Compensation details	• • • • • •			. , . ,	0( ) :		,.		1: 1: 1	5		, .
Provide details of all compensation Canadian dollars. Include cash con incidental to the distribution, such	nmissions, securitie	s-based comper	nsation	, gifts, dis	counts o	r othei	r comp	ensatio	n. Do no	ot report pay	ments f	or services
allocation arrangements with the c									for det	alis aboat, o	гтероп	on, unternat
Cash commissions paid	202,95	0.00					Securi	ty code 1	Sec	curity code 2	Secur	ity code 3
Value of all securities			S	ecurity co	des							
distributed as compensation <sup>4</sup>			г					I	<u> </u>			
Describe terr	ns of warrants, op	tions or other ri	ghts									
Other compensation <sup>5</sup>		Desc	ribe									
Total compensation paid	202,95	0.00										
Check box if the person	on will or may rece	ive any deferre	d com	pensation	(describ	e the	terms	below)				
<sup>4</sup> Provide the aggregate value of a additional securities of the issuer rights exercisable to acquire addi <sup>5</sup> Do not include deferred compen	Indicate the secuitional securities of	rity codes for all										

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 DESJARDINS SECURITIES INC./VALEURS MOBILIERES DESJARDINS INC.									
Firm NRD number 1 0 3 0 (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 of	ontact 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	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 m									
<u> </u>	anager Employee of the issuer of investment fund manager								
✓ None of the above									
d) Compensation details									
	ified in Item 8(a) in connection with the distribution. Provide all amounts in on, 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								
Cash commissions paid 27,675.00	-matividual compensated by the issuer.								
	Security code 1 Security code 2 Security code 3								
Value of all securities 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 27,675.00									
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 compensate	ion excluding ontions warrants or other rights exercisable to acquire								
	or, <u>excluding</u> options, warrants or other rights exercisable to dequire nurities distributed as compensation, <u>including</u> options, warrants or other								
<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 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.  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 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	<u> </u>								
<u> </u>	Employee of the issuer of investment fund manager								
✓ None of the above									
d) Compensation details									
	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								
incidental to the distribution, such as clerical, printing, legal or accounting	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	n-individual compensated by the issuer.								
Cash commissions paid 27,675.00	Security code 1 Security code 2 Security code 3								
Value of all securities distributed as compensation⁴	Security codes								
Describe terms of warrants, options or other rights									
Other compensation <sup>5</sup> Describe									
Total compensation paid 27,675.00									
Check box if the person will or may receive any deferred compensation (describe the terms below)									
4 Dravida the appropriate value of all switch-distributed	tion avaluding antions warrants or other wints according to								
	tion, <u>excluding options, warrants or other rights exercisable to acquire</u> curities 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 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	L INC. / SCOTIA CAPITAUX INC.							
Firm NRD number 3 4 6 0 (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 of	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 m								
<u> </u>								
None of the above								
d) Compensation details								
	tified in Item 8(a) in connection with the distribution. Provide all amounts in on, gifts, discounts or other compensation. Do not report payments for services							
incidental to the distribution, such as clerical, printing, legal or accounting	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 nor	individual compensated by the issuer.							
Cash commissions paid 27,675.00	Security code 1 Security code 2 Security code 3							
Value of all securities 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 27,675.00								
Check box if the person will or may receive any deferred compensation (describe the terms below)								
	ion, <u>excluding</u> options, warrants or other rights exercisable to acquire curities 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.								

TEM 9 - DIRECTORS, EXECU	ITIVE OFFICERS	AND PROMOT	ERS OF THE ISSU	JER				
If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.								
Indicate whether the issuer is any c	of the following (select	t the one that applie	es - if more than one a	applies, select only one).				
Reporting issuer in any juri	sdiction of Canada							
Foreign public issuer								
Wholly owned subsidiary of	f a reporting issuer in	any jurisdiction of	Canada <sup>6</sup>					
Provide nar	me of reporting issue	r						
Wholly owned subsidiary o	f a foreign public issu	ıer <sup>6</sup>						
Provide name o	f foreign public issue	r					7	
Issuer distributing only eliging	ble foreign securities	and the distribution	n is to permitted clien	ts only <sup>7</sup>			_	
If the issuer is at least one of the	ahove. do not com	olete Item 9(a) – (c	). Proceed to Item 1	o.				
7Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions.  If the issuer is none of the above, check this box and complete Item 9(a) - (c).								
a) Directors, executive office	•							
Provide the following information fo territory; otherwise state the country					state the p	orovince	or	
Organization or company name	Business location of non-individual or residentail (select all that apply)							
				Province or country	D	0	Р	
	Fanjoy	Kristina		Ontario	✓	<b>✓</b>		
	Barry	Ryan		Ontario	✓	✓		
	Graham	John		Ontario		✓		
Savage Brian Ontario ✓								
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		o to promoter ooth 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	niels@cppib.com				
Signature	/s/ Kathryn Daniels, solely on behalf of the issuer and	Date	2023	01	27			
	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 individual certifying the report									
Full legal name	Lizotte	Angela				Title	Securities Law Clerk		
	Family name	First given i	name	Secondary	given names				
Name of company	McCarthy Tétrault LLP								
Telephone number	4166017875		Em	ail address	alizotte@mo	ccarthy.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.