# Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 10203533

ITEM 1 - REPORT TYPE								
✓ New report								
Amended report If amended, provide filing date of report that is being amended (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 inves	tment fund)							
Underwriter	anoni rana)							
ITEM 3 - ISSUER NAME AND OT								
Provide the following information about the		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, pro	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 applicable)						
ITEM A LINDEDWINTED INCOM	MATION							
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 a	oplicable)					
If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.								
Street address								
Municipality		Pro	ovince/State					
Country		Postal co	de/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 in your reasonable judgment most closely corresponds to the issuer's primary business activity.					
NAICS industry code 5 2 3 9 9 9					
If the issuer is in the <b>mining industry</b> , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.					
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 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 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.					
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	it most accurately identifies the issuer (select only one) .					
Money market	☐ Equity ☐ Fixed income ☐ Balanced					
Alternative strate	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						
	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union of ollective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.					
c) Date of formation a	nd financial year-end of the investment fund					
Date of forma	tion Financial year-end 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 T					
e) Public listing status 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 name						
f) Net asset value (NAV) of the investment fund						
Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$).						
\$0 to under \$5M	\$5M to under \$25M \$25M to under \$100M					
\$100M to under \$500	DM S500M to under \$1B S1B 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. Currency a) Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars. US dollar ✓ Canadian dollar Euro Other (describe) 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 End date 2023 2023 06 06 06 06 YYYY MM DD YYYY MM DD Detailed purchaser information Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report. 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 \$	
	Security code CUSIP number (if applicable) Description of security		Number of securities	Single or lowest price	Highest price	Total amount	
	N O T	12593ZAA 8	3.950% Fixed Rate Notes due June 2, 2032	380,000.00	995.1929		378,173,302.00

#### 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 security code Underlying 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]	10	87,576,975.20		
Québec	NI 45-106 2.3 [Accredited investor]	NI 45-106 2.3 [Accredited investor] 8			
British Columbia	NI 45-106 2.3 [Accredited investor]	3	163,211,635.60		
Alberta	NI 45-106 2.3 [Accredited investor]	1	18,908,665.10		
Manitoba	NI 45-106 2.3 [Accredited investor]	1	14,927,893.50		
New Brunswick	NI 45-106 2.3 [Accredited investor]	1	8,956,736.10		
	378,173,302.00				

- <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)
	Pricing Supplement No. 55-D to the Offering Memorandum dated May 26, 2023	2023-06-02	N	
2.	Offering Memorandum	2023-05-26	N	

TEM 8 - COMPENSATION I	NFORMATION					
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 compensatio	n was paid, or will be p	oaid, in connecti	on with the distribution	).		
No ✓ Yes	If yes, indicate nu	mber of perso	ons compensated.	7		
a) Name of person compens	sated and registration	n status				
Indicate whether the person compe	nsated is a registrant.		☐ No ✓	Yes		
If the person compensated is an ind	lividual, provide the nar	me of the indivi	dual.			
Full legal name of individua	al					
	Family	name	First giver	n name	Secondary	given names
If the person compensated is not an	individual, provide the	following infor	mation.			
Full legal name of r	non-individual TD S	ECURITIES	NC. / VALEURS MC	OBILIÈRES TO	INC.	
Firm	NRD number 5	8 6	0	(if a	oplicable)	
Indicate whether the person compe	nsated facilitated the di	istribution throu	gh a funding portal or	an internet-base	d portal.	✓ No ☐ Yes
b) Business contact information	tion					
If a firm NRD number is not provide	ed in Item 8 (a), provide	the business co	ntact information of th	e person being c	ompensated.	
Street address						
Municipality				Province/Stat	е	
Country			Posta	I code/Zip cod	e	
Email address			Tele	ephone numbe	er	
c) Relationship to issuer or in	nvestment fund man	ager				
Indicate the person's relationship we the Instructions and the meaning of						ted" in Part B(2) of
Connect with the issuer o	r investment fund man	ager	Inside	er of the issuer (	other than an inves	stment fund)
Director or officer of the in	nvestment fund or inve	stment fund ma	anager Empl	oyee of the issu	er or investment fu	nd 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	494,000.00			Security code 1	Security code 2	Security code 3
Value of all securities distributed as compensation <sup>4</sup>			Security codes			
·	s of warrants, options	or other rights				
Other compensation <sup>5</sup>	•	Describe				
	40.4.000.00					
Total compensation paid	494,000.00					
Check box if the persor	n will or may receive ar	ny deferred con	npensation (describe th	ne terms below)		
<sup>4</sup> Provide the aggregate value of all	securities distributed a	as compensatio	on, <u>excludin</u> a options. v	varrants or other	r rights exercisable	to acquire
additional securities of the issuer. I rights exercisable to acquire additions of the include deferred company.	Indicate the security co ional securities of the is	odes for all secu				

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> Y	'es					
If the person compensated is an individual, provide the name of the individual.												
Full legal name of individ	ual											
	F	amily name			First giv	en nam	ne		Sec	ondary (	given name	es
If the person compensated is not a	If the person compensated is not an individual, provide the following information.											
Full legal name of	Full legal name of non-individual BMO NESBITT BURNS INC.											
Firm NRD number 2 5 8 0 (if applicable)												
Indicate whether the person comp	ensated facilitated	the distribution	throug	h a fundin	g portal o	r an in	nternet-l	based p	oortal.	<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 busir	ness con	tact inforn	nation of	the per	rson bei	ing con	npensated.			
Street address												
Municipality						Prov	vince/S	State				
Country					Post	al cod	de/Zip	code				
Email address					Te	elepho	one nu	mber				
c) Relationship to issuer or	investment fund	manager										
Indicate the person's relationship the Instructions and the meaning									ning of "c	onnecte	ed" in Par	t B(2) of
Connect with the issuer			•				_		ner than ar	n invest	ment fun	d)
Director or officer of the	investment fund or	r investment fu	nd man	ager	☐ Em	ployee	of the	issuer	or investm	ent fun	d manag	er
None of the above												
d) Compensation details												
Provide details of all compensation	n paid, or to be paid	l, to the person	identifie	ed in Item	8(a) in co	nnectic	on with	the dis	tribution. I	Provide	all amou	nts in
Canadian dollars. Include cash cor incidental to the distribution, such												
allocation arrangements with the									r actatis at	out, or	report or	i, tinterriat
Cash commissions paid	399,00	0.00				Se	ecurity co	ode 1	Security of	ode 2	Security	code 3
Value of all securities			Se	curity cod	es							
distributed as compensation <sup>4</sup>		iono or other ri	_								<u> </u>	
	ms of warrants, opt		ĭ [									
Other compensation <sup>5</sup>		Desc	cribe									
Total compensation paid	,											
Check box if the person	on will or may recei	ive any deferre	d comp	ensation (	describe	the ter	rms bel	ow)				
<sup>4</sup> Provide the aggregate value of a additional securities of the issuer												
rights exercisable to acquire add.  5Do not include deferred compen	litional securities of		ıı s <del>e</del> cull	นธอ นเรแโน	uieu ds C	.unper	เเอสแบก,	, <u>miciuc</u>	<u>шу</u> ориоп	ə, WdIT	arno UI Ol	i i Ci
ро постиливе ветенев сотпрет	เอสแบท.											

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 individ	dual.					
Full legal name of individual						
Family name	First given name Secondary given names					
If the person compensated is not an individual, provide the following infor	mation.					
Full legal name of non-individual DESJARDINS SE	CURITIES INC./VALEURS MOBILIERES DESJARDINS INC.					
Firm NRD number 1 0 3 0 (if applicable)						
Indicate whether the person compensated facilitated the distribution throu	gh a funding portal or an internet-based portal.    No Yes					
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 mana the Instructions and the meaning of "control" in section 1.4 of NI 45-106 f	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>					
<u> </u>	mager Employee of the issuer of investment fund manager					
✓ None of the above						
d) Compensation details						
	fied in Item 8(a) in connection with the distribution. Provide all amounts in n, gifts, discounts or other compensation. Do not report payments for services 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-						
Cash commissions paid 399,000.00	Security code 1 Security code 2 Security code 3					
Value of all securities	Security codes					
distributed as compensation⁴						
Describe terms of warrants, options or other rights						
Other compensation <sup>5</sup> Describe						
Total compensation paid 399,000.00						
Check box if the person will or may receive any deferred com	pensation (describe the terms below)					
<sup>4</sup> Provide the aggregate value of all securities distributed as compensation	on, <u>excluding</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 indiv	idual.					
Full legal name of individual						
Family name	First given n	ame	Secondary (	given names		
If the person compensated is not an individual, provide the following info	rmation.					
Full legal name of non-individual CIBC WORLD M	ARKETS INC./MARCH	ES MONDIAL	JX CIBC INC.			
Firm NRD number 3 8 5 0 (if applicable)						
Indicate whether the person compensated facilitated the distribution thro	ugh a funding portal or an	internet-based	portal.	No Yes		
b) Business contact information						
If a firm NRD number is not provided in Item 8 (a), provide the business	ontact information of the	person being cor	mpensated.			
Street address						
Municipality	P	rovince/State				
Country	Postal o	code/Zip code				
Email address	Telep	hone number				
c) Relationship to issuer or investment fund manager	_					
Indicate the person's relationship with the issuer or investment fund mar 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>	-	:her than an invest	ment fund)		
Director or officer of the investment fund or investment fund n	_		or investment fun			
<u> </u>	anagei Employ	ee of the issuer	or investment fun	u manager		
✓ None of the above						
d) Compensation details						
Provide details of all compensation paid, or to be paid, to the person iden Canadian dollars. Include cash commissions, securities-based compensation incidental to the distribution, such as clerical, printing, legal or accounting	on, gifts, discounts or other	r compensation.	Do not report payı	ments for services		
allocation arrangements with the directors, officers or employees of a nor			or actuals about, or	report on, anternat		
Cash commissions paid 152,000.00		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 152,000.00						
Check box if the person will or may receive any deferred co	mpensation (describe the	terms below)				
<sup>4</sup> Provide the aggregate value of all securities distributed as compensate	ion, <u>excluding</u> options, wa	rrants or other n	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.						

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 indiv	dual.					
Full legal name of individual						
Family name	First given name Secondary given names					
If the person compensated is not an individual, provide the following info	rmation.					
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 thro	ugh a funding portal or an internet-based portal. ✓ 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						
Indicate the person's relationship with the issuer or investment fund manuthe Instructions and the meaning of "control" in section 1.4 of NI 45-106	nger (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 m						
<u> </u>	Employee of the issuer of investment fund manager					
✓ None of the above						
d) Compensation details						
Canadian dollars. Include cash commissions, securities-based compensation	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 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						
Cash commissions paid 152,000.00	Security code 1 Security code 2 Security code 3					
Value of all securities	Security codes					
distributed as compensation <sup>4</sup>	occurry codes					
Describe terms of warrants, options or other rights						
Other compensation <sup>5</sup> Describe						
Total compensation paid 152,000.00						
Check box if the person will or may receive any deferred cor	npensation (describe the terms below)					
<sup>4</sup> Provide the aggregate value of all securities distributed as compensati	on, <u>excluding</u> options, warrants or other rights exercisable to acquire					
additional securities of the issuer. Indicate the security codes for all sec rights exercisable to acquire additional securities of the issuer.	urities distributed as compensation, <u>including</u> options, warrants or other					
<sup>5</sup> Do not include deferred compensation.						

a) Name of person comper	nsated and regis	tration status					
Indicate whether the person comp	ensated is a registi	rant.	☐ No	✓ Y	⁄es		
If the person compensated is an in	ndividual, provide t	he name of the indiv	ridual.				
Full legal name of individe	ual						
	F	amily name	F	irst given nan	ne	Secon	dary given names
If the person compensated is not a	ın individual, provi	de the following info	ormation.				
Full legal name of	non-individual	RBC DOMINION INC.	SECURITIES	INC./RBC	DOMINION	I VALEURS	MOBILIERES
Firm	n NRD number	3 1 6	0		(if apı	olicable)	
Indicate whether the person comp	ensated facilitated	the distribution thro	ough a funding p	ortal or an i	nternet-based	portal.	✓ No ☐ Yes
b) Business contact information	ation						
If a firm NRD number is not provid	ded in Item 8 (a), p	rovide the business	contact informat	ion of the pe	erson being co	mpensated.	
Street address			_				
Municipality				Pro	ovince/State		
Country				Postal co	de/Zip code		
Email address				Telepho	one number		
c) Relationship to issuer or	investment fund	d manager					
Indicate the person's relationship							nnected" in Part B(2) of
the Instructions and the meaning			for the purposes	_	-		ny coatmont frank)
Connect with the issuer		-	<u> </u>	_	•		nvestment fund)
Director or officer of the	investment fund o	or investment fund n	nanager	Employee	e of the issue	r or investmei	nt fund manager
✓ None of the above							
d) Compensation details							
Provide details of all compensation Canadian dollars. Include cash con incidental to the distribution, such allocation arrangements with the c	nmissions, securitie as clerical, printing	es-based compensati g, legal or accounting	ion, gifts, discour g services. An iss	nts or other c uer is not red	compensation. quired to ask f	Do not repor	t payments for services
Cash commissions paid	152,00	00.00		Se	ecurity code 1	Security cod	de 2 Security code 3
Value of all securities			Security codes				
distributed as compensation <sup>4</sup> Describe terr		tions or other rights					
Other compensation <sup>5</sup>		Describe					
Total compensation paid	152,00	00.00					
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	all securities distrit	buted as compensar	ion. excludina o	ptions. warra	ants or other	riahts exercis	able to acquire
additional securities of the issuer rights exercisable to acquire addi <sup>5</sup> Do not include deferred compen	r. Indicate the secu itional securities of	ırity codes for all sed	curities distribute	ed as compe	ensation, <u>inclu</u>	<u>iding</u> options,	warrants or other

a) Name of person compen	sated and registrati	on status					
Indicate whether the person comp	ensated is a registrant.		☐ No	$\checkmark$	Yes		
If the person compensated is an in	dividual, provide the n	ame of the individ	dual.				
Full legal name of individu	ual						
	Famil	y name	F	First given i	name	Secondary	given names
If the person compensated is not a	n individual, provide tl	ne following infor	mation.				
Full legal name of	non-individual SC	OTIA CAPITAL	INC. / SCO	ГІА САР	ITAUX INC.		
Firm	NRD number 3	4 6	0		(if ap	pplicable)	
Indicate whether the person comp	ensated facilitated the	distribution throu	ıgh a funding p	ortal or a	n internet-base	d portal. ✓	No Yes
b) Business contact information	ation						
If a firm NRD number is not provid	ded in Item 8 (a), provid	de the business co	ontact informat	ion of the	person being co	ompensated.	
Street address							
Municipality				F	Province/State	9	
Country				Postal	code/Zip code	•	
Email address				Tele	phone numbe	r	
c) Relationship to issuer or	investment fund ma	anager					
Indicate the person's relationship with the Instructions and the meaning of							ed" in Part B(2) of
Connect with the issuer				_	•	other than an inves	tment fund)
Director or officer of the			enager –	_		er or investment fur	
<u></u>	investment fund of inv	estinent iunu ma	illagei		yee or the issue	er or investment for	iu managei
✓ None of the above							
d) Compensation details							
Provide details of all compensation Canadian dollars. Include cash com							
incidental to the distribution, such	as clerical, printing, leg	al or accounting	services. An iss	uer is not	required to ask		
allocation arrangements with the a			individual com	pensated	by the issuer.		
Cash commissions paid	152,000.0	0			Security code 1	Security code 2	Security code 3
Value of all securities distributed as compensation <sup>4</sup>			Security codes				
·	ns of warrants, options	or other rights					
Other compensation <sup>5</sup>	, ,	Describe					
Total compensation paid	152,000.0	_					
Check box if the person	,		onensation (de	scribe the	terms helow)		
Officer box if the perso	- I will of may receive t	arry deferred con	ipensation (de		terms below)		
<sup>4</sup> Provide the aggregate value of a additional securities of the issuer.							
rights exercisable to acquire addi  5Do not include deferred compens	itional securities of the				,	<u> </u>	

If the issuer is an investment fun	d. do not complete	Item 9. Procced to	Item 10.				
	-						
Indicate whether the issuer is any c		t the one that applie	rs - 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	er					7
Wholly owned subsidiary o	f a foreign public iss	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	nts only <sup>7</sup>			_
If the issuer is at least one of the	-			·			
respectively.  7 Check this box if it applies to the collections. Refer to the definitions of "e"  If the issuer is none of the  a) Directors, executive office  Provide the following information for territory; otherwise state the country	e above, check this but a sand promoters of the cach director, executors	toox and complete I  of the issuer  utive officer and pror	tem 9(a) - (c).  noter of the issuer. Fo	the Instructions.			
Organization or company name  Family name  First given name  Secondary given names  Secondary given names  Business location of non-individual or residentail jurisdiction of individual  Relationship to issuer (select all that apply)							
				Province or country	D	0	Р
	Fernandez	Christina		United Kingdom	✓	✓	
	Barry	Ryan		Ontario	✓	✓	
	Graham	John		Ontario		✓	
	Savage	Brian		Ontario		✓	
b) Promoter information							
			ation for each directo	r and executive officer of th	a promot	or For lo	cations
If the promoter listed above is not an within Canada, state the province or	•		·		•		

Residential address of each individual

Family name

Organization or company name

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.

First given name

Secondary given names

individual

Province or

country

D

0

# **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	'	Seconda	ary given n	ames	
Title	Authorized Signatory						
Telephone number	4167265684	Email address	kdaniels	s@cppib.c	om		
Signature	/s/ Kathryn Daniels, solely on behalf of the issuer and	Date	2023	06	16		
	without personal liability		YYYY	MM	DD		

ITEM 11- CONTACT F	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 given names	_			
Name of company	McCarthy Tetrault LLP						
Telephone number	4166017875	En	nail address alizotte@m	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.