Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 10150578

| ITEM 1 - REPORT TYPE | | | | | | | | | |
|--|--|---------------------|------------------|-------------------------------|-----------------|--|--|--|--|
| ✓ New report | | | | | | | | | |
| ☐ Amended report If ame | ☐ 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 (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National | | | | | | | | | |
| Investment fund issuer | Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106. | | | | | | | | |
| ✓ 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 applicabl | e) | | | | | |
| 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 | | Pro | ovince/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 | 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 | | | | | | | |
| ¹ 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 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 | 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 |

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

✓ Canadian dollar US dollar □ Euro □ Other (describe)

b) Distribution date(s)

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

Start date 2023 04 21

YYYY MM DD

End date 2023 04 21

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 number (if applicable) | | 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 | 347,000.00 | 1,027.6526 | | 356,595,452.20 |

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 exchangeal security co | ble | | | (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 ²⁸ purchasers | Total amount (Canadian \$) | | | |
|---------------------|--|---|----------------------------|--|--|--|
| Ontario | NI 45-106 2.3 [Accredited investor] | 11 | 76,046,292.40 | | | |
| Québec | NI 45-106 2.3 [Accredited investor] | 11 | 146,954,321.80 | | | |
| British Columbia | NI 45-106 2.3 [Accredited investor] | 2 | 121,263,006.80 | | | |
| Alberta | NI 45-106 2.3 [Accredited investor] | 1 | 4,110,610.40 | | | |
| New Brunswick | NI 45-106 2.3 [Accredited investor] | 1 | 8,221,220.80 | | | |
| | 356,595,452.20 | | | | | |
| | Total number of unique purchasers ^{2b} 26 | | | | | |

^{2a} In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

^{2b} 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 | |

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

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

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

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

| | Description | Date of document or other material (YYYY-MM-DD) | Previously filed with or delivered to regulator? (Y/N) | Date previously filed or delivered (YYYY-MM-DD) |
|----|---|---|---|---|
| 1. | Pricing Supplement No. 55-C to the OM dated June 2, 2022, as supplemented by the OM Supplements dated August 12, 2022, November 14, 2022, February 10, 2023 and April 3, 2023 | 2023-04-19 | Z | |
| 2. | Offering Memorandum Supplement dated April 3, 2023 to the OM dated June 2, 2022 | 2023-04-03 | Υ | 2023-04-24 |
| 3. | Offering Memorandum Supplement dated February 10, 2023 to the OM dated June 2, 2022 | 2023-02-10 | Y | 2023-03-06 |
| 4. | Offering Memorandum Supplement dated November 14, 2022 to the OM dated June 2, 2022 | 2022-11-14 | Υ | 2022-12-15 |
| 5. | Offering Memorandum Supplement dated August 12, 2022 to the OM dated June 2, 2022 | 2022-08-12 | Υ | 2022-12-15 |
| 6. | Offering Memorandum | 2022-06-02 | Y | 2022-06-27 |

| TEM 8 - COMPENSATION | INFORMATION | J | | | | | | |
|--|---|---|--|--------------------------------------|---------------------|----------------------|--|--|
| Provide information for each person the distribution. Complete addition | | | | • | • | in connection wit | | |
| Indicate whether any compensation was paid, or will be paid, in connection with the distribution. | | | | | | | | |
| No ✓ Yes | If yes, indicate | e number of pers | ons compensated. | 7 | | | | |
| a) Name of person compen | sated and registi | ation status | | | | | | |
| Indicate whether the person compe | ensated is a registra | nt. | ☐ No 🗸 | Yes | | | | |
| If the person compensated is an in- | dividual, provide th | e name of the indivi | dual. | | | | | |
| Full legal name of individu | ıal | | | | | | | |
| | Fa | mily name | First given | name | Secondary | given names | | |
| If the person compensated is not a | n individual, provid | e the following info | rmation. | | | | | |
| Full legal name of | non-individual | D SECURITIES | INC. / VALEURS MC | BILIÈRES TD | INC. | | | |
| Firm | NRD number | 5 8 6 | 0 | (if ap | plicable) | | | |
| Indicate whether the person compe | ∟ ensated facilitated t | he distribution thro | ugh a funding portal or a | an internet-based | l portal. | ✓ No ☐ Ye | | |
| b) Business contact informa | ation | | | | | | | |
| If a firm NRD number is not provid | led in Item 8 (a), pr | ovide the business c | ontact information of the | e person being co | ompensated. | | | |
| Street address | | | | | | | | |
| Municipality | | | | Province/State |) | | | |
| Country | | | Postal | code/Zip code |) | | | |
| Email address | | | Tele | phone number | r | | | |
| c) Relationship to issuer or | investment fund | manager | | | | | | |
| Indicate the person's relationship v the Instructions and the meaning o | | | | | | ted" in Part B(2) of | | |
| Connect with the issuer | or investment fund | manager | Inside | er of the issuer (o | other than an inves | stment fund) | | |
| Director or officer of the | investment fund or | investment fund m | anager | oyee of the issue | er or investment fu | nd 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 | nmissions, securities as clerical, printing, | -based compensation legal or accounting | on, gifts, discounts or oth services. An issuer is no | er compensation t required to ask | . Do not report pay | ments for services | | |
| Cash commissions paid | 451,100 | 0.00 | | Security code 1 | Security code 2 | Security code 3 | | |
| Value of all securities distributed as compensation ⁴ | | | Security codes | | | | | |
| Describe tern | ns of warrants, opti | ons or other rights | | | | | | |
| Other compensation ⁵ | | Describe | | | | | | |
| Total compensation paid | 451,100 | 0.00 | | | | | | |
| Check box if the perso | n will or may recei | ve any deferred cor | npensation (describe th | e terms below) | | | | |
| | | | | | | | | |
| ⁴ Provide the aggregate value of a | ll securities distribi | ited as comnensati | on. excluding ontions w | varrants or other | riahts exercisable | to acquire | | |
| additional securities of the issuer. rights exercisable to acquire additional securities of the issuer. | Indicate the securi | ity codes for all sec | urities distributed as col | mpensation, <u>inclu</u> | uding options, war | rants or other | | |

⁵Do not include deferred compensation.

| a) Name of person comper | nsated and registration st | atus | | | | | | | |
|---|----------------------------------|-----------------|--------------------|--------------|------------------------|------------------------------|---------------------|--|--|
| 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 individ | ual | | | | | | | | |
| | Family name | 9 | Firs | t given nam | ne | Secondary g | 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 comp | pensated facilitated the distrib | oution through | h a funding port | tal or an ir | nternet-based | portal. | No Yes | | |
| b) Business contact inform | ation | | | | | | | | |
| If a firm NRD number is not provi | ded in Item 8 (a), provide the | business con | tact information | of the pe | erson being co | mpensated. | | | |
| Street address | | | | | | | | | |
| Municipality | | | | Pro | ovince/State | | | | |
| Country | | | P | ostal co | de/Zip code | | | | |
| Email address | | | | Telepho | one number | | | | |
| c) Relationship to issuer or | investment fund manage | er | | | | | | | |
| Indicate the person's relationship the Instructions and the meaning | | | | | | | ed" in Part B(2) of | | |
| | or investment fund manage | | · · · | - | | ther than an invest | ment fund) | | |
| Director or officer of the | investment fund or investme | ent fund man | ager 🔲 | Employee | e of the issue | r or investment fun | d manager | | |
| None of the above | | | _ | | | | | | |
| d) Compensation details | | | | | | | | | |
| Provide details of all compensation | n paid, or to be paid, to the pe | erson identifie | ed in Item 8(a) in | n connecti | ion with the di | istribution. Provide | all amounts in | | |
| Canadian dollars. Include cash cor | nmissions, securities-based co | ompensation, | gifts, discounts | or other c | ompensation. | Do not report payı | ments for services | | |
| incidental to the distribution, such allocation arrangements with the | | | | | | or aetalis about, or | report on, internal | | |
| Cash commissions paid | 364,350.00 | | | Se | ecurity code 1 | Security code 2 | Security code 3 | | |
| Value of all securities | | 90 | curity codes | | | | Security security | | |
| distributed as compensation ⁴ | | _ | Curry codes | | | | | | |
| Describe ter | ms of warrants, options or ot | her rights | | | | | | | |
| Other compensation ⁵ | | Describe | | | | | | | |
| Total compensation paid | 364,350.00 | | | | | | | | |
| Check box if the person | on will or may receive any de | eferred comp | ensation (descr | ibe the te | rms below) | | | | |
| | | | | | | | | | |
| ⁴ Provide the aggregate value of a | | | | | | | | | |
| additional securities of the issuer rights exercisable to acquire add | litional securities of the issue | | ties aistributed i | as compe | ensation, <u>inclu</u> | <u>ıdırıg</u> options, warrı | ants or other | | |
| ⁵ Do not include deferred comper | ารสบัดก. | | | | | | | | |

| a) Name of person compensated a | 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 indivi | idual. | | | | |
| Full legal name of individual | | | | | | |
| | Family name | First giv | ven name | Secondary given names | | |
| If the person compensated is not an individ | lual, provide the following info | rmation. | | | | |
| 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 compensated | facilitated the distribution thro | ugh a funding portal c | or an internet-based | portal. Ves | | |
| b) Business contact information | | | | | | |
| If a firm NRD number is not provided in Ite | em 8 (a), provide the business co | ontact information of | the person being cor | mpensated. | | |
| Street address | | | | | | |
| Municipality | | | Province/State | | | |
| Country | | Post | tal code/Zip code | | | |
| Email address | | Τε | elephone number | | | |
| c) Relationship to issuer or investr | nent fund manager | _ | | | | |
| Indicate the person's relationship with the the Instructions and the meaning of "contr | | | | _ | | |
| Connect with the issuer or inves | | · · · <u>—</u> | | her than an investment fund) | | |
| _ | • | _ | • | , in the second | | |
| Director or officer of the investm | ent tund or investment tund m | anager Em | iployee of the issuer | or investment fund manager | | |
| ✓ None of the above | | | | | | |
| d) Compensation details | | | | | | |
| Provide details of all compensation paid, of Canadian dollars. Include cash commission incidental to the distribution, such as clericallocation arrangements with the directors, | s, securities-based compensatio al, printing, legal or accounting | on, gifts, discounts or c services. An issuer is i | other compensation. not required to ask fo | Do not report payments for services | | |
| Cash commissions paid | 364,350.00 | | Security code 1 | Security code 2 Security code 3 | | |
| Value of all securities | | Security codes | | | | |
| distributed as compensation ⁴ | rrants, options or other rights | | | | | |
| | | | | | | |
| Other compensation ⁵ | Describe | | | | | |
| Total compensation paid | 364,350.00 | | | | | |
| Check box if the person will or may receive any deferred compensation (describe the terms below) | | | | | | |
| | | | | | | |
| ⁴ Provide the aggregate value of all securing additional securities of the issuer. Indicate rights exercisable to acquire additional security of the include deferred compensation. | e the security codes for all sec | | | | | |

| a) Name of person compensated | and registration status | | | | | | |
|---|------------------------------------|-----------------------------|--------------------------|-------------------------|---------------------|--|--|
| Indicate whether the person compensated is a registrant. No V 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 indivi | dual, provide the following inform | mation. | | | | | |
| Full legal name of non-individual BMO NESBITT BURNS INC. | | | | | | | |
| Firm NRD number 2 5 8 0 (if applicable) | | | | | | | |
| Indicate whether the person compensated | facilitated the distribution throu | gh a funding portal or a | n internet-based | portal. | No Yes | | |
| b) Business contact information | | | | | | | |
| If a firm NRD number is not provided in It | em 8 (a), provide the business co | ontact information of the | person being co | mpensated. | | | |
| Street address | | | | | | | |
| Municipality | | Ī | Province/State | | | | |
| Country | | Postal | code/Zip code | | | | |
| Email address | | Telep | ohone number | | | | |
| c) Relationship to issuer or investi | ment fund manager | | | | | | |
| Indicate the person's relationship with the the Instructions and the meaning of "cont | | | | | ed" in Part B(2) of | | |
| Connect with the issuer or invest | | · · · <u> </u> | • | ther than an invest | ment fund) | | |
| <u>—</u> | nent fund or investment fund ma | _ | | r or investment fun | | | |
| <u> </u> | Total and of invocation rand me | agoi | y 00 01 1110 10000 | i or invocation rain | a managor | | |
| None of the above | | | | | | | |
| d) Compensation details | | | | | | | |
| Provide details of all compensation paid, or Canadian dollars. Include cash commission incidental to the distribution, such as cleric | ns, securities-based compensation | n, gifts, discounts or othe | er compensation. | Do not report payi | ments for services | | |
| allocation arrangements with the directors | | | | or actuals about, or | report on, uncornat | | |
| Cash commissions paid | 138,800.00 | | Security code 1 | Security code 2 | Security code 3 | | |
| Value of all securities | | Security codes | | | | | |
| distributed as compensation ⁴ | | | | | | | |
| Describe terms of wa | arrants, options or other rights | | | | | | |
| Other compensation ⁵ | Describe | | | | | | |
| Total compensation paid | 138,800.00 | | | | | | |
| Check box if the person will o | or may receive any deferred com | pensation (describe the | terms below) | | | | |
| | | | | | | | |
| ⁴ Provide the aggregate value of all secur | | | | | | | |
| additional securities of the issuer. Indicarights exercisable to acquire additional s | | ırities distributed as con | npensation, <u>inclu</u> | uding options, warr | ants or other | | |
| ⁵ 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 infor | mation. | | | | | | |
| Full legal name of non-individual CIBC WORLD MARKETS INC./MARCHES MONDIAUX CIBC INC. | | | | | | | |
| Firm NRD number 3 8 5 0 (if applicable) | | | | | | | |
| Indicate whether the person compensated facilitated the distribution throu | 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 mand the Instructions and the meaning of "control" in section 1.4 of NI 45-106 | ager (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> | anager 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 | | | | | | |
| 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 138,800.00 | . , | | | | | | |
| Value of all securities | Security code 1 Security code 2 Security code 3 | | | | | | |
| distributed as compensation ⁴ | Security codes | | | | | | |
| Describe terms of warrants, options or other rights | | | | | | | |
| Other compensation ⁵ Describe | | | | | | | |
| Total compensation paid 138,800.00 | | | | | | | |
| Check box if the person will or may receive any deferred compensation (describe the terms below) | | | | | | | |
| | | | | | | | |
| ⁴ 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. | | | | | | | |
| ⁵ 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 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 | 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 man the Instructions and the meaning of "control" in section 1.4 of NI 45-106 | ager (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 compensati | 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 allocation arrangements with the directors, officers or employees of a non | g services. An issuer is not required to ask for details about, or report on, internal | | | | | | |
| Cash commissions paid 138,800.00 | . , | | | | | | |
| | Security code 1 Security code 2 Security code 3 | | | | | | |
| Value of all securities distributed as compensation ⁴ | Security codes | | | | | | |
| Describe terms of warrants, options or other rights | | | | | | | |
| Other compensation ⁵ Describe | | | | | | | |
| Total compensation paid 138,800.00 | | | | | | | |
| Check box if the person will or may receive any deferred compensation (describe the terms below) | | | | | | | |
| | | | | | | | |
| ⁴ Provide the aggregate value of all securities distributed as compensate | ion excluding options warrants or other rights exercisable to acquire | | | | | | |
| | curities distributed as compensation, <u>including</u> options, warrants or other | | | | | | |
| ⁵ 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 info | If the person compensated is not an individual, provide the following information. | | | | | | |
| Full legal name of non-individual SCOTIA CAPITAL INC. / SCOTIA CAPITAUX INC. | | | | | | | |
| Firm NRD number 3 4 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 man the Instructions and the meaning of "control" in section 1.4 of NI 45-106 | ager (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 locater of investment rand 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 | | | | | | |
| 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 138,800.00 | | | | | | | |
| | Security code 1 Security code 2 Security code 3 | | | | | | |
| Value of all securities distributed as compensation ⁴ | Security codes | | | | | | |
| Describe terms of warrants, options or other rights | | | | | | | |
| Other compensation ⁵ Describe | | | | | | | |
| Total compensation paid 138,800.00 | | | | | | | |
| Check box if the person will or may receive any deferred compensation (describe the terms below) | | | | | | | |
| | | | | | | | |
| ⁴ Provide the aggregate value of all securities distributed as compensate | ion excluding options warrants or other rights exercisable to acquire | | | | | | |
| | urities distributed as compensation, <u>including</u> options, warrants or other | | | | | | |
| ⁵ 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 ⁶ | | | | |
| Provide nar | me of reporting issue | or | | | | | 7 |
| Wholly owned subsidiary o | f a foreign public issi | uer ⁶ | | | | | _ |
| 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 ⁷ | | | _ |
| 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 | | | | | | | |
| | Fernandez | Christina | | United Kingdom | ✓ | √ | |
| | 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 F | 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 | • | Seconda | ary given n | ames |
| 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 | 05 | 01 | |
| | without personal liability | | YYYY | MM | DD | ! |

| ITEM 11- CONTACT I | 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 | Em | ail 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.