Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 10114512

ITEM 1 - REPORT TYPE											
✓ New report											
Amended report	lf amen	ded, pro	vide fi	iling dat	e of	report	that is	s being ame	ended		(YYYY-MM-DD)
ITEM 2 - PARTY CERTIFY	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 Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.										
Investment fund is	suer										
✓ Issuer (other than a state of the stat	an invest	ment fur	nd)								
Underwriter											
Item 3 - Issuer Name A				DC							
					invesi	tment fu	nd abu	out the fund			
Provide the following information about the issuer, or if the issuer is an investment fund, about the fund. Full legal name BetterLife Pharma Inc.											
Previous full leg											
_	If the issuer's name changed in the last 12 months, provide most recent previous legal name.										
	Website	https://a						(if applicabl	۵		
				•						ty identifier"	
If the issuer has a legal entity ide Legal entity i			. Rejer i		l ine i	mstructu			of legal entit	ly luentifier .	
If two or more issuers distributed		ecurity prov	vide the	full legal	nama	e(s) of th		suer(s) other th	an the issuer	named above	0
Full legal name(s) of co-	•							(if applicabl		numeu ubove	
								(- F.F	-,		
ITEM 4 - UNDERWRITER	INFORM	ATION									
If an underwriter is completing t	the report, p	rovide the	underw	riter's full	legal	name ai	nd firm	n NRD number.			
Full legal name	Full legal name										
Firm NRD number	(if applicable)										
If the underwriter does not have	If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.										
Street address]
Municipality							Pro	vince/State]
Country						Post	tal coc	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 3 2 5 4 1 0						
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						
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 Ves If yes, provide SEDAR profile number 0 0 0 2 9 8 0 1						
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						
YYYY 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. All AB BC MB 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
S100M to under \$500M	S500M to under \$1B	S1B or over

If the issue is an investment fund, provide the following information: a) Investment fund manager information Full legal name							
Full legal name							
Firm NRD number (if applicable) If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Province/State							
If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality County Postal code/Zip code County Telephone number Postal code/Zip code Do Type of investment fund Type of investment fund Type of investment fund that most accurately identifies the issuer (select only one). Do Type of investment fund that most accurately identifies the issuer (select only one). Do Money market De Quity De County De C							
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CUSIP number							
name of an exchange and not a trading facility such as, for example, an automated trading system							
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 \$).							
L L \$\the under \$\mathbf{S}M \qquad L \qquad \mathbf{S}M \text{ to under \$\mathbf{S}M \qquad to							
\$0 to under \$5M \$5M to under \$25M \$25M to under \$100M \$100M to under \$500M \$500M to under \$1B \$1B or over Date of NAV calculation:							

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

purchasers resident in that jurisdie	ada completes a distribution in a juriso ction of Canada only. Do not include ir which must be disclosed in Item 8. The	n Item 7 securities issue	ed as payment of c	ommissions or fi	nder's fees in			
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	Other (describ	e)					
b) Distribution date(s)								
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 03 14 YYYY MM DD YYYY								
c) Detailed purchaser infor	mation							
	s form for each purchaser and a	ttach the schedule	to the complete	ed report.				
d) Types of securities distr	•		•	•				
Provide the following information	n for all distributions reported on a per SIP number, indicate the full 9-digit CL				ow to indicate the			
				Canadian \$				
Security code CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount			
C M S 08772P		15,000,000.0	0 0.1000		1,500,000.00			
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 Security code	Exercise price (Canadian \$) Lowest Highest	Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other i	items (if applicable)			
U B S W N T	0.1500	2025-03-14						
f) Summary of the distribut	tion by jurisdiction and exemption	ł			J			
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 o	n	Number of unique ² purchasers	² Total a	mount (Canadian \$)			
Ontario	NI 45-106 2.3 [Accredited inv	estor]		3	255,000.00			
Ontario	NI 45-106 5A.2 [Listed issuer exemption]	financing	1	7	545,500.00			
Alberta	NI 45-106 5A.2 [Listed issuer exemption]	-		6	274,500.00			
British Columbia	NI 45-106 5A.2 [Listed issuer exemption]	financing		8	425,000.00			
	Total	dollar amount of se	curities distribute	ed	1,500,000.00			
	Total number of u	unique purchasers ^{2b}	3	34				

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

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.³ If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Net proceeds (Canadian \$)
Total net proceeds to the investment fund	

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

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

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

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

|--|

ITEM 8 - COMPENSATION	INFORMATION

-	Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional copies of this page if more than one person was, or will be, compensated.							
Indicate whether any compe	nsation was paid, or will be paid, in connection with the distribution.							
🗌 No 🗹 Yes	If yes, indicate number of persons compensated.							

13

a) Name of person compe	nsated and regis	stration	status									
Indicate whether the person com	pensated is a regist	rant.		🗌 No		✓	Yes					
If the person compensated is an individual, provide the name of the individual.												
Full legal name of individ	Jual											
		Family na	me	I	First gi	iven na	me		Second	ary given	names	
If the person compensated is not	an individual, prov	ide the fo	ollowing infor	mation.								
Full legal name o	f non-individual	Bloom	Burton Sec	urities Inc.								
Fin	m NRD number	4	9 5	6	0			(if appli	cable)			
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. 🗸 No 🗌 Yes												
b) Business contact information												
If a firm NRD number is not prov	ided in Item 8 (a), p	orovide th	ne business co	ontact inform	ation of	f the pe	erson be	eing com	pensated.			
Street address												
Municipality						Pro	ovince	/State				
Country					Pos	stal co	ode/Zip	code				
Email address					Т	eleph	one nu	Imber				
c) Relationship to issuer o	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 issue]			-		er than an in	vestmen	t fund)	
Director or officer of the	e investment fund o	or investr	ment fund ma	anager	— — En	nplove	e of the	issuer o	or investmen	fund ma	anager	
✓ None of the above				5		. ,					0	
d) Compensation details												
Provide details of all compensation Canadian dollars. Include cash co incidental to the distribution, such allocation arrangements with the	mmissions, securition as clerical, printing	es-based g, legal o	compensatio r accounting	n, gifts, disco services. An i	ounts or issuer is	other o not re	compen quired t	sation. D o ask for	o not report	payment	s for se	rvices
Cash commissions paid	41,38	34.00				S	Security o	ode 1	Security code	2 Sec	curity co	de 3
Value of all securities distributed as compensation			S	Security code	es	V	V N	Т				
	Describe terms of warrants, options or other rights 532,000 broker warrants, each to acquire 1 common shares, \$0.10 exercise price, expiry March 14, 2023											
Other compensation	;		Describe		<u></u>				., _0_0			
Total compensation paid	I 41,38	34.00]
Check box if the person will or may receive any deferred compensation (describe the terms below)												
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred compe	r. Indicate the secu ditional securities o	irity code	es for all secu	on, <u>excluding</u> ırities distrib	<u>n</u> option: uted as	s, warr compe	rants or ensatior	other rig n, <u>includ</u>	hts exercisa ing options, i	ble to ac warrants	quire or othe	r

a) Name of person compe	ensated and registratio	n status							
Indicate whether the person com	ppensated is a registrant.		No No	\checkmark	Yes				
If the person compensated is an	individual, provide the na	me of the individ	dual.						
Full legal name of indivi	dual								
	Family	name	Fir	st given n	ame	Se	condary given names		
If the person compensated is not	an individual, provide the	e following infor	mation.						
Full legal name of	of non-individual SCC	TIA CAPITAL	. INC. / SCOTI	A CAPI	TAUX INC	D.			
Fir	m NRD number 3	4 6	0		(1	if applicable)			
Indicate whether the person com	Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves								
b) Business contact inform	nation								
If a firm NRD number is not prov	vided in Item 8 (a), provide	e the business co	ontact informatic	on of the	person bein	ng compensated	1.		
Street address									
Municipality				P	Province/S	tate			
Country				Postal c	code/Zip c	ode			
Email address									
c) Relationship to issuer c	or investment fund mar	nager	1						
Indicate the person's relationship the Instructions and the meaning							connected" in Part B(2) of		
Connect with the issue	er or investment fund mar	nager		Insider	of the issue	er (other than a	an investment fund)		
Director or officer of th	e investment fund or inve	estment fund ma	anager	Employ	vee of the is	ssuer or investr	ment fund manager		
✓ None of the above									
d) Compensation details									
Provide details of all compensation Canadian dollars. Include cash co incidental to the distribution, such allocation arrangements with the	ommissions, securities-bas h as clerical, printing, lega	ed compensatio I or accounting	n, gifts, discount. services. An issue	s or othei er is not i	r compensa required to	tion. Do not rep ask for details o	port payments for services		
Cash commissions pai	d 3,500.00				Security cod	de 1 Security	code 2 Security code 3		
Value of all securities]	Security codes						
distributed as compensation Describe te	rms of warrants, options	or other rights							
Other compensation	5	Describe							
Total compensation paid	d 3,500.00]							
Check box if the person will or may receive any deferred compensation (describe the terms below)									
⁴ Provide the aggregate value or additional securities of the issue rights exercisable to acquire ad ⁵ Do not include deferred compe	er. Indicate the security co ditional securities of the is	odes for all secu							

a) Name of person compo	ensated and registrat	ion status							
Indicate whether the person con	npensated is a registrant	,	No No	\checkmark	Yes				
If the person compensated is an	individual, provide the r	ame of the indivi	dual.						
Full legal name of indivi	idual								
	Fam	ily name	Fi	irst given n	ame	Secondary given names			
If the person compensated is not	t an individual, provide t	he following infor	rmation.						
Full legal name	of non-individual CI	3C WORLD MA	ARKETS INC./	MARCH	IES MOND	IAUX CIBC INC.			
Fi	rm NRD number	3 8 5	0		(if	applicable)			
Indicate whether the person con	Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves								
b) Business contact inform	mation								
If a firm NRD number is not pro	vided in Item 8 (a), provi	de the business c	ontact informati	on of the	person being	compensated.			
Street address									
Municipality				P	Province/St	ate			
Country				Postal o	code/Zip co	de			
Email address			Telephone number						
c) Relationship to issuer of	or investment fund m	anager	<u></u>						
Indicate the person's relationshi the Instructions and the meanin						meaning of "connected" in Part B(2 tion.	2) of		
Connect with the issue	er or investment fund m	anager		Insider	of the issue	(other than an investment fund)			
Director or officer of th	ne investment fund or in	vestment fund m	anager 🗌	Employ	vee of the iss	uer or investment fund manager			
✓ None of the above									
d) Compensation details									
Canadian dollars. Include cash co	ommissions, securities-b h as clerical, printing, le	ased compensatic gal or accounting	on, gifts, discount services. An issu	ts or othei Ier is not I	r compensat required to a	e distribution. Provide all amounts on. Do not report payments for serv sk for details about, or report on, in	vices		
Cash commissions pai	id 2,800.0	0			Security code	1 Security code 2 Security cod	e 3		
Value of all securities			Security codes						
distributed as compensation Describe te	erms of warrants, option	s or other rights							
Other compensatior	1 ⁵	Describe							
Total compensation pai		0							
Check box if the person will or may receive any deferred compensation (describe the terms below)									
⁴ Provide the aggregate value o additional securities of the issu rights exercisable to acquire ad ⁵ Do not include deferred compe	er. Indicate the security Iditional securities of the	codes for all sec				er rights exercisable to acquire Icluding options, warrants or other			

a) Name of person comp	ensated and registra	ation status							
Indicate whether the person co	mpensated is a registra	nt.	No No	\checkmark	Yes				
If the person compensated is ar	n individual, provide the	name of the indivi	dual.						
Full legal name of indiv	ridual								
	Fa	mily name	Fir	st given na	ame	S	econdary (given nam	ies
If the person compensated is no	ot an individual, provide	e the following infor	mation.						
Full legal name	of non-individual	lichardson Wealt	h Limited / Pat	rimoine	Richardsor	n Limitée			
F	irm NRD number	2 1 9	7 0		(if	applicable)			
Indicate whether the person co	mpensated facilitated th	ne distribution throu	ıgh a funding po	rtal or an	internet-ba	sed portal.	\checkmark] No	Yes
b) Business contact infor	mation								
If a firm NRD number is not pro	ovided in Item 8 (a), pro	wide the business co	ontact informatio	on of the p	person being	compensate	d.		
Street address									
Municipality				Р	rovince/Sta	ate			
Country				Postal c	ode/Zip co	de			
Email address			j	Telepl	hone numb	per			
c) Relationship to issuer	or investment fund r	manager							
Indicate the person's relationsh the Instructions and the meaning							"connecte	ed" in Pa	rt B(2) of
	er or investment fund			-	•	(other than	an invest	ment fur	nd)
Director or officer of t	he investment fund or	investment fund ma	anager	Employ	ee of the iss	uer or invest	ment fun	d manag	ger
None of the above									
d) Compensation details									
Provide details of all compensat Canadian dollars. Include cash o incidental to the distribution, su allocation arrangements with th	commissions, securities- ch as clerical, printing,	based compensatic legal or accounting	n, gifts, discounts services. An issue	s or other er is not r	compensati equired to a	on. Do not re	port payı	ments for	r services
Cash commissions pa	aid 1,750	.00			Security code	1 Security	code 2	Security	/ code 3
Value of all securitie distributed as compensatio			Security codes						
-	erms of warrants, optic	ons or other rights							
Other compensatio	n ⁵	Describe							
Total compensation pa	id 1,750	.00							
Check box if the pe	rson will or may receiv	e any deferred cor	npensation (deso	cribe the	terms below)			
⁴ Provide the aggregate value of additional securities of the issurights exercisable to acquire a ⁵ Do not include deferred comp	ier. Indicate the securi dditional securities of t	ty codes for all sec							

a) Name of person comp	ensated and registrati	on status							
Indicate whether the person cor	npensated is a registrant.		No No	\checkmark	Yes				
If the person compensated is an	individual, provide the n	ame of the indivi	dual.						
Full legal name of indiv	idual								
	Famil	y name	Firs	st given na	ame	I	Secon	dary given n	ames
If the person compensated is no	t an individual, provide th	e following infor	mation.						
Full legal name	of non-individual Ech	elon Wealth P	artners Inc.						
Fi	irm NRD number 3	2 4	2 0			(if appli	icable)		
Indicate whether the person cor	npensated facilitated the	distribution throu	igh a funding por	tal or an	internet-	-based p	ortal.	✓ No	Yes
b) Business contact infor	mation								
If a firm NRD number is not pro	ovided in Item 8 (a), provid	le the business co	ontact information	n of the p	person be	ing com	pensated.		
Street address									
Municipality				Р	rovince/	State			
Country			, F	Postal c	ode/Zip	code			
Email address				Telepl	hone nu	mber			
c) Relationship to issuer	or investment fund ma	nager	J				<u> </u>		
Indicate the person's relationshi the Instructions and the meanin							ning of "con	nected" in	Part B(2) of
Connect with the issu	er or investment fund ma	nager		Insider	of the iss	uer (oth	er than an ir	nvestment	fund)
Director or officer of th	he investment fund or inv	estment fund ma	anager	Employ	ee of the	issuer o	or investmer	nt fund mar	nager
✓ None of the above									
d) Compensation details									
Provide details of all compensati Canadian dollars. Include cash c incidental to the distribution, sud allocation arrangements with th	ommissions, securities-ba	sed compensatic al or accounting	n, gifts, discounts services. An issue	or other r is not r	compens	sation. D o ask for	o not report	payments	for services
Cash commissions pa	iid 875.0	0			Security c	ode 1	Security cod	e 2 Secu	urity code 3
Value of all securitie distributed as compensatio	-] :	Security codes						
	erms of warrants, options	or other rights							
Other compensation	n ⁵	Describe							
Total compensation pa	id 875.0)							
Check box if the pe	rson will or may receive a	_ any deferred con	pensation (desc	ribe the t	terms bel	low)			
⁴ <i>Provide the aggregate value of additional securities of the issurights exercisable to acquire ac 5Do not include deferred comp</i>	er. Indicate the security o dditional securities of the	codes for all sect							

a) Name of person comper	nsated and registrati	on status						
Indicate whether the person comp	ensated is a registrant.		No No	\checkmark	Yes			
If the person compensated is an ir	ndividual, provide the n	ame of the indivi	dual.					
Full legal name of individ	ual]
	Famil	y name	F	First given n	ame	Se	econdary given names	_
If the person compensated is not o	an individual, provide th	ne following info	rmation.					
Full legal name of	non-individual HA	YWOOD SECI	JRITIES INC.	. / VALEL	JRS MOE	ILIERES HA	YWOOD Inc.	
Firn	n NRD number 1	6 3	0		(if applicable)		
Indicate whether the person comp	pensated facilitated the	distribution throu	ugh a funding p	ortal or ar	n internet-b	ased portal.	🖌 No 🗌 Yes	;
b) Business contact inform	ation							
If a firm NRD number is not provi	ded in Item 8 (a), provid	le the business c	ontact informat	ion of the	person beiı	ng compensate	d.	
Street address								
Municipality				F	rovince/S	state		
Country				Postal o	code/Zip c	ode		
Email address				Telep	hone nun	nber		
c) Relationship to issuer or	r investment fund ma	inager]					
Indicate the person's relationship the Instructions and the meaning							"connected" in Part B(2) of	
Connect with the issuer	or investment fund ma	inager		Insider	of the issu	er (other than	an investment fund)	
Director or officer of the	investment fund or inv	estment fund m	anager	Employ	vee of the i	ssuer or invest	ment 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 o	nmissions, securities-bo as clerical, printing, leg	sed compensational or accounting	on, gifts, discour services. An iss	nts or othe uer is not i	r compenso required to	ition. Do not re ask for details	port payments for services	ıl
Cash commissions paid	875.0	0			Security co	de 1 Security	y code 2 Security code 3	
Value of all securities			Security codes					
distributed as compensation ⁴ Describe terr	ms of warrants, options	s or other rights]	
Other compensation⁵		Describe						
Total compensation paid	875.0	0						
Check box if the perso	on will or may receive a	 any deferred cor	npensation (de	scribe the	terms belo	w)		
⁴ Provide the aggregate value of a additional securities of the issuer rights exercisable to acquire add ⁵ Do not include deferred compen	r. Indicate the security of itional securities of the	codes for all sec	on, <u>excluding</u> o _, urities distribute	ptions, wa ed as com,	nrrants or o pensation,	ther rights exe <u>including</u> optic	rcisable to acquire ons, warrants or other	

a) Name of person compens	ated and registrat	ion status					
Indicate whether the person compe	nsated is a registrant		No No	\checkmark	Yes		
If the person compensated is an ind	ividual, provide the n	ame of the indivi	idual.				
Full legal name of individua	al						
	Fami	ly name	F	irst given n	name	Secondary given nan	ies
If the person compensated is not an	individual, provide t	he following info	rmation.				
Full legal name of r	non-individual TD	SECURITIES	INC. / VALEU	RS MOE	BILIÈRES	TD INC.	
Firm	NRD number	5 8 6	0		(f applicable)	
Indicate whether the person compe	nsated facilitated the	distribution through	ugh a funding po	ortal or ar	n internet-b	ased portal. 🗹 No	Yes
b) Business contact informat	ion						
If a firm NRD number is not provide	ed in Item 8 (a), provi	de the business c	ontact informati	on of the	person beiı	g compensated.	
Street address							
Municipality				F	Province/S	ate	
Country			1	Postal o	code/Zip o	ode	
Email address				Telep	hone nun	ber	
c) Relationship to issuer or in	nvestment fund ma	anager	<u></u>				
Indicate the person's relationship we the Instructions and the meaning of							rt B(2) of
Connect with the issuer o	r investment fund m	anager		Insider	of the issu	er (other than an investment fu	nd)
Director or officer of the ir	nvestment fund or in	vestment fund m	anager	Employ	/ee of the i	suer or investment fund manag	ger
✓ None of the above							
d) Compensation details							
Provide details of all compensation p Canadian dollars. Include cash comr incidental to the distribution, such a allocation arrangements with the di	nissions, securities-bo s clerical, printing, leg	ased compensation gal or accounting	on, gifts, discoun services. An issu	ts or othe Ier is not I	r compenso required to	tion. Do not report payments fo ask for details about, or report c	r services
Cash commissions paid	770.0	00			Security co	e 1 Security code 2 Securit	y code 3
Value of all securities distributed as compensation ⁴			Security codes				
· ·	s of warrants, option	s or other rights					
Other compensation ⁵		Describe					
Total compensation paid	770.0	0]
Check box if the persor	will or may receive	 any deferred cor	mpensation (des	cribe the	terms belo	N)	
⁴ Provide the aggregate value of all additional securities of the issuer. I rights exercisable to acquire additi ⁵ Do not include deferred compensa	Indicate the security onal securities of the	codes for all sec					

a) Name of person compe	ensated and registratio	n status					
Indicate whether the person com	npensated is a registrant.		No No	✓ Y	′es		
If the person compensated is an	individual, provide the nai	me of the individ	dual.				
Full legal name of indivi	dual						
	Family	name	Firs	st given nam	ne	Secondary given name	
If the person compensated is not	t an individual, provide the	following infor	mation.				
Full legal name of	of non-individual Lake	shore Securit	ies Inc.				
Fir	rm NRD number 1	0 5	8 0		(if app	icable)	
Indicate whether the person com	npensated facilitated the d	stribution throu	igh a funding por	tal or an in	nternet-based p	ortal. 🗹 No [Yes
b) Business contact inform	mation						
If a firm NRD number is not prov	vided in Item 8 (a), provide	the business co	ontact information	n of the per	rson being con	pensated.	
Street address							
Municipality				Pro	vince/State		
Country			F	Postal coo	de/Zip code		
Email address				Telepho	one number		
c) Relationship to issuer c	or investment fund mar	ager					
Indicate the person's relationship the Instructions and the meaning						ning of "connected" in Par	t B(2) of
Connect with the issue	er or investment fund man	ager		Insider of	the issuer (oth	er than an investment fun	d)
Director or officer of th	ne investment fund or inve	stment fund ma	anager	Employee	e of the issuer	or investment fund manag	er
✓ None of the above							
d) Compensation details							
Provide details of all compensation Canadian dollars. Include cash co incidental to the distribution, such allocation arrangements with the	ommissions, securities-bas h as clerical, printing, lega	ed compensatio l or accounting	n, gifts, discounts services. An issue	or other co r is not req	ompensation. I quired to ask fo	Do not report payments for	services
Cash commissions pai	id 525.00			Se	ecurity code 1	Security code 2 Security	code 3
Value of all securities distributed as compensation			Security codes				
	erms of warrants, options] or other rights					
Other compensation	15	Describe					
Total compensation pai	d 525.00						
Check box if the per	son will or may receive ar	ny deferred com	npensation (desc	ribe the ter	rms below)		
⁴ Provide the aggregate value or additional securities of the issue rights exercisable to acquire ad ⁵ Do not include deferred compe	er. Indicate the security co Iditional securities of the is	des for all secu					

a) Name of person compensate	d and registration status			
Indicate whether the person compensate	ed is a registrant.	No No	✓ Yes	
If the person compensated is an individu	ial, provide the name of the in	ndividual.		
Full legal name of individual				
	Family name	First gi	iven name	Secondary given names
If the person compensated is not an ind	ividual, provide the following	information.		
Full legal name of non-	individual LEEDE JONE	S GABLE INC.		
Firm NRI	D number 5 7	7 0	(if appl	icable)
Indicate whether the person compensate	ed facilitated the distribution	through a funding portal	or an internet-based p	oortal. 🗹 No 🗌 Yes
b) Business contact information				
If a firm NRD number is not provided in	Item 8 (a), provide the busine	ess contact information of	f the person being com	npensated.
Street address				
Municipality			Province/State	
Country		Pos	stal code/Zip code	
Email address		T	elephone number	
c) Relationship to issuer or invest	stment fund manager			
Indicate the person's relationship with the the Instructions and the meaning of "co.				ning of "connected" in Part B(2) of
Connect with the issuer or inv	estment fund manager		sider of the issuer (oth	ner than an investment fund)
Director or officer of the inves	tment fund or investment fun	id manager 🛛 Er	nployee of the issuer	or investment fund manager
✓ None of the above				
d) Compensation details				
Provide details of all compensation paid, Canadian dollars. Include cash commissi incidental to the distribution, such as cle allocation arrangements with the directo	ions, securities-based compen rical, printing, legal or accour	sation, gifts, discounts or nting services. An issuer is	other compensation. L not required to ask fo	Do not report payments for services
Cash commissions paid	350.00		Security code 1	Security code 2 Security code 3
Value of all securities		Security codes		
distributed as compensation ⁴	warrants, options or other rig	ihts		
Other compensation ⁵	Descr			
Total compensation paid	350.00			
Check box if the person will	or may receive any deferred	l compensation (describe	e the terms below)	
⁴ Provide the aggregate value of all sec additional securities of the issuer. Indic rights exercisable to acquire additional ⁵ Do not include deferred compensation	cate the security codes for all securities of the issuer.			

a) Name of person compe	nsated and registra	ation status									
Indicate whether the person comp	pensated is a registra	nt.	□ N	0	\checkmark	Yes					
If the person compensated is an i	ndividual, provide the	name of the in	dividual.								
Full legal name of individ	lual										
	Fa	mily name		First	t given na	ame		Seco	ndary given	names	
If the person compensated is not	an individual, provide	e the following i	nformation.								
Full legal name of	f non-individual	AYMOND JA	MES LTD.								
Firr	n NRD number	8 2	4 0				(if appli	icable)			
Indicate whether the person comp	pensated facilitated th	ne distribution th	hrough a fur	nding port	al or an	interne	t-based p	ortal.	✓ N	lo 🗌 Y	Yes
b) Business contact inform	ation										
If a firm NRD number is not provi	ided in Item 8 (a), pro	vide the busine	ss contact in	formation	of the p	person b	eing com	pensated.			
Street address											
Municipality					Р	rovince	/State				
Country				Р	ostal c	ode/Zip	o code				
Email address					Telepl	hone n	umber				
c) Relationship to issuer or	r investment fund i	manager									
Indicate the person's relationship the Instructions and the meaning								ning of "co	nnected" ii	า Part B(2)	of
Connect with the issuer				·	-	-		er than an	investmer	nt fund)	
		-									
Director or officer of the	investment rund or	investment rund	a manager		Епрюу		e issuer c	or investme	ent iuna ma	anager	
✓ None of the above											
d) Compensation details											
Provide details of all compensation Canadian dollars. Include cash con											
incidental to the distribution, such	as clerical, printing,	legal or account	ting services.	An issuer	is not r	equired	to ask for				
allocation arrangements with the Cash commissions paid			างท-เทdเvเdu	al comper	isated b	by the iss	uer.				
	7,750	.00				Security		Security co	de 2 Se	curity code	3
Value of all securities distributed as compensation ⁴			Security	codes		WN	Т				
Describe ter	ms of warrants, optio	ons or other righ) broker se price,				uire 1 coi 25	mmon sh	are, \$0.1	0
Other compensation ⁵		Descri	be								
Total compensation paid	7,750	.00	L								
Check box if the pers	on will or may receiv	e any deferred	compensati	on (descr	ibe the	terms be	elow)				
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire ado ⁵ Do not include deferred compen	r. Indicate the securi litional securities of t	ty codes for all s									

a) Name of person compe	nsated and registration	on status				
Indicate whether the person comp	pensated is a registrant.		No No	✓ Y	/es	
If the person compensated is an i	ndividual, provide the na	me of the indivi	dual.			
Full legal name of individ	lual					
	Family	name	Firs	st given nam	ne	Secondary given names
If the person compensated is not	an individual, provide th	e following infor	mation.			
Full legal name o	f non-individual Can	accord Genui	ty Corp./Corpor	ation Car	naccord Ger	nuity
Firr	m NRD number 9	0 0			(if app	blicable)
Indicate whether the person comp	pensated facilitated the c	listribution throu	ıgh a funding por	tal or an ir	nternet-based	portal. 🖌 No 🗌 Yes
b) Business contact inform	nation					
If a firm NRD number is not provi	ided in Item 8 (a), provid	e the business co	ontact information	n of the pe	rson being cor	mpensated.
Street address						
Municipality]	Pro	ovince/State	
Country			F	Postal co	de/Zip code	
Email address			<u>]</u>	Telepho	one number	
c) Relationship to issuer or	r investment fund ma	nager	_			
Indicate the person's relationship the Instructions and the meaning						aning of "connected" in Part B(2) of
Connect with the issuer					-	her than an investment fund)
Director or officer of the	e investment fund or inv	estment fund ma	anager	Employee	e of the issuer	or investment fund manager
✓ None of the above						
d) Compensation details						
	mmissions, securities-ba as clerical, printing, leg	sed compensation al or accounting	on, gifts, discounts services. An issue	or other corr of or other co	ompensation. quired to ask fo	stribution. Provide all amounts in Do not report payments for services for details about, or report on, internal
Cash commissions paid	8,500.00)		Se	ecurity code 1	Security code 2 Security code 3
Value of all securities distributed as compensation⁴			Security codes	W	/ N T	
Describe ter	ms of warrants, options	」 or other rights	85,000 broker exercise price			cquire 1 common share, \$0.10
Other compensation⁵		Describe				
Total compensation paid	8,500.00					
Check box if the pers	on will or may receive a	」 ny deferred cor	npensation (desc	ribe the te	rms below)	
⁴ Provide the aggregate value of additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred compen	r. Indicate the security c litional securities of the l	odes for all sec				

a) Name of person compe	ensated and regis	stration status					
Indicate whether the person com	pensated is a regist	rant.	🗌 No	\checkmark] Yes		
If the person compensated is an	individual, provide t	the name of the	individual.				
Full legal name of individ	dual						
		Family name		First given	name	Seco	ndary given names
If the person compensated is not	an individual, prov	ide the followin	g information.				
Full legal name o	of non-individual	RESEARCH CAPITAL	CAPITAL CO	RPORATIO	N / CORPOR	ATION REC	HERCHE
Fir	m NRD number	3 0	7 0		(if a	pplicable)	
Indicate whether the person com	pensated facilitated	the distribution	n through a fund	ling portal or a	ın internet-base	ed portal.	✓ No 🗌 Yes
b) Business contact inform	nation		-	-			
If a firm NRD number is not prov	vided in Item 8 (a), p	provide the busi	ness contact inf	ormation of the	e person being	compensated.	
Street address							
Municipality					Province/Stat	te	
Country				Postal	code/Zip cod	le	
Email address				Tele	phone numbe	ər	
c) Relationship to issuer c	or investment fund	d manager					
Indicate the person's relationship							nnected" in Part B(2) of
the Instructions and the meaning			5-106 for the pu	· ·	-		
Connect with the issue	er or investment fun	d manager		Inside	r of the issuer	(other than an	investment fund)
Director or officer of th	e investment fund o	or investment fu	und manager	Emplo	oyee of the issu	er or investme	ent fund manager
✓ None of the above							
d) Compensation details							
Provide details of all compensation Canadian dollars. Include cash co incidental to the distribution, such	ommissions, securition h as clerical, printing	es-based compe g, legal or accou	ensation, gifts, d unting services.	iscounts or oth An issuer is not	er compensatio t required to asi	n. Do not repo	rt payments for services
allocation arrangements with the			a non-individua	l compensated	by the issuer.		
Cash commissions pair	d 10,54	46.00			Security code	1 Security co	ode 2 Security code 3
Value of all securities distributed as compensation			Security of	odes	W N T	-	
-	rms of warrants, op	otions or other r	0 1.0,00		rants, each to e, expiry Maro		ommon share,
Other compensation	5	Des	cribe	F	-,,	,	
Total compensation paid	d 10,54	46.00					
Check box if the pers	son will or may rece	eive any deferre	ed compensatio	n (describe the	e terms below)		
⁴ Provide the aggregate value of							
additional securities of the issue rights exercisable to acquire ad ^s Do not include deferred compe	ditional securities o		all securities dis	tributed as cor	npensation, <u>ind</u>	<u>cluding</u> options	s, warrants or other

a) Name of person comp	ensated and registration st	atus					
Indicate whether the person con	npensated is a registrant.		No No	✓ Y	/es		
If the person compensated is an	individual, provide the name of	of the individ	ual.				
Full legal name of indivi	idual						
	Family nam	e	Firs	st given nam	ne	Seconda	y given names
If the person compensated is no	t an individual, provide the foll	owing inform	nation.				
Full legal name	of non-individual PI Finar	icial Corp./	Corporation Fi	nancière	PI		
Fi	rm NRD number 5	2 9	0		(if app	licable)	
Indicate whether the person con	npensated facilitated the distril	bution throug	gh a funding por	tal or an in	nternet-based	portal.	🖌 No 🗌 Yes
b) Business contact inform	mation						
If a firm NRD number is not pro	vided in Item 8 (a), provide the	business co	ntact informatior	n of the pe	rson being con	npensated.	
Street address							
Municipality				Pro	ovince/State		
Country			F	Postal coo	de/Zip code		
Email address				Telepho	one number		
c) Relationship to issuer	or investment fund manage	ər					
Indicate the person's relationshi the Instructions and the meanin							cted" in Part B(2) of
Connect with the issue	er or investment fund manage	r		Insider of	the issuer (oth	ner than an inve	estment fund)
Director or officer of th	ne investment fund or investm	ent fund mai	nager	Employee	e of the issuer	or investment f	und manager
✓ None of the above							
d) Compensation details							
Provide details of all compensati Canadian dollars. Include cash co incidental to the distribution, suc allocation arrangements with the	ommissions, securities-based c ch as clerical, printing, legal or	ompensation accounting s	n, gifts, discounts ervices. An issue	or other co r is not req	ompensation. quired to ask fo	Do not report p	ayments for services
Cash commissions pa	id 4,375.00			Se	ecurity code 1	Security code 2	2 Security code 3
Value of all securitie distributed as compensation		S	ecurity codes				
	erms of warrants, options or o	ther rights					
Other compensatior	٦ ⁵	Describe					
Total compensation pai	id 4,375.00	ľ]
Check box if the per	rson will or may receive any d	eferred com	pensation (desc	ribe the ter	rms below)		
⁴ Provide the aggregate value o additional securities of the issu rights exercisable to acquire ac ⁵ Do not include deferred compo- ⁵ Do	er. Indicate the security codes dditional securities of the issue	for all secul					

ITEM 9 - DIRECTORS, EXECU	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER							
If the issuer is an investment fund	d, do not complete	Item 9. Procced to	Item 10.								
Indicate whether the issuer is any o	f the following (seled	ct the one that appli	es - if more than one	applies, select onl	y one).						
Reporting issuer in any juris	sdiction of Canada										
Foreign public issuer											
Wholly owned subsidiary of	a reporting issuer i	n any jurisdiction of	Canada ⁶								
Provide nar	ne of reporting issue	ər]			
Wholly owned subsidiary of	a foreign public iss	suer ⁶									
Provide name of	f foreign public issue	er									
Issuer distributing only eligi	ble foreign securitie	s and the distributio	n is to permitted clie	ents only ⁷							
If the issuer is at least one of the	above, do not com	plete Item 9(a) – (c). Proceed to Item	10.							
⁶ An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷ Check 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.											
a) Directors, executive officer	s and promoters	of the issuer									
Provide the following information for territory; otherwise state the country.						tate the	province	or			
Organization or company name	Family name	First given name	Secondary given names	Business loc non-individu resident jurisdictio individu	ual or ail n of		onship to ct all that				
				Province or	country	D	0	Р			
b) Promoter information											
If the promoter listed above is not ar within Canada, state the province or											
Organization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual	Rela (select c	tionship one or bo					
				Province or	D		C				
				country							
				country							

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	Betterlife Pharma Inc.										
Full legal name	Ong	ng Moira									
	Family name	First given name		Seconda	iry given n	ames					
Title	Chief Financial Officer										
Telephone number	6045515178	Email address	moira.ong	g@blifep	harma.c	om					
Signature	M. Ong	Date	2023	03	28						
			YYYY	MM	DD	-					

ITEM 11- CONTACT PERSON

Provide the following business contact information for the individual that the securities regulatory authority or regulator may contact with any questions regarding the contents of this report, if different than the individual certifying the report in Item 10.

Same as individual certifying the report

Full legal name				Title	
	Family name	First given name	Secondary given names		
Name of company					
Telephone number		Er	nail address		

Notice - Collection and use of personal information

The personal information required under this form is collected on behalf of and used by the securities regulatory authority or regulator under the authority granted in securities legislation for the purposes of the administration and enforcement of the securities legislation.

If you have any questions about the collection and use of this information, contact the securities regulatory authority or regulator in the local jurisdiction(s) where the report is filed, at the address(es) listed at the end of this form.

The attached Schedules 1 and 2 may contain personal information of individuals and details of the distribution(s). The information in Schedules 1 and 2 will not be placed on the public file of any securities regulatory authority or regulator. However, freedom of information legislation may require the securities regulatory authority or regulator to make this information available if requested.

By signing this report, the issuer/underwriter confirms that each individual listed in Schedule 1 or 2 of the report who is resident in a jurisdiction of Canada:

- a) has been notified by the issuer/underwriter of the delivery to the securities regulatory authority or regulator of the information
 pertaining to the individual as set out in Schedules 1 or 2, that this information is being collected by the securities regulatory
 authority or regulator under the authority granted in securities legislation, that this information is being collected for the purposes of
 the administration and enforcement of the securities legislation of the local jurisdiction, and of the title, business address and
 business telephone number of the public official in the local jurisdiction, as set out in this form, who can answer questions about the
 security regulatory authority's or regulator's indirect collection of the information, and
- b) has authorized the indirect collection of the information by the securities regulatory authority or regulator.