# Form 45-106F1 Report of Exempt Distribution

ITEM 1 - REPORT TYPE							
✓ New report  ☐ Amended report If amended, p	provide filing date of report th	hat is being amended. (YYYY-MM-DD)					
ITEM 2 - PARTY CERTIFYING T	HE 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 (in Québec, Regulation 81-106 respecting Investment Fund Continuous Disclosure and Policy Statement to Regulation 81-106 respecting Investment Fund Continuous Disclosure).							
☐ Investment fund issuer							
Issuer (other than an investment fu	nd)						
Underwriter							
ITEM 3 - ISSUER NAME AND O	THER IDENTIFIERS						
Provide the following information about th	he issuer, or if the issuer is an i	investment fund, about the fund.					
Full legal name	BetterLife Pharma Inc. / Bett	terLife Pharma Inc.					
Previous full legal name	PIVOT PHARMACEUTICALS IN	NC.					
If the issuer's name changed in t	he last 12 months, provide mo	ost recent previous legal name.					
Website	www.abetterlifepharma.com	n (if applicable)					
If the issuer has a legal entity identifier, pr	ovide below. Refer to Part B of	f the Instructions for the definition of "legal entity identifier".					
Legal entity identifier							
If two or more issuers distributed a single above.	security, provide the full legal	name(s) of the co-issuer(s) other than the issuer named					
Full legal name(s) of co-issuer(s)		(if applicable)					
ITEM 4 - UNDERWRITER INFO	RMATION						
If an underwriter is completing the report,	provide the underwriter's full	legal name, firm NRD number, and SEDAR+ profile number.					
Full legal name							
Firm NRD number		(if applicable)					
SEDAR+ profile number							

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 325410
If the issuer is in the <b>mining industry</b> , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.
☐ Exploration ☐ Development ☐ Production
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.
☐ Mortgages ☐ Real estate ☐ Commercial/business debt ☐ Consumer debt ☐ Private companies
☐ Cryptoassets
b) Number of employees
Number of employees: ☑ 0 - 49 ☐ 50 - 99 ☐ 100 - 499 ☐ 500 or more
c) SEDAR+ profile number
Provide the issuer's SEDAR+ profile number
000029801
ITEM 6 - INVESTMENT FUND ISSUER INFORMATION
If the issuer is an investment fund, provide the following information.
a) Investment fund manager information
Full legal name
Firms NDD arrando and
Firm NRD number (if applicable)
SEDAR+ profile number
b) Type of investment fund
Type of investment fund that most accurately identifies the issuer (select only one).
☐ Money market ☐ Equity ☐ Fixed income ☐ Balanced
☐ Alternative strategies ☐ Cryptoasset ☐ Other (describe)

Indicate whether one or both of the following apply to the investment fund.										
☐ Invest primarily in o	☐ Invest primarily in other investment fund issuers									
☐ Is a UCITs Fund <sup>1</sup>										
<sup>1</sup> Undertaking for the Collectiv								Inion (E	ປ) directives	
that allow collective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.										
c) Net asset value (NAV) of the investment fund										
Select the NAV range of th	he investment fu	ınd as of the c	late of the	most recent NAV calc	ulation (Canadi	ian \$).				
☐ Under \$5M		\$5M to un	der \$25M	☐ \$25M to und	er \$100M	Date o	of NAV	calcula	ation:	
\$100M to under \$50	] MOC	\$500M to	under \$1B	\$  \$1B or over		YY	YY	MM	DD	
ITEM 7 - INFORMA	ATION ABO	UT THE D	ISTRIBU	JTION						
If an issuer located outsi	de of Canada co	mnletes a dis	tribution in	a jurisdiction of Can	ada include in	Item 7	and Sch	edule	1	
information about purch										
commissions or finder's j					sed in Item 8. T	he infor	mation	provid	led in	
Item 7 must reconcile wit	:n tne informatio	on proviaea in	Scneauie	1 of the report.						
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 (	dates									
b) Distribution (	Jaces									
State the distribution sta										
the distribution date as k include the start and end					urities distribue	ed on a	continu	ous ba	sis,	
merade the start and end	dutes for the di		<i>100</i> covere 1	a by the report.						
Start date	2023	08 31		End date	2023	80	31			
	YYYY	MM DD			YYYY	MM	DD			
c) Detailed purc	haser inform	nation								
·										
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.										
						Cana	dian \$			
Socurity CUSIP				Number of	Single or	11:	-bost			
Security code number (if	Descrip	otion of secur	ity	securities	Single or lowest price		hest rice	Total	amount	

0.1000

295,000.0000

2,950,000.0000

UBS

applicable)

Common

## 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	able Underlying		se price dian \$)	Expiry date (YYYY-MM- DD)	Conversion ratio	Describe other terms (if applicable)
security code	security code	Lowest	Highest	,		аррисавіе)
UBS	WNT	0.1000	0.1000	2025-08-30	1:1	

## 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 purchasers <sup>2a</sup>	Total amount (Canadian \$)
British Columbia	NI 45-106 2.3 [Accredited investor]	1	100,000.0000
British Columbia	NI 45-106 2.5 [Family, friends and business associates]	1	100,000.0000
Ontario	NI 45-106 2.3 [Accredited investor]	5	70,000.0000
Germany	NI 45-106 2.3 [Accredited investor]	1	25,000.0000
	\$295,000.0000		
	Total number of unique purchasers <sup>2b</sup>	8	

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

#### g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides. If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

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

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

<sup>&</sup>lt;sup>2b</sup>In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

# **ITEM 8 - COMPENSATION INFORMATION** Provide information for each person (as defined in NI 45-106) (in Québec, Regulation 45-106 respecting Prospectus Exemptions) 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 compensation was paid, or will be paid, in connection with the distribution. If yes, indicate number of persons compensated. 2 ☐ No ✓ Yes a) Name of person compensated and registration status Indicate whether the person compensated is a registrant. □ No **✓** Yes If the person compensated is an individual, provide the name of the individual. Full legal name of individual Family name First given name Secondary given names If the person compensated is not an individual, provide the following information. Full legal name of non-individual HAMPTON SECURITIES LIMITED Firm NRD number 2890 (if applicable) Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal **V** No Yes b) Business contact information If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated. Street address Municipality Province/State Country Postal code/Zip code Email address Telephone number c) Relationship to issuer or investment fund manager Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of 'connected' in Part B(2) of the Instructions and the meaning of 'control' in section 1.4 of NI 45-106 (in Québec, Regulation 45-106 respecting Prospectus Exemptions) for the purposes of completing this section. Connected 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 manager ☐ Employee of the issuer or investment fund manager ✓ None of the above d) Compensation details

Provide details of all compensation paid, or to be paid, to Provide all amounts in Canadian dollars. Include cash con compensation. Do not report payments for services incides services. An issuer is not required to ask for details about, or employees of a non-individual compensated by the issuer	nmissions, securities ntal to the distributi or report on, intern	s-based compensat ion, such as clerical	ion, gifts, discount , printing, legal or	s or other accounting	
Cash commissions paid	7600.0000				
Value of all securities distributed as compensation <sup>4</sup>					
Security codes	Security code 1 WNT	Security code 2	Security code 3		
Describe terms of warrants, options or other rights	57,000 broker warrants, each to acquire 1 common share \$0.10 exercise price, expiry August 30, 2025				
Other compensation <sup>5</sup>					
Describe					
Total compensation paid	7600				
Check box if the person will or may receive any def	erred compensation	on (describe the te	rms below)		
<sup>4</sup> Provide the aggregate value of all securities distributed as compensa securities of the issuer. Indicate the security codes for all securities dis acquire additional securities of the issuer.	• .	•			
<sup>5</sup> Do not include deferred compensation.					

# **ITEM 8 - COMPENSATION INFORMATION** Provide information for each person (as defined in NI 45-106) (in Québec, Regulation 45-106 respecting Prospectus Exemptions) 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 compensation was paid, or will be paid, in connection with the distribution. If yes, indicate number of persons compensated. 2 ☐ No ✓ Yes a) Name of person compensated and registration status Indicate whether the person compensated is a registrant. **V** No ☐ Yes If the person compensated is an individual, provide the name of the individual. Full legal name of individual Family name First given name Secondary given names If the person compensated is not an individual, provide the following information. Full legal name of non-individual HAMPTON SECURITIES LIMITED Firm NRD number 2890 (if applicable) Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal **V** No Yes b) Business contact information If a firm NRD number is not provided in Item 8(a), provide the business contact information of the person being compensated. Street address Municipality Province/State Country Postal code/Zip code Email address Telephone number c) Relationship to issuer or investment fund manager Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of 'connected' in Part B(2) of the Instructions and the meaning of 'control' in section 1.4 of NI 45-106 (in Québec, Regulation 45-106 respecting Prospectus Exemptions) for the purposes of completing this section. Connected 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 manager ☐ Employee of the issuer or investment fund manager ✓ None of the above d) Compensation details

Provide details of all compensation paid, or to be paid, to Provide all amounts in Canadian dollars. Include cash concompensation. Do not report payments for services incide services. An issuer is not required to ask for details about, or employees of a non-individual compensated by the issuer	nmissions, securitie ntal to the distribut or report on, intern	s-based compensat ion, such as clerical	ion, gifts, discounts , printing, legal or	or other accounting
Cash commissions paid				
Value of all securities distributed as compensation <sup>4</sup>				
	Security code 1	Security code 2	Security code 3	
Security codes	WNT	,	•	
Describe terms of warrants, options or other rights		rrants, each to acc cise price, expiry A	•	
Other compensation <sup>5</sup>				
Describe				
Describe.				
Total compensation paid	0			
Check box if the person will or may receive any def		on (describe the te	 vrms helow)	
encer box ii die person wiii of may receive uny dei	- Circa compensati	on (describe the te	Tims below)	
<sup>4</sup> Provide the aggregate value of all securities distributed as compensa securities of the issuer. Indicate the security codes for all securities dis acquire additional securities of the issuer. <sup>5</sup> Do not include deferred compensation.		_	•	
ITEM 9 – DIRECTORS, EXECUTIVE OFFICE	DC AND DDON	AOTERS OF TH	HE ICCLIED	
TIEM 9 - DIRECTORS, EXECUTIVE OFFICE	KS AND PROI	NOTEKS OF TH	HE ISSUEK	
If the issuer is an investment fund, do not complete It	em 9. Proceed to I	tem 10.		
		·c		,
Indicate whether the issuer is any of the following (select to	ne one that applies	– If more than one (	applies, select only	one).
Reporting issuer in a jurisdiction of Canada				
<ul><li>Foreign public issuer</li><li>Wholly owned subsidiary of a reporting issuer in ar</li></ul>	ny jurisdiction of C	anada <sup>6</sup>		
Provide name of reporting issuer	ly jurisdiction of C			
_				
Wholly owned subsidiary of a foreign public issuer	6			]
Provide name of foreign public issuer				
Issuer distributing only eligible foreign securities an	nd the distribution	is to permitted cli	ents only <sup>7</sup> .	
If the issuer is at least one of the above, do not compl	ete Item 9(a) – (c).	Proceed to Item 1	0.	
<sup>6</sup> An issuer is a wholly owned subsidiary of a reporting issuspecturities, other than securities that are required by law to		• •		

or the foreign public issuer, respectively.

<sup>7</sup> 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.							
☐ If the issuer is none of the above, check this box and complete Item 9(a) – (c).							
a) Directors, e	xecutive (	officers an	d promoters o	f the issuer			
Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state the province or territory, otherwise state the country. For "Relationship to issuer", "D" – Director, "O" – Executive Officer, "P" – Promoter.							
Organization or	Family	First	Secondary	Business location of non-individual or residential jurisdiction of	Relationship to issuer		

Organization or company name	Family name	First given name	Secondary given names	Business location of non-individual or residential jurisdiction of individual	Relationship to issuer (select all that apply)		
		name		Province or country	D	0	Р

### b) Promoter information

If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory, otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer.

Organization or	Family	· ·	Secondary given	Residential jurisdiction of individual	Relationship to promoter (select one or both if applicable)		
company name	name	name	names	Province or country	D	О	

#### 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 exempt 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/ investment fund	Pottorlifo Dharma Inc							
manager/agent								
Full legal name	ONG	Moira						
	Family name	First give	en name	Secondary	y given names			
Title	Chief Financial Officer							
Telephone number	+1 (604) 551-5178	Email address	moira.ong@b	lifepharma.co	m			
Signature	M. Ong	Date	Date 2023 09 05					
			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			
-	Family name	First given name	Secondary given names
Title			
Name of company			
Telephone number		Email 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.

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 Schedule 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.