See separate instructions.

Part I Reporting Issuer

1	Issuer's name		2 Issuer's employer identification number (EIN)		
SEN	NTRY GROWTH PORTF	OLIO	FOREIGNUS		
			4 Telephone No. of contact		5 Email address of contact
	ANCISCA JULINDA		(647) 789-2516		fjulinda@sentry.ca
6 Number and street (or P.O. box if mail is not d			lelivered to street address) of contact		7 City, town, or post office, state, and Zip code of contact
	BAY STREET, SUITE 2	2700	TORONTO, ONTARIO, CANADA, M5L 1E2		
8 Date of action			9 Class	sification and description	
SEE	EBELOW		DISTRIBUTION		
10	CUSIP number	11 Serial number(5)	12 Ticker symbol	13 Account number(s)
	N/A	N/A		N/A	N/A
Pa	art II Organizatio	onal Action Attac	h additiona	statements if needed.	See back of form for additional questions.
14	Describe the organiza	tional action and, if a	date against which shareholders' ownership is measured for		
	the action < RETUR	URRED THROUGHOUT THE 2016 TAXABLE YEAR			
15	Describe the quantitat	tive effect of the orga	nizational act	ion on the basis of the sec	curity in the hands of a U.S. taxpayer as an adjustment per
	share or as a percenta	age of old basis			

THE ADJUSTMENT TO A SECURITYHOLDER'S COST BASIS IS AS FOLLOWS:

SERIES A: \$0.00000 PER SECURITY	SERIES I: \$0.00000 PER SECURITY	
SERIES B: \$0.00000 PER SECURITY	SERIES O: \$0.00000 PER SECURITY	
SERIES B4: \$0.00000 PER SECURITY	SERIES P: \$0.00000 PER SECURITY	
SERIES B6: \$0.00000 PER SECURITY	SERIES PF: \$0.00000 PER SECURITY	
SERIES F: \$0.00000 PER SECURITY	SERIES T4: \$0.00000 PER SECURITY	
SERIES FT4: \$0.00000 PER SECURITY	SERIES T6: \$0.02716 PER SECURITY	
SERIES FT6: \$0.00000 PER SECURITY		

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ► N/A

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Part		Organizational Action (continued))		
17 Li	ist the	applicable Internal Revenue Code sectior	n(s) and subsection(s) upon which the tax	treatment is based	<u> </u>
IRC SE	CTION	I 301(c)(2), 312 AND 316			
18 C	an any	resulting loss be recognized? ► N/A			
40 0					
19 P	rovide	any other information necessary to imple	ment the adjustment, such as the reportal	ble tax year ► N/A	
	Unde	r penalties of periury. I declare that I have example	mined this return, including accompanying sche	edules and statements.	and to the best of my knowledge and
			of preparer (other than officer) is based on all info		
Sign			\frown		
Here	Signa	ture ► Edmand M	17		
	l		>>/	Date ► _ 4/12/20	
	Print	your name EDWARD MERCHAND		Title► CHIEF FI	NANCIAL OFFICER
Daid	1.1410	Print/Type preparer's name	Preparer's signature	Date	- PTIN
Paid	ov o	GREGORY PAPINKO	Cay taplo	4/11/2017	Check / if P01452981
Prepa		Firm's name	COOPERS LLP	I	Firm's EIN ► 98-0189320
Use Only			JITE 2600, TORONTO, ONTARIA, CANA	DA, M5J 0B2	Phone no. (416) 863-1133

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054