

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

Part I Reporting Issuer

1 Issuer's name SENTRY CONSERVATIVE MONTHLY INCOME FUND		2 Issuer's employer identification number (EIN) FOREIGNUS	
3 Name of contact for additional information FRANCISCA JULINDA	4 Telephone No. of contact (647) 789-2516	5 Email address of contact fjulinda@sentry.ca	
6 Number and street (or P.O. box if mail is not delivered to street address) of contact 199 BAY STREET, SUITE 2700		7 City, town, or post office, state, and Zip code of contact TORONTO, ONTARIO, CANADA, M5L 1E2	
8 Date of action SEE BELOW		9 Classification and description PAID A "RETURN OF CAPITAL" DISTRIBUTION	
10 CUSIP number N/A	11 Serial number(s) N/A	12 Ticker symbol N/A	13 Account number(s) N/A

Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.

14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ► **RETURN OF CAPITAL AS PART OF DISTRIBUTIONS THAT OCCURRED THROUGHOUT THE 2016 TAXABLE YEAR**

15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ► _____

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

SERIES A: \$0.02907 PER SECURITY
SERIES B: \$0.00000 PER SECURITY
SERIES F: \$0.00000 PER SECURITY
SERIES I: \$0.00000 PER SECURITY
SERIES O: \$0.00000 PER SECURITY
SERIES P: \$0.00000 PER SECURITY
SERIES PF: \$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**

Part II Organizational Action (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ IRC SECTION 301(c)(2), 312 AND 316

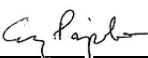
18 Can any resulting loss be recognized? ▶ N/A

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ N/A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
Signature ▶  Date ▶ 4/12/2017

Print your name ▶ EDWARD MERCHAND Title ▶ CHIEF FINANCIAL OFFICER

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	<u>GREGORY PAPINKO</u>	<u></u>	<u>4/11/2017</u>		<u>P01452981</u>
	Firm's name ▶ <u>PRICEWATERHOUSECOOPERS LLP</u>	Firm's EIN ▶ <u>98-0189320</u>		Phone no. <u>(416) 863-1133</u>	
Firm's address ▶ <u>18 YORK STREET, SUITE 2600, TORONTO, ONTARIA, CANADA, M5J 0B2</u>					