► See separate instructions.

Part I Reporting Is	ssuer			
1 Issuer's name		2 Issuer's employer identification number (EIN)		
SENTRY GLOBAL HIGH YIE	LD BOND CLASS			FOREIGNUS
3 Name of contact for add	3 Name of contact for additional information 4 Telep			5 Email address of contact
FRANCISCA JULINDA			(647) 789-2516	fjulinda@sentry.ca
6 Number and street (or P.O. box if mail is not delivered to s			treet address) of contact	7 City, town, or post office, state, and Zip code of contact
199 BAY STREET, SUITE 27	700			TORONTO, ONTARIO, CANADA, M5L 1E2
			ification and description	
SEE BELOW			RETURN OF CAPITAL" DI	STRIBUTION
			12 Ticker symbol	13 Account number(s)
N/A	N/A		N/A	N/A
				ee back of form for additional questions. te against which shareholders' ownership is measured for
share or as a percentag	ge of old basis ►			rity in the hands of a U.S. taxpayer as an adjustment per
THE ADJUSTMENT TO A SI	ECURITYHOLDER.	S COST BAS	IS IS AS FOLLOWS:	
SERIES A: \$0.24385 PER SE	ECURITY			
SERIES B: \$0.24853 PER SE	ECURITY			
SERIES F: \$0.18147 PER SE				
SERIES I: \$0.08272 PER SE				
SERIES O: \$0.15659 PER SI				
SERIES P: \$0.07780 PER SE				
SERIES PF: \$0.04979 PER S	SECURITY			
<ul> <li>Describe the calculatio valuation dates ► N/A</li> </ul>	n of the change in b	asis and the d	data that supports the calcu	lation, such as the market values of securities and the

Form 893	37 (Rev	. 12-2011)	Page 2
Part		Organizational Action (continued)	
		applicable Internal Revenue Code section(s) and subsection(s) upo	n which the tax treatment is based ►
IRC SE	CTION	l 301(c)(2), 312 AND 316	
<b>18</b> C	an any	r resulting loss be recognized? ► N/A	
40 0			A STATE OF A
<b>19</b> Pi	rovide	any other information necessary to implement the adjustment, such	as the reportable tax year ► N/A
	Lindo		companying cohodulos and statements, and to the bast of my lyseulodes, and
		, it is true, correct, and complete. Declaration of preparer (other than officer)	companying schedules and statements, and to the best of my knowledge and s based on all information of which preparer has any knowledge.
Sign		$\frown$	1
Here	Signs	ture Edward Mon 9	Date ► 4/12/2017
	Signa		
	Print	your name ► EDWARD MERCHAND	Title CHIEF FINANCIAL OFFICER
Paid	1	Print/Type preparer's name Preparer's signature	P Date Check I if PTIN
Palo	aror	GREGORY PAPINKO	4/11/2017 self-employed P01452981
Use (		Firm's name	Firm's EIN ► 98-0189320
	<b>y</b>	Firm's address > 18 YORK STREET, SUITE 2600, TORONTO, ON	TARIA, CANADA, 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