

Report of Organizational Actions Affecting Basis of Securities

▶ See separate instructions.

Part I Reporting Issuer

1 Issuer's name
2 Issuer's employer identification number (EIN)

SENTRY U.S. GROWTH AND INCOME CURRENCY NEUTRAL CLASS FOREIGNUS

3 Name of contact for additional information **4** Telephone No. of contact **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 street address) of contact **7** City, town, or post office, state, and ZIP code of contact

2 QUEEN STREET EAST, 20TH FLOOR TORONTO, ONTARIO, CANADA, M5C 3G7

8 Date of action **9** Classification and description

SEE BELOW PAID A "RETURN OF CAPITAL" DISTRIBUTION

10 CUSIP number <u>N/A</u>	11 Serial number(s) <u>N/A</u>	12 Ticker symbol <u>N/A</u>	13 Account number(s) <u>N/A</u>
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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 2017 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: \$0.00000 PER SECURITY

SERIES F : \$0.00000 PER SECURITY

SERIES I : \$0.00000 PER SECURITY

SERIES O : \$0.00459 PER SECURITY

SERIES B : \$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)*

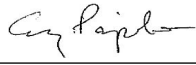
17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ _____
IRC SECTION 301(c)(2), 312 AND 316

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 ▶ **4/16/2018**
Print your name ▶ **CAROL CHIU** Title ▶ **CHIEF FINANCIAL OFFICER**

Paid Preparer Use Only	Print/Type preparer's name GREGORY PAPINKO	Preparer's signature 	Date 4/13/2018	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01452981
	Firm's name ▶ PRICEWATERHOUSECOOPERS LLP	Firm's EIN ▶ 98-0189320			
	Firm's address ▶ 18 YORK STREET, SUITE 2600, TORONTO, ONTARIO, CANADA, M5J 0B2	Phone no. (416) 863-1133			