See separate instructions.

Part Reporting Issuer

1	Issuer's name		2 Issuer's employer identification number (EIN)					
	Signature Canad	lian Bond Fund	1 (F)	N/A				
3	Signature Canadian Bond Fund (. 3 Name of contact for additional information 4			e No. of contact	5 Email address of contact			
			416-681	1-1752	dboucinha@ci.com	dboucinha@ci.com		
6	6 Number and street (or P.O. box if mail is not delivered t			street address) of contact	7 City, town, or post office, state, and ZIP	code of contact		
	2 Queen Street	East 20th Floo	٦ŕ	Toronto, Ontario, M5C 3G7				
8	Date of action			sification and description				
	Tax Year 2017	44. 0	-)	Non-taxable dis				
10	CUSIP number	11 Serial number(S)	12 Ticker symbol	13 Account number(s)			
	N/A	N/A		N/A	N/A			
Pa					ee back of form for additional questions.			
14	-				te against which shareholders' ownership is me			
	the action ►	the action A non-taxable distribution was made to shareholders throughout the 2017						
					nit information of the return of ca	<u>apital</u>		
		that occur	red throug	ghout the 2017 taxab	ble year.			
15	Describe the quantitat	tive effect of the ora:	nizational act	ion on the basis of the secur	rity in the hands of a U.S. taxpayer as an adjust	tment ner		
10	share or as a percenta	-						
	· · · · · · · · · · · · · · ·	_	0.07525 p					
16	Describe the calculation valuation dates ►	on of the change in t ${ m N/A}$	basis and the	data that supports the calcul	lation, such as the market values of securities a	and the		

Part		Organiza	ational Action (cont	tinued)			
17 L	List the	applicable	Internal Revenue Code	section(s) and subsection(s) up	oon which the tax treatr	nent is based	IRC section 301(c)(2), 312 and 316
40 /	Con on	roculting	loss be recognized?	N/A			
18 (Carrany	resulting					
19 F	Provide	any other	information necessary to	o implement the adjustment, su	ich as the reportable ta	x year ►	N/A
	Unde belief	r penalties of, it is true, c	of perjury, I declare that I ha orrect, and complete. Decla	ave examined this return, including ration of preparer (other than office	accompanying schedules r) is based on all information	and statemer	nts, and to the best of my knowledge and eparer has any knowledge.
Sign		, 0	ΛηΛ				. , , , , , , , , , , , , , , , , , , ,
Here	Signa	ature ►	////		Dat	e► Jan 1	9, 2018
			David Pauli			► EVP	
Paid			preparer's name	Preparer's signature	Titli Da	, , ,	Check if PTIN
Palu							self-employed

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Form 8937 (12-2017)

Preparer		self-employed				
Use Only	Firm's name	Firm's EIN ►				
	Firm's address ►	Phone no.				
Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054						