► See separate instructions.

P	art Reporting	Issuer								
1	Issuer's name			2 Issuer's employer identification number (EIN)						
	Cambridge Mo	nthly Income (	Corporate	Class (ET5)	N/A	N/A				
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Email address of contact	5 Email address of contact				
	Duarte Boucinh	a	416-681	-1752	dboucinha@ci.com					
6	Number and street (or F	P.O. box if mail is not	delivered to s	street address) of contact	7 City, town, or post office, state, and Zip code of	contact				
	2 Queen Street	East, 20th Flo	or		Toronto, Ontario, M5C 3G7					
8	Date of action		9 Class	ification and description						
	Tax Year 2016			Non-taxable di	istribution	ribution				
10	CUSIP number	11 Serial number	s)	12 Ticker symbol	13 Account number(s)					
	N/A N/A			N/A	N/A	N/A				
Þ	· ·	· ·	ch additional	· ·	See back of form for additional questions.					
	-									
14	Describe the organiza	tional action and, if a	applicable, the	e date of the action or the da	late against which shareholders' ownership is measured	l for				
	the action ►	A non-tax	able distri	bution was made to	o shareholders throughout the 2016					
		•	-		unit information of the return of capital					
		<u>that occur</u>	<u>red throu</u>	<u>shout the 2016 taxa</u>	ible year.					
				-	•					
	<b>.</b>									
15	share or as a percenta				urity in the hands of a U.S. taxpayer as an adjustment p	er				
		-	<u>o.o/Joor P</u>							
_										
16		-	basis and the o	data that supports the calcu	ulation, such as the market values of securities and the					
	valuation dates $\blacktriangleright$	N/A								

Form 8937	(Rev.	12-2011)
-----------	-------	----------

Pa	t II	Organiza	ational Ac	tion (con	tinued)								
17						and subs	section(s)	upon wh	ch the tax	treatment	is based I	IRC sect 312 and	tion 301(c)(2), 316
			·										
18	Can an	ny resulting l	oss be recog	gnized? ►	N/A	L							
19	Provide	e anv other i	information n	acassany ti	o implem	ont the adi	ustment	such as t	he report:	ahla tay va	ar 🕨	N/A	
15	TIOVIU	e any other i	mormation n	iecessary to		ent the auj	ustinent,	Such as		able lax ye	ai 🕨	11/11	
												and to the bes arer has any kno	t of my knowledge and
0:		ei, it is true, co			aration of p	reparer (otri	er than on	cer) is bas	eu on an in	Iornation of	which prepa	arer has any kno	Jwiedge.
Sigr Her				/							16/2	/2017	
	Sign	nature ►								_ Date ►	10/2	/ 201/	
	Drimi		. David I	Pauli						Title ►	EVP		
		Print/Type	preparer's nan	ne		Preparer's s	ignature			Date		Chock	PTIN
Paie	a parer											Check if self-employed	
	e Only		ie 🕨		I					· · · · · · · · · · · · · · · · · · ·		Firm's EIN ►	
030 UII													

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

Firm's address ►