► See separate instructions.

Pá	Reporting I	ssuer						
1 Issuer's name						2 Issuer's employer identification number (EIN)		
	Cambridge Canadian Dividend Corporate Class (IT8)					N/A		
3	Name of contact for add	ditional information	4 Telephon	Telephone No. of contact		5 Email address of contact		
	Duarte Boucinh	a	416-681	416-681-1752		dboucinha@ci.com		
6	Number and street (or F	.O. box if mail is not	delivered to s	elivered to street address) of contact		7 City, town, or post office, state, and Zip code of contact		
2 Queen Street East, 20th Floor		or	Toronto, Ontario,		nto, Ontario, M5C 3G7			
8	Date of action	Date of action		9 Classification and description Non-taxable distri				
	Tax Year 2015					ibution		
10	CUSIP number	11 Serial number(	s)	12 Ticker symbol	<b>13</b> Acc	ount number(s)		
	N/A	N/A		N/A		N/A		
Pa	art II Organizatio	onal Action Attac	h additiona	statements if needed. S	ee back of forr	n for additional questions.		
14	Describe the organiza	tional action and, if a	pplicable, the	e date of the action or the da	ate against which	shareholders' ownership is measured for		
	the action ►	A non-tax:	able distri	bution was made to	shareholde	rs throughout the 2015		
						ion of the return of capital		
		•	1	ghout the 2015 taxa		1		
			,	5	5			
	<b>5</b>							
15					rity in the hands	of a U.S. taxpayer as an adjustment per		
	share or as a percenta	age of old basis ►	0.06280 p	er unit				
16	Describe the calculation	on of the change in t	asis and the	data that supports the calcu	lation, such as th	ne market values of securities and the		
	valuation dates >	N/A			···· , ····			

Form	8937	(Rev. 12-2011)

Pa	t II	Organizational Action (continued)			
17	List the	applicable Internal Revenue Code section(	s) and subsection(s) upon which the tax tre	eatment is based Ⅰ	• I <u>RC section 301(c)(2),</u> 312 and 316
18	Can an	$\prime$ resulting loss be recognized? $\blacktriangleright$ _ N/ A	A		
19	Provide	any other information necessary to implem	nent the adjustment, such as the reportable	e tax year ►	N/A
		· · · ·			
	Linde	r penalties of perjury, I declare that I have exami	ined this return including accompanying schedu	ules and statements	and to the best of my knowledge, and
	belie	, it is true, correct, and complete. Declaration of	preparer (other than officer) is based on all inform	nation of which prepa	arer has any knowledge.
Sigr		ΛΛΛ			
Her	e Signature ► Print your name ► David Pauli			Date▶ 11/26	/2015
			Title► COO		
<u> </u>			Preparer's signature	Title► COO Date	Ohanta III if PTIN
Paie	d parer		-		Check if self-employed
	e Only	Firm's name			Firm's EIN ►
-		1			1

Send Form 8937 (including accompanyi	ng statements) to: Department of the Treas	sury, Internal Revenue Service, Ogden, UT 84201-0054

Phone no.

Firm's address ►