► See separate instructions.

P	art Reporting	Issuer						
1	Issuer's name				2	Issuer's employer identification number (Ell		
	Cambridge Pur	e Canadian Equ	uity Fund	(EF)		N/A		
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5	Email address of contact		
	Duarte Boucinh	a	416-681	l-1752	d	dboucinha@ci.com		
6	Number and street (or F	P.O. box if mail is not	delivered to s	street address) of contact	7	7 City, town, or post office, state, and Zip code of contact		
	2 Queen Street	East, 20th Floo	or		1	Toronto, Ontario, M5C 3G7		
8	Date of action 9			sification and description				
	Tax Year 2015			Non-taxable distribution		n		
10	CUSIP number	11 Serial number(s)	12 Ticker symbol		Account number(s)		
	N/A	N/A		N/A		N/A		
Pa			ch additional		See back c	f form for additional questions.		
14	-					which shareholders' ownership is measured for		
	the action ►				-	olders throughout the 2015		
		taxation ye	ear. See qu	uestion 15 for per	unit infor	mation of the return of capital		
		that occur	red throug	ghout the 2015 tax	able year.			
15	Describe the quantitat share or as a percenta				curity in the h	ands of a U.S. taxpayer as an adjustment per		
16	Describe the calculation valuation dates ►	on of the change in ${ m k} N/A$	pasis and the	data that supports the cal	culation, suc	h as the market values of securities and the		
For	Paperwork Reduction	Act Notice, see the	separate Ins	structions.	Cat. N	o. 37752P Form 8937 (12-2		

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		ΛηΛ			
Her	Signature ►			Date▶ 11/26	/2015
		David Pauli		Title▶ COO	
<u> </u>		your name ► David Pauli Print/Type preparer's name	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 ►