► See separate instructions.

P	arti Reporting	ssuer						
1	Issuer's name				2	Issuer's employer identification nu	mber (EIN)	
	Signature Canadian Bond Corporate Class (IT8)					N/A		
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5	5 Email address of contact		
	Duarte Boucinh	a	416-681	l-1752		lboucinha@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 co	ode of contact	
2 Queen Street East, 20th Floor)f	r		Toronto, Ontario, M5C 3G7			
8	Date of action 9			ification and description				
	Tax Year 2015			Non-taxable distributi		tion		
10	CUSIP number	11 Serial number(5)	12 Ticker symbol	13	Account number(s)		
	N/A	N/A		N/A		N/A		
Pa			h additiona		See back	of form for additional questions.		
14	Describe the organiza	tional action and, if a	pplicable, the	e date of the action or the	date agains	which shareholders' ownership is mea	asured for	
	the action ►	A non-taxa	able distri	bution was made t	to shareh	olders throughout the 2015		
		taxation ye	ear. See qu	uestion 15 for per	unit info	rmation of the return of cap	pital	
		that occur	ed throug	ghout the 2015 tax	able year	•		
15	Describe the quantitat share or as a percenta	-			curity in the	hands of a U.S. taxpayer as an adjustn	nent per	
16	Describe the calculation valuation dates ►	on of the change in b N/A	asis and the	data that supports the cal	lculation, suc	h as the market values of securities an	nd the	
		N/Λ						
Eer	Papanyark Daduation	Act Notice case the	concrete les	tructions		Γ. 27750D Εσιτα Ω	937 (12-2011)	
101	Paperwork Reduction	AGE NOTICE, SEE THE	separate ins		Uat. I	lo. 37752P Form 8		

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 _{Signa}	ature ►		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 ►