► See separate instructions.

	art Reporting	Issuer				· · · · · · · · · · · · · · · · · · ·		
1	Issuer's name				2 Issuer's employe	r identification number (EIN)		
	Signature Emer	ging Markets C	orporate	Class (OT8)	N/A	N/A		
3	Name of contact for add	ditional information	4 Telephor	e No. of contact	5 Email address of c	ontact		
	Duarte Boucinh	a	416-68	1-1752	dboucinha@ci.	com		
6	Number and street (or F	P.O. box if mail is not	delivered to	street address) of contact	7 City, town, or post of	fice, state, and Zip code of contact		
	2 Queen Street	East, 20th Floo	or		Toronto, Onta	rio, M5C 3G7		
8	Date of action		9 Classification and description					
	Tax Year 2015			Non-taxable di	stribution	ribution		
10	CUSIP number	11 Serial number(s	.) .)	12 Ticker symbol	13 Account number(s	\$)		
	N/A	N/A		N/A	N/A			
Pa	-		h additiona	· · ·	ee back of form for additio	nal questions.		
14	-				te against which shareholders	•		
	the action ►				shareholders through			
					nit information of the	return of capital		
		that occurr	ed through	<u>ghout the 2015 taxal</u>	ole year.			
15	Describe the quantitat share or as a percentar				rity in the hands of a U.S. taxp	ayer as an adjustment per		
16	Describe the calculative valuation dates ►	on of the change in b N/A	asis and the	data that supports the calcu	lation, such as the market valu	les of securities and the		
For	Paperwork Reduction	Act Notice, see the	separate Ins	structions.	Cat. No. 37752P	Form <b>8937</b> (12-2011)		

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	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 ►