► See separate instructions.

Ρ	art Reporting I	ssuer					
1	Issuer's name				2	Issuer's employer identification number (EIN)	
	Signature Global Income & Growth Fund (O)			nd (O)		N/A	
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5	Email address of contact	
	Duarte Boucinh	a	416-682	l-1752	Ċ	lboucinha@ci.com	
6	Number and street (or 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 Floor			Toronto, Ontario, M5C 3G7		
8	Date of action		9 Class	9 Classification and description			
	Tax Year 2015			Non-taxable distri		bution	
10	CUSIP number	11 Serial number(s	3)	12 Ticker symbol	13	Account number(s)	
	N/A	N/A		N/A		N/A	
Pa			h additiona		See back of	of form for additional questions.	
14	Describe the organizat	tional action and, if a	oplicable, the	e date of the action or the c	date against	which shareholders' ownership is measured for	
	the action ►					olders throughout the 2015	
						rmation of the return of capital	
		that occurs	ed throug	ghout the 2015 taxa	<u>able year</u>	•	
15	Describe the quantitat share or as a percenta				curity in the I	hands of a U.S. taxpayer as an adjustment per	
16	Describe the calculation valuation dates ►	on of the change in b ${ m N/A}$	asis and the	data that supports the calc	culation, suc	h as the market values of securities and the	
_							
For	Paperwork Reduction	Act Notice. see the	separate Ins	structions.	Cat. N	Io. 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		ΛηΛ			
Her	e <sub>Signa</sub>	ature ►		Date▶ 11/26	/2015
	Print your name► David Pauli			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 ►