See separate instructions.

## Part Reporting Issuer

P	Reporting I	ssuer					
1	Issuer's name		2 Issuer's employer identification number (EIN)				
	Signature Short-	Term Bond Fu	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	dboucinha@ci.com	dboucinha@ci.com	
6 Number and street (or P.O. box if mail is not del			delivered to s	street address) of contact	7 City, town, or post office, state, and Zip code of cor	tact	
2 Queen Street East, 20th Floo		)r		Toronto, Ontario, M5C 3G7			
8	Date of action		9 Class	sification and description			
	Tax Year 2015			Non-taxable dis	stribution	ibution	
10	CUSIP number	11 Serial number(	s)	12 Ticker symbol	13 Account number(s)		
	N/A	N/A		N/A	N/A		
Pa		onal Action Attac	ch additional	statements if needed. Se	ee back of form for additional questions.		
14	Describe the organiza	tional action and, if a	pplicable, the	e date of the action or the da	te against which shareholders' ownership is measured fo	r	
	the action ►				shareholders throughout the 2015		
		•	-	<b>.</b>	nit information of the return of capital		
		that occur	red throug	ghout the 2015 taxab	ole year.		
15	Describe the quantitat share or as a percenta	-			rity in the hands of a U.S. taxpayer as an adjustment per		
			<u>0.12/10 p</u>				
16	Describe the calculation valuation dates ►	on of the change in b $\mathrm{N}/\mathrm{A}$	pasis and the o	data that supports the calcul	lation, such as the market values of securities and the		

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	re 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 ►