► See separate instructions.

Pa	art Reporting	Issuer				
1	Issuer's name				2 Issuer's employer identification number	(EIN)
	Signature Short-	-Term Bond Fi	N/A	N/A		
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Email address of contact	
Duarte Boucinha 416-68			416-681	1-1752	dboucinha@ci.com	
6	Number and street (or F	.O. box if mail is not	delivered to s	street address) of contact	7 City, town, or post office, state, and Zip code of c	ontact
2 Queen Street East, 20th Floor		or		Toronto, Ontario, M5C 3G7		
8	Date of action		9 Classification and description		I	
	Tax Year 2015		Non-taxable distri		stribution	
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)	
	N/A	N/A		N/A	N/A	
Pa			h additional	-	ee back of form for additional questions.	
14					te against which shareholders' ownership is measured	for
14	the action ►				shareholders throughout the 2015	IOr
					nit information of the return of capital	
			1	ghout the 2015 taxab	L	
					,	
15	Describe the quantitat	tive offect of the orac	nizational act	ion on the basis of the secur	rity in the hands of a LLS, taxpayor as an adjustment pe	vr
15					rity in the hands of a U.S. taxpayer as an adjustment pe	ar A
	share or as a percenta		0.10796 p	er unit		
16		-	asis and the	data that supports the calcul	lation, such as the market values of securities and the	
	valuation dates	N/A				

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
	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 ►