► See separate instructions.

Ρ	art Reporting	ssuer									
1	Issuer's name		2 Issuer's employer identification number (EIN)								
	Harbour Growt	th & Income C	orporate	Class (ET5)	N/A						
3	Name of contact for add	ditional information	4 Telephor	ne No. of contact	5 Email address of contact						
	Duarte Boucinh	a	416-68	1-1752	dboucinha@ci.com						
6	Number and street (or P	P.O. box if mail is not	delivered to	street address) of contact	7 City, town, or post office, state, and Zip code of contact						
	2 Queen Street	East, 20th Floo	or		Toronto, Ontario, M5C 3G7						
8	Date of action		9 Class	sification and description							
	Tax Year 2014			Non-taxable dis	stribution						
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)						
	N/A				N/A						
P					ee back of form for additional questions.						
14	Describe the organiza	tional action and, if a	applicable, the	e date of the action or the da	te against which shareholders' ownership is measured for						
the action A non-taxable distribution was made to shareholders throughout the 2014											
		taxation ye	ear. See qu	uestion 15 for per ur	nit information of the return of capital						
		that occur	red throu	ghout the 2014 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						
			•								
16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securi valuation dates \triangleright N/A											
		11/11									

Form 8937	(Rev.	12-2011)
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Pa	t II	Organiz	ational Ac	tion (continu	ued)										
17	List the			enue Code se		and subsect	tion(s) upor	which the	e tax trea	atment	t is based	I► II 3	<u>RC</u> sect 12 and	<u>ion 30</u> 316	1(c)(2),
18	Can ar	ny resulting	loss be reco	gnized?►	N/A										
19	Provid	le any other	information r	necessary to in	npleme	ent the adjust	ment, such	as the rep	ortable	tax ye	ar 🕨	Ν	/A		
		-			-	-				-					
				clare that I have nplete. Declarati											owledge and
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Her						/				ata 🕨	03-2	24-20	015		
	Sigr	nature ►							D	ate 🕨					
	Prin	nt vour name	David	Pauli					Т	itle Þ	COO				
Pai		Print/Type	preparer's na	me	P	Preparer's signa	ature			Date		Che	eck 🗌 if	PTIN	
	a parer	·											f-employed		
	e Only		ne 🕨									Firr	n's EIN ►		
	j											Dha			