Form **8937**(December 2011) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

Part I Reporting Issuer											
1	Issuer's name		2 Issuer's employer identification number (EIN)								
	Synergy Americ	an Corporate (N/A								
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Email address of contact						
	Duarte Boucinh	a	416-681-1752		dboucinha@ci.com						
6	Number and street (or 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 Classification and description								
	Tax Year 2014			Non-taxable distrib	ution						
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)						
	N/A	N/A		N/A	N/A						
Р	Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.										
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	A non-taxable distribution was made to shareholders throughout the 2014 taxation year. See question 15 for per unit information of the return of capital										
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15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ► 2.15192 per unit											
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16	Describe the calculation valuation dates ►	on of the change in N/A	oasis and the	data that supports the calculation,	such as the market values of securities and the						
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Pai	t II	Organizational Action (continued)				,
17			(s) and subsection(s) upon which the tax tre	atment	is based ▶	IRC section 301(c)(2), 312 and 316
18	Can a	ny resulting loss be recognized? ▶N/_	A			
19	Provid	e any other information necessary to impler	nent the adjustment, such as the reportable	e tax yea	ar ▶	N/A
	Und beli	er penalties of perjury, I declare that I have examer, it is true, correct, and complete. Declaration of	nined this return, including accompanying schedu preparer (other than officer) is based on all inform	les and a	statements, which prepa	and to the best of my knowledge and are has any knowledge.
Sign Here	ام	natura N		Date ►	03-24	2015
-	Joigi	t your name ▶ David Pauli			COO	
Paid	b	Print/Type preparer's name	Preparer's signature	Title ► Date		Check if self-employed
	parei					Firm's EIN ►
USE	Only	Firm's name Firm's address Firm's address				Phone no.

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054