► See separate instructions.

P	Reporting	ssuer						
1	Issuer's name		2 Issuer's emp	2 Issuer's employer identification number (EIN)				
	Sentry U.S. Grow	th and Income Co	N/	N/A				
3	Name of contact for add	ditional information	Telephone No	o. of contact	5 Email address	5 Email address of contact		
Duarte Boucinha			416-68	416-681-1752		dboucinha@ci.com		
6	Number and street (or F	.O. box if mail is not d	elivered to stree	ered to street address) of contact		7 City, town, or post office, state, and ZIP code of contact		
	2 Queen Street East, 20th Floor				Toronto	Toronto, Ontario, M5C 3G7		
8	Date of action		9 Classifica	9 Classification and description				
	Tax Year 2020			Non-taxable	distribution	ution		
10	CUSIP number	11 Serial number(s)	12	2 Ticker symbol	13 Account num	iber(s)		
	N/A	N/A		N/A	N/	΄ Α		
Pa			additional sta		See back of form for ad			
14	-					Iders' ownership is measured for		
	the action ►				-	he 2020 taxation year.		
					U	at occurred throughout		
		the 2020 taxa			le return or capitar in			
			bie year.					
15		Describe the quantitative effect of the organizational a hare or as a percentage of old basis $\blacktriangleright 0.92740 \text{ p}$			rity in the hands of a U.S.	taxpayer as an adjustment per		
16	Describe the calculation valuation dates ►	on of the change in ba $\mathrm{N/A}$	sis and the data	a that supports the calco	ulation, such as the marke	t values of securities and the		
For	Paperwork Reduction	Act Nation and the s	oparate last	ations		Form 8937 (12-2017)		
101	· aper work neulouolion	ASCHOLOG, SEE LIE S	Sparate mound		Cat. No. 37752P			

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Pa	rt II	Drganizational Action (continued)							
17		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tr	reatment is based ▶	►					
				312 and 316					
40	Con on	resulting lass he recognized $\sim N/A$							
18	Can an	resulting loss be recognized? ► N/A							
19	Provide	any other information necessary to implement the adjustment, such as the reportabl	le tax year ►	N/A					
	Und	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.							
Sigr		-+							
Her	<u> </u>		Date March 31, 2020						
		your name ► Darie Urbanky Print/Type preparer's name Preparer's signature	Title ► President	and Chief Operating Officer					
Paie	d parer	Print/Type preparer's name Preparer's signature		Check if self-employed					
	e Only	Firm's name		Firm's EIN ►					
	,	Firm's address 🕨		Phone no.					

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