See separate instructions.

Part Reporting Issue

PairReporting1Issuer's name	issuer	2 Issuer's employer identification number (EIN		
Cambridge Mont	hly Income Fund (N/A		
3 Name of contact for ad		5 Email address of contact		
3 Name of contact for additional information 4 Te Duarte Boucinha			581-1752	dboucinha@ci.com
6 Number and street (or I	P.O. box if mail is not c	7 City, town, or post office, state, and ZIP code of cont		
2 Queen Street E	ast, 20th Floor	Toronto, Ontario, M5C 3G7		
8 Date of action 9 Classification and description				
Tax Year 2020 Non-taxable dis				distribution
10 CUSIP number	11 Serial number(s)		12 Ticker symbol	13 Account number(s)
N/A	N/A		N/A	N/A
				See back of form for additional questions.
14 Describe the organiza the action ►				ate against which shareholders' ownership is measured for
				cholders throughout the 2020 taxation year. he return of capital that occurred throughout
	the 2020 taxa			ne return of capital that occurred throughout
		ibic year.		
15 Describe the quantita	tive effect of the organ	izational actic	on on the basis of the secu	urity in the hands of a U.S. taxpayer as an adjustment per
	age of old basis $\blacktriangleright 0$			
	<u> </u>			
	-	sis and the da	ata that supports the calcu	ulation, such as the market values of securities and the
valuation dates \blacktriangleright	N/A			

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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	r penalties of perjury, I declare that I have examined this return, including accompanying scheo it is true, correct, and complete. Declaration of preparer (other than officer) is based on all infor	dules and statements mation of which prepa	, and to the best of my knowledge and arer has any knowledge.		
Sign HR						
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