► See separate instructions.

P	art Reporting	Issuer						
1	Issuer's name					2 Issuer's employer identification number (EIN)		
	Signature Diversif	fied Yield Fund (I		N/A				
3	Name of contact for ad	ditional information	4 Telephor	Telephone No. of contact		5 Email address of contact		
	Duarte Boucinha			416-681-1752		dboucinha@ci.com		
6	 6 Number and street (or P.O. box if mail is not delivered 2 Queen Street East, 20th Floor 			vered to street address) of contact		7 City, town, or post office, state, and ZIP code of contact		
						Toronto, Ontario, M5C 3G7		
8	Date of action		9 Class	9 Classification and description				
	Tax Year 2020			Non-taxable distr		ribution		
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	1	3 Account number(s)		
	N/A	N/A		N/A		N/A		
Pá					See back			
 Part II Organizational Action Attach additional statements if needed. See back of form for additional questions. Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for 								
••	the action ►				-	throughout the 2020 taxation year.		
						n of capital that occurred throughout		
		the 2020 tax				1 0		
15	Describe the quantita	tive effect of the orac	nizational ac	urity in the	e hands of a U.S. taxpayer as an adjustment per			
15	e hands of a 0.3. taxpayer as an adjustment per							
	share or as a percenta		. <u></u>	i unit				
16	Describe the calculation of the change in basis and the data that supports the calcula					uch as the market values of securities and the		
	valuation dates	N/A						

Form 8937 (12-2017) Page 2									
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 a 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