► See separate instructions.

| Ρ  | art Reporting  | Issuer  |                                  |                              |  |  |  |
|----|--|---|----------------------------------|------------------------------|--|--|--|
|    | Issuer's name  |   |                                  |                              | 2 Issuer's employer identification number (EIN)  |  |  |
|    | Cambridge Glo  | bal Equity Con  | porate Cl                        | ass (EFT8)                   | 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                          | l-1752                       | dboucinha@ci.com   |  |  |
| 6  | Number and street (or F                                      | er and street (or P.O. box if mail is not delivered to street address) of |                                  | 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              |                              | Toronto, Ontario, M5C 3G7  |  |  |
| 8  | Date of action   |   | 9 Classification and description |                              | · · · · ·  |  |  |
|    | Tax Year 2017  |   | Non-taxable dist                 |                              | istribution  |  |  |
| 10 | CUSIP number   | 11 Serial number(   | s)                               | 12 Ticker symbol             | 13 Account number(s)   |  |  |
|    | N/A  | N/A   |                                  | N/A                          | N/A  |  |  |
| D, |  |   | h additional                     |                              | See back of form for additional questions.   |  |  |
|    |  |   |                                  |                              | · · · · · ·  |  |  |
| 14 | Describe the organiza the action ►                           |   |                                  |                              | ate against which shareholders' ownership is measured for shareholders throughout the 2017 |  |  |
|    |  |   |                                  |                              | nit information of the return of capital   |  |  |
|    |  |   | 1                                | <b>_</b>                     | <u> </u>   |  |  |
|    |  | that occur  | rea throug                       | ghout the 2017 taxa          | Die year.  |  |  |
|    |  |   |                                  |                              |  |  |  |
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|    |  |   |                                  |                              |  |  |  |
|    |  |   |                                  |                              |  |  |  |
| 15 | Describe the quantitat                                       | tive effect of the ora  | nizational act                   | ion on the basis of the secu | urity in the hands of a U.S. taxpayer as an adjustment per                                 |  |  |
|    | share or as a percenta                                       | -   |                                  |                              | · · · · · · · · · · · · · · · · · · ·  |  |  |
|    |  | —   | <b>L</b>                         |                              |  |  |  |
|    |  |   |                                  |                              |  |  |  |
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|    |  |   |                                  |                              |  |  |  |
|    |  |   |                                  |                              |  |  |  |
| 16 | Describe the calculati valuation dates $\blacktriangleright$ | on of the change in $k N / A$   | pasis and the o                  | data that supports the calcu | ulation, such as the market values of securities and the                                   |  |  |
|    |  |   |                                  |                              |  |  |  |
|    |  |   |                                  |                              |  |  |  |
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|    |  |   |                                  |                              |  |  |  |
|    |  |   |                                  |                              |  |  |  |

| Part        |                | Organiza                      | ational Action (cont   | tinued)   |  |               |   |
|-------------|----------------|-------------------------------|--|---|--|---------------|---|
| 17 L        | List the       | applicable                    | Internal Revenue Code  | section(s) and subsection(s) up   | oon which the tax treatr                                 | nent is based | IRC section 301(c)(2),<br>312 and 316                                 |
|             |                |                               |  |   |  |               |   |
|             |                |                               |  |   |  |               |   |
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|             |                |                               |  |   |  |               |   |
|             |                |                               |  |   |  |               |   |
| 40 /        | Con on         | roculting                     | loss be recognized?  | N/A   |  |               |   |
| 18 (        | Carrany        | resulting                     |  |   |  |               |   |
|             |                |                               |  |   |  |               |   |
|             |                |                               |  |   |  |               |   |
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|             |                |                               |  |   |  |               |   |
|             |                |                               |  |   |  |               |   |
| <b>19</b> F | Provide        | any other                     | information necessary to                                       | o implement the adjustment, su  | ich as the reportable ta                                 | x year ►      | N/A   |
|             |                |                               |  |   |  |               |   |
|             |                |                               |  |   |  |               |   |
|             |                |                               |  |   |  |               |   |
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|             | Unde<br>belief | r penalties of, it is true, c | of perjury, I declare that I ha<br>orrect, and complete. Decla | ave examined this return, including ration of preparer (other than office | accompanying schedules<br>r) is based on all information | and statemer  | nts, and to the best of my knowledge and<br>eparer has any knowledge. |
| Sign        |                | , 0                           | ΛηΛ  |   |  |               | . , , , , , , , , , , , , , , , , , , ,                               |
| Here        | Signa          | ature ►                       | ////   |   | Dat  | e► Jan 1      | 9, 2018   |
|             |                |                               | David Pauli  |   |  | ► EVP         |   |
| Paid        |                |                               | preparer's name  | Preparer's signature  | Titli<br>Da  | , <b>,</b> ,  | Check if PTIN   |
| Palu        |                |                               |  |   |  |               | self-employed   |

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| Preparer  |                  | self-employed |  |  |  |  |  |  |
|---|------------------|---------------|--|--|--|--|--|--|
| Use 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 |                  |               |  |  |  |  |  |  |