► See separate instructions.

P	art Reporting	Issuer							
1	Issuer's name				2 Issuer's employer identification number	(EIN)			
	Cambridge Glo	bal High Incor	ne Fund (A)	N/A	N/A			
3	Name of contact for add	ditional information	4 Telephone No. of contact		5 Email address of contact				
	Duarte Boucinha 416-6			-1752	dboucinha@ci.com	dboucinha@ci.com			
6	Number and street (or F	P.O. box if mail is not	delivered to s	street address) of contact	7 City, town, or post office, state, and ZIP code of	7 City, town, or post office, state, and ZIP code of contact			
	2 Queen Street East, 20th Floor				Toronto, Ontario, M5C 3G7	Toronto, Ontario, M5C 3G7			
8	Date of action		9 Classification and description						
	Tax Year 2017		Non-taxable dist		istribution	ribution			
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	-				ate against which shareholders' ownership is measured	l for			
	the action ►				shareholders throughout the 2017				
					nit information of the return of capital				
				shout the 2017 taxal					
				-	-				
15	Describe the quantitat share or as a percenta	-			rity in the hands of a U.S. taxpayer as an adjustment p	er			
			<u>0.04020 p</u>						
16	Describe the calculation valuation dates ►	on of the change in t ${ m N}/{ m A}$	asis and the o	data that supports the calcu	ulation, such as the market values of securities and the				

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), 312 and 316
40 /	Con on	roculting	loss be recognized?	N/A			
18 (Carrany	resulting					
19 F	Provide	any other	information necessary to	o implement the adjustment, su	ich as the reportable ta	x year ►	N/A
	Unde belief	r penalties of, it is true, c	of perjury, I declare that I ha orrect, and complete. Decla	ave examined this return, including ration of preparer (other than office	accompanying schedules r) is based on all information	and statemer	nts, and to the best of my knowledge and 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 Da	, , ,	Check if PTIN
Palu							self-employed

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Form 8937 (12-2017)

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							