## Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

## Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

P	art I Reporting	lssuer									
1	Issuer's name		2 Issuer's employer identification number (EIN) $\label{eq:NA} N  /  A$								
	Signature Corpo	orate Bond Co									
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Email address of contact						
	Duarte Boucinha			1-1752	dboucinha@ci.com						
6	6 Number and street (or P.O. box if mail is not del			street address) of contact	7 City, town, or post office, state, and ZIP code of contact						
	2 Queen Street East, 20th Floor				Toronto, Ontario, M5C 3G7						
8	Date of action		9 Classification and description								
	Tax Year 2017		Non-taxable distr		istribution						
10	CUSIP number	11 Serial number(	s)	12 Ticker symbol	13 Account number(s)						
	N/A	'A N/A		N/A	N/A						
P		<u>-</u>	h additional		See back of form for additional questions.						
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14	Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ► A non-taxable distribution was made to shareholders throughout the 2017										
				shout the 2017 taxa	nit information of the return of capital						
		tnat occur	rea throug	gnout the 2017 taxa	ble year.						
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15	share or as a percenta	urity in the hands of a U.S. taxpayer as an adjustment per									
	·	_	••••	or unit							
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16	Describe the calculation	on of the change in b	asis and the	data that supports the calcu	ulation, such as the market values of securities and the						
	valuation dates ►	N/A		adia inai supporto ino salot							
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Par	t II	С	rganizational Action (contin	nued)			, ,
17	List t	the a	pplicable Internal Revenue Code s	ection(s) and subsection(s) upon which	the tax treatment	is based ▶	IRC section 301(c)(2), 312 and 316
18	Can	any	resulting loss be recognized? ► _	N/A			
							NI / A
19	Provi	ide a	iny other information necessary to	implement the adjustment, such as the	e reportable tax ye	ar ▶	N/A
	Uı	nder	penalties of periury. I declare that I have	re examined this return, including accompar	nving schedules and	statements.	and to the best of my knowledge and
				ation of preparer (other than officer) is based			
Sigr Here	~ I	ianat			Data N	Jan 19,	2018
		_	David Pauli			EVP	
			our name ► David Pauli Print/Type preparer's name	Preparer's signature	Title ► Date	EVF	OL L D : PTIN
Paid			Time Type preparer Strame	Troparor o orginaturo	Date		Check if self-employed
Pre			Firm's name				Firm's EIN ▶
Use	. Un	עיי ר	Firm's address ►				Phone no.
Send	Form			ents) to: Department of the Treasury, li	nternal Revenue S	ervice, Ogd	