► See separate instructions.

|     | art Reporting                                                         | Issuer                  |               |                              | 0.100                      |                                                     |  |  |
|-----|-----------------------------------------------------------------------|-------------------------|---------------|------------------------------|----------------------------|-----------------------------------------------------|--|--|
| 1   | Issuer's name                                                         |                         |               |                              | 2 Issu                     | er's employer identification number (EIN)           |  |  |
|     | Signature Diversified Yield Corporate Class (ET5)                     |                         |               |                              | N/A                        |                                                     |  |  |
| 3   | Name of contact for additional information 4 Telephone No. of contact |                         |               | 5 Emai                       | 5 Email address of contact |                                                     |  |  |
|     | Duarte Boucinh                                                        | a                       | 416-68        | 1-1752                       | dbou                       | cinha@ci.com                                        |  |  |
| 6   | Number and street (or F                                               | P.O. box if mail is not | delivered to  | street address) of contact   | <b>7</b> City, to          | own, or post office, state, and ZIP code of contact |  |  |
|     | 2 Queen Street East, 20th Floor                                       |                         |               |                              |                            | Toronto, Ontario, M5C 3G7                           |  |  |
| 8   | Date of action                                                        |                         | 9 Class       | sification and description   |                            |                                                     |  |  |
|     | Tax Year 2017                                                         |                         |               | Non-taxable o                | listribution               |                                                     |  |  |
| 10  | CUSIP number                                                          | 11 Serial number(       | 5)            | 12 Ticker symbol             |                            | ount number(s)                                      |  |  |
|     | N/A                                                                   | N/A                     |               | N/A                          |                            | N/A                                                 |  |  |
| Pá  | •                                                                     | -                       | h additiona   |                              | See back of forr           | n for additional questions.                         |  |  |
| 14  | -                                                                     |                         |               |                              |                            | shareholders' ownership is measured for             |  |  |
|     | the action ►                                                          |                         |               |                              | -                          | rs throughout the 2017                              |  |  |
|     |                                                                       |                         |               |                              |                            | ion of the return of capital                        |  |  |
|     |                                                                       | that occur              | ed throu      | ghout the 2017 tax           | able year.                 |                                                     |  |  |
|     |                                                                       |                         |               |                              | -                          |                                                     |  |  |
|     |                                                                       |                         |               |                              |                            |                                                     |  |  |
|     |                                                                       |                         |               |                              |                            |                                                     |  |  |
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|     |                                                                       |                         |               |                              |                            |                                                     |  |  |
|     |                                                                       |                         |               |                              |                            |                                                     |  |  |
|     |                                                                       |                         |               |                              |                            |                                                     |  |  |
| 15  | Describe the quantitat                                                | tive effect of the ora  | nizational ac | tion on the basis of the ser | curity in the hands        | of a U.S. taxpayer as an adjustment per             |  |  |
|     | share or as a percenta                                                | -                       |               |                              |                            |                                                     |  |  |
|     |                                                                       |                         | <u></u>       |                              |                            |                                                     |  |  |
|     |                                                                       |                         |               |                              |                            |                                                     |  |  |
|     |                                                                       |                         |               |                              |                            |                                                     |  |  |
|     |                                                                       |                         |               |                              |                            |                                                     |  |  |
|     |                                                                       |                         |               |                              |                            |                                                     |  |  |
|     |                                                                       |                         |               |                              |                            |                                                     |  |  |
|     |                                                                       |                         |               |                              |                            |                                                     |  |  |
|     |                                                                       |                         |               |                              |                            |                                                     |  |  |
|     |                                                                       |                         |               |                              |                            |                                                     |  |  |
|     |                                                                       |                         |               |                              |                            |                                                     |  |  |
|     |                                                                       |                         |               |                              |                            |                                                     |  |  |
|     |                                                                       |                         |               |                              |                            |                                                     |  |  |
| 16  |                                                                       | -                       | asis and the  | data that supports the cal   | culation, such as th       | ne market values of securities and the              |  |  |
|     | valuation dates                                                       | N/A                     |               |                              |                            |                                                     |  |  |
|     |                                                                       |                         |               |                              |                            |                                                     |  |  |
|     |                                                                       |                         |               |                              |                            |                                                     |  |  |
|     |                                                                       |                         |               |                              |                            |                                                     |  |  |
|     |                                                                       |                         |               |                              |                            |                                                     |  |  |
|     |                                                                       |                         |               |                              |                            |                                                     |  |  |
|     |                                                                       |                         |               |                              |                            |                                                     |  |  |
|     |                                                                       |                         |               |                              |                            |                                                     |  |  |
|     |                                                                       |                         |               |                              |                            |                                                     |  |  |
|     |                                                                       |                         |               |                              |                            |                                                     |  |  |
|     |                                                                       |                         |               |                              |                            |                                                     |  |  |
| For | Paperwork Reduction                                                   | Act Notice, see the     | separate Ins  | structions.                  | Cat. No. 377               | 52P Form <b>8937</b> (12-201                        |  |  |

| 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                                 |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
| 40 /        | Con on         | roculting                     | loss be recognized?                                            | N/A                                                                       |                                                          |               |                                                                       |
| 18 (        | Carrany        | resulting                     |                                                                |                                                                           |                                                          |               |                                                                       |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
| <b>19</b> F | Provide        | any other                     | information necessary to                                       | o implement the adjustment, su                                            | ich as the reportable ta                                 | x year ►      | N/A                                                                   |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
|             |                |                               |                                                                |                                                                           |                                                          |               |                                                                       |
|             | 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                                                         |

Page **2** 

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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 |                  |               |  |  |  |  |  |