► See separate instructions.

Pa	Reporting	Issuer						
1	Issuer's name				2 Issuer's employer ide	ntification number (EIN)		
	Signature Globa	al Bond Corpo	N/A	N/A				
3	Name of contact for ad	-		e No. of contact	5 Email address of conta	ct		
	Duarte Boucinh	a	416-681	l-1752	dboucinha@ci.con	n		
6	Number 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, s	state, and ZIP code of contact		
	2 Queen Street	East, 20th Floo	or		Toronto, Ontario,	Toronto, Ontario, M5C 3G7		
8	Date of action		9 Class	ification and description				
	Tax Year 2017			Non-taxable di	stribution			
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)			
	NI / A							
Dو	N/A art II Organizatio	N/A	h additional	N/A	N/A ee back of form for additional of	nuestions		
14						•		
14	-				te against which shareholders' ow			
	the action ►				shareholders throughou			
		taxation ye	ear. See qu	<u>iestion 15 for per ur</u>	nit information of the re-	turn of capital		
		that occur	red throug	ghout the 2017 taxab	ole year.			
15	Describe the quantita	tive effect of the orga	anizational act	ion on the basis of the secu	rity in the hands of a U.S. taxpayer	as an adjustment per		
	share or as a percenta	age of old basis >	0.52793 p	er unit				
		_	F					
16		-	basis and the	data that supports the calcu	lation, such as the market values o	f securities and the		
	valuation dates	N/A						
_	Banamuark Baduation	Act Notice, see the	senarate Ins	tructions	Cat. No. 37752P	Form 8937 (12-2017)		

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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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						