► See separate instructions.

_	Issuer's name	155001				2 Issuer's employer identification number (EII		
'	Issuel s hame							
Signature Core Bond Plus Fund (P)				Р)		N/A		
3	Name of contact for ad	ditional information	4 Telephon	e No. of contact		5 Email address of contact		
	Duarte Boucinh	na	416-681	-1752		dboucinha@ci.com		
6	Number and street (or F	P.O. box if mail is not	delivered to s	street address) of conta	act	7 City, town, or post office, state, and ZIP code of cont		
	2 Queen Street	East, 20th Floo)f			Toronto, Ontario, M5C 3G7		
8	Date of action		9 Class	ification and descriptio	n			
	Tax Year 2017			Non-taxable	e distribu	ution		
10	CUSIP number	11 Serial number(5)	12 Ticker symbol	·	13 Account number(s)		
	N/A	N/A		N/A		N/A		
Pa		onal Action Attac	h additional	statements if neede	d. See back	k of form for additional questions.		
14	Describe the organiza				-	st which shareholders' ownership is measured for		
	the action ►					cholders throughout the 2017		
		•	-	1		ormation of the return of capital		
		that occur	ed throug	<u>ghout the 2017 ta</u>	<u>axable ye</u> :	ar.		
15					security in th	e hands of a U.S. taxpayer as an adjustment per		
	share or as a percent	age of old basis ► _().17612 p	er unit				
16	Describe the calculati	ion of the change in b	asis and the o	data that supports the c	calculation, s	uch as the market values of securities and the		
	valuation dates	N/A						
_								
_								
	_					- 0007		
For	Paperwork Reduction	Act Notice, see the	separate Ins	tructions.	Cat	. No. 37752P Form 8937 (12-20		

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							