► See separate instructions.

Ρ	art Reporting	Issuer								
1	Issuer's name		2 Issuer's employer identification number (EIN)							
	Black Creek Glo	obal Balanced	Corporate	e Class (OT5)	N/A					
3	Name of contact for add	ditional information	4 Telephor	e No. of contact	5 Email address of contact					
	Duarte Boucinh	a	416-68	1-1752	dboucinha@ci.com					
6	Number and street (or F	.O. box if mail is not	delivered to	street address) of contact	7 City, town, or post office, state, and Zip code of contact					
	2 Queen Street	East, 20th Floo	or		Toronto, Ontario, M5C 3G7					
8	Date of action		9 Class	sification and description						
	Tax Year 2016			Non-taxable dis	tribution					
10	CUSIP number	11 Serial number	s)	12 Ticker symbol	13 Account number(s)					
	N/A	N/A		N/A	N/A					
Pa	Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.									
14	Describe the organiza	tional action and, if a	applicable, the	e date of the action or the date	e against which shareholders' ownership is measured for					
	the action ►	A non-tax	able distri	bution was made to	shareholders throughout the 2016					
	taxation year. See question 15 for per unit information of the return of capital									
				ghout the 2016 taxab						
					5					
	<b>_</b>									
15	share or as a percenta				ty in the hands of a U.S. taxpayer as an adjustment per					
	share of as a percente		<u>0.39291 p</u>	er unit						
16		Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the								
	valuation dates	N/A								

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Pa	t II	Organiza	ational Ac	tion (con	tinued)								
17						and subs	section(s)	upon wh	ch the tax	treatment	is based I	IRC sect 312 and	tion 301(c)(2), 316
			·										
18	Can an	ny resulting l	oss be recog	gnized? ►	N/A	L							
19	Provide	e anv other i	information n	acassany ti	o implem	ont the adi	ustment	such as t	he report:	ahla tay va	ar 🕨	N/A	
15	TIOVIU	e any other i	mormation n	iecessary to		ent the auj	ustinent,	Such as		able lax ye	ai 🕨	11/11	
												and to the bes arer has any kno	t of my knowledge and
0:		ei, it is true, co			aration of p	reparer (otri	er than on	cer) is bas	eu on an in	Iornation of	which prepa	arer has any kno	Jwiedge.
Sigr Her				/							16/2	/2017	
	Signature ►			/		_ Date ►	10/2	/ 201/					
	Drimi		our name David Pauli							Title ►	EVP		
		Print/Type	preparer's nan	ne		Preparer's s	ignature			Date		Chock	PTIN
Paie	a parer											Check if self-employed	
	e Only		ie 🕨		I					· · · · · · · · · · · · · · · · · · ·		Firm's EIN ►	
	<b>y</b>												

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054

Firm's address ►