► See separate instructions.

Ρ	art Reporting	ssuer								
1	Issuer's name			2 Issuer's employer identification number (EIN)						
	Black Creek Glo	obal Balanced	Fund (AT	6)	N/A					
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Email address of contact					
	Duarte Boucinh	a	416-681	1-1752	dboucinha@ci.com					
6	Number and street (or P	P.O. box if mail is not	delivered to s	7 City, town, or post office, state, and Zip code of contac						
	2 Queen Street	East, 20th Flo	or		Toronto, Ontario, M5C 3G7					
8	Date of action		9 Class	sification and description						
	Tax Year 2016	1		Non-taxable di						
10	CUSIP number	11 Serial number	s)	12 Ticker symbol	13 Account number(s)					
	N/A	N/A		N/A	N/A					
	Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.									
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 2016										
			iou intou	Shout the Doro takat	sie yeur.					
15	Describe the quantitat share or as a percenta	rity in the hands of a U.S. taxpayer as an adjustment per								
16	Describe the calculation valuation dates ►	on of the change in t ${ m N}/{ m A}$	basis and the	data that supports the calcu	lation, such as the market values of securities and the					

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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	
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0:		ei, it is true, co			aration of p	reparer (otri	er than on	cer) is bas		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			PTIN
Paie	a parer											Check if self-employed	
	e Only		ie 🕨		I					· · · · · · · · · · · · · · · · · · ·		Firm's EIN ►	
	y												

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

Firm's address ►