► See separate instructions.

P	art Reporting	ssuer							
1	Issuer's name		2 Issuer's employer identification number (EIN)						
	Cambridge Can	adian Divideno	N/A						
3	Name of contact for add	ditional information	4 Telephor	ne No. of contact	5 Email address of contact				
	Duarte Boucinh	a	416-68	1-1752	dboucinha@ci.com				
6	Number and street (or F	P.O. box if mail is not	delivered to	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 di	istribution				
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 organizational action and, if applicable, the date of the action or the date against which shareholders' ownership									
	the action ►				shareholders throughout the 2016				
					nit information of the return of capital				
		that occur	red throu	<u>ghout the 2016 taxal</u>	ble year.				
15	Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ≥ 0.46877 per unit								
			1						
16	Describe the calculation valuation dates ►	on of the change in t N/A	basis and the	ulation, such as the market values of securities and the					

Form 8937	(Rev.	12-2011)
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Pa	tll	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		rname► 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 ►	
	y												

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

Firm's address ►