► See separate instructions.

Ρ	art Reporting	ssuer								
1	Issuer's name		2 Issuer's employer identification number (EIN)							
	Signature Emer	ging Markets (	Corporate	N/A						
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Email address of contact					
	Duarte Boucinh	Duarte Boucinha		1-1752	dboucinha@ci.com					
6	Number and street (or F	P.O. box if mail is not	delivered to s	street address) of contact	7 City, town, or post office, state, and Zip code of contact					
	2 Queen Street	East, 20th Flo	or		Toronto, Ontario, M5C 3G7					
8	Date of action		9 Class	sification and description						
	Tax Year 2016			Non-taxable dis	ibution					
10	CUSIP number	<b>11</b> Serial number	s)	12 Ticker symbol	13 Account number(s)					
	N/A	N/A		N/A	N/A					
P	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 dat	te against which shareholders' ownership is measured for					
the action A non-taxable distribution was made to shareholders throughout the 2016 taxation year. See question 15 for per unit information of the return of capita										
				-						
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 0.56157 per unit								
			<b>L</b>							
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 $\blacktriangleright$ N/A									
_										
_										

Form 8937	(Rev.	12-2011)
-----------	-------	----------

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		your 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 ►	
	<b>y</b>												

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

Firm's address ►