► See separate instructions.

	and Reporting	Issuer						
1	Issuer's name		2 1	2 Issuer's employer identification number (EIN)				
	Signature Globa	al Bond Corpo		N/A				
3	Name of contact for add	ditional information	4 Telephor	ne No. of contact	5 E	mail address of contact		
	Duarte Boucinh	a	416-68	1-1752	db	oucinha@ci.com		
6	Number and street (or F	P.O. box if mail is not	delivered to	street address) of contact	7 Ci	ty, town, or post office, state, and Zip code of contac		
	2 Queen Street	East, 20th Floo	or		To	oronto, Ontario, M5C 3G7		
8	Date of action		9 Class	sification and description				
	Tax Year 2016			Non-taxable d	istribution			
10	CUSIP number	11 Serial number(s)	12 Ticker symbol		Account number(s)		
D,	N/A art II Organizatio	N/A	h additiona	N/A		N/A form for additional questions.		
						nich shareholders' ownership is measured for		
14	the action ►					ders throughout the 2016		
				<u>ghout the 2016 taxa</u>		nation of the return of capital		
		that occurs		gnout the 2010 taxa	ible year.			
15	Describe the quantitat	tive offect of the orac	nizational act	tion on the basis of the sea	urity in the her	ada of a LLC taxpayor on an adjustment per		
15		-			unty in the har	nds of a U.S. taxpayer as an adjustment per		
	share or as a percenta		J.15581 p	er unit				
16		Ũ	asis and the	data that supports the calc	ulation, such a	as the market values of securities and the		
	valuation dates	N/A						
E e e		Act Notice and the	oonevete kee	atructions	<u></u>	37752P Form 8937 (12-2011		
гor	Paperwork Reduction	ACLINUTICE, SEE THE	separate ins	su ucuons.	Cat. No.	3//52P Form 030/ (12-2011		

Form 8937	(Rev.	12-2011)
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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 ►	
	y												

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

Firm's address ►