► See separate instructions.

P	art Reporting	ssuer								
1	Issuer's name		2 Issuer's employer identification number (EIN)							
	Signature Incom	ne & Growth (	Corporate	N/A	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 P	P.O. box if mail is not	delivered to	street address) of contact	7 City, town, or post office, state, and Zip code of con	ntact				
	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 di	istribution	bution				
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					ate against which shareholders' ownership is measured fo					
	the action ►				shareholders throughout the 2016	-				
					nit information of the return of capital					
			1		<b>▲</b>					
		that occur	<u>rea throu</u>	<u>ghout the 2016 taxal</u>	Die year.					
15	Describe the quantitat share or as a percenta	-			rrity in the hands of a U.S. taxpayer as an adjustment per					
			1							
16	Describe the calculation valuation dates ►	on of the change in $N/A$	basis and the	data that supports the calcu	lation, such as the market values of securities and the					

For Paperwork Reduction Act Notice, see the separate Instructions.

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		Iornation of	which prepa	arer has any kno	Jwiedge.
Sigr Her				/							16/2	/2017	
	Sign	nature ►								_ 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 ►	
030 011													

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

Firm's address ►