► See separate instructions.

Pá	Reporting I	ssuer							
1	Issuer's name				2 Issuer's employer identifica	ation number (EIN)			
	Signature Incom	ne & Growth F	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	I-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, a	7 City, town, or post office, state, and Zip code of contact			
	2 Queen Street	East, 20th Floo	or		Toronto, Ontario, M5	Toronto, Ontario, M5C 3G7			
8	Date of action		9 Class	sification and description					
	Tax Year 2016			Non-taxable dis	stribution	bution			
10	CUSIP number	11 Serial number(s	5)	12 Ticker symbol	13 Account number(s)				
	N/A	N/A		N/A	N/A				
Pa			h additiona	-	ee back of form for additional questi	005			
14					e against which shareholders' ownershi				
14	the action ►				shareholders throughout the				
					it information of the return				
			1	ghout the 2016 taxab					
					,				
15	Describe the quantitat	ive offect of the orac	nizational act	ion on the basis of the secur	ity in the hands of a LLS, taxpayor as an	adjustment per			
15		-			ity in the hands of a U.S. taxpayer as an	aujustment per			
	share or as a percenta		<u>J.28560 p</u>	er unit					
16			asis and the	data that supports the calcul	ation, such as the market values of secu	rities and the			
	valuation dates	N/A							

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		. David I	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 ►