See separate instructions.

Part I Reporting Issuer

	and Reporting	ssuer							
1	Issuer's name		2 Iss	2 Issuer's employer identification number (EIN)					
	Signature Core	Bond Plus Fun		N/A					
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Em	5 Email address of contact			
	Duarte Boucinh	a	416-681	1-1752	dbo	dboucinha@ci.com			
6	Number and street (or P	.O. box if mail is not	delivered to s	street address) of contact	7 City	7 City, town, or post office, state, and Zip code of contact			
	2 Queen Street	East, 20th Floc	or		Tor	Toronto, Ontario, M5C 3G7			
8	Date of action		9 Class	ification and description	I				
	Tax Year 2016			Non-taxable d	istribution	bution			
10	CUSIP number	11 Serial number(s	s)	12 Ticker symbol		ccount number(s)			
	N/A	N/A		N/A		N/A			
Pa				· ·	See back of fo				
14	-					ch shareholders' ownership is measured for			
	the action ►				-	ers throughout the 2016			
		taxation ye	ear. See qu	uestion 15 for per u	nit inform:	information of the return of capital			
		that occurs	red throug	<u>ghout the 2016 taxa</u>	<u>ble year.</u>				
15	Describe the quantitat	ive effect of the orga	nizational act	ion on the basis of the secu	urity in the hanc	ls of a U.S. taxpayer as an adjustment per			
	share or as a percenta	-			,				
			-						
16	Describe the calculation	-	asis and the	data that supports the calcu	ulation, such as	the market values of securities and the			
	valuation dates \blacktriangleright	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	
	Signature							_ Date ►	10/2	/ 201/			
	Drimi		_{rour 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 ►