► See separate instructions.

Ρ	and Reporting I	ssuer							
1	Issuer's name		2 Issu	2 Issuer's employer identification number (EIN)					
	Synergy Global	Corporate Cla		N/A					
3	Name of contact for add	litional information	4 Telephon	e No. of contact	5 Ema	5 Email address of contact			
	Duarte Boucinh	a	416-681	1-1752	dbou	dboucinha@ci.com			
6	Number and street (or P	.O. box if mail is not	delivered to s	d to street address) of contact		7 City, town, or post office, state, and Zip code of contact			
	2 Queen Street	East, 20th Floo	or		Tore	Toronto, Ontario, M5C 3G7			
8	Date of action		9 Class	ification and description					
	Tax Year 2016			Non-taxable d	istribution				
10	CUSIP number	umber <b>11</b> Serial number(s		) <b>12</b> Ticker symbol		ount number(s)			
	N/A	N/A		N/A		N/A			
Pa			ch additional	-	See back of for	m for additional questions.			
14	-					n shareholders' ownership is measured for			
	the action ►					rs throughout the 2016			
						tion of the return of capital			
			1	ghout the 2016 taxa					
				·····					
15	Describe the quantitat share or as a percenta				urity in the hands	of a U.S. taxpayer as an adjustment per			
16	Describe the calculation valuation dates ►	on of the change in b ${ m N/A}$	pasis and the	data that supports the calc	ulation, such as t	he market values of securities and the			

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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		<sub>our name</sub> ► 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 ►	
	<b>y</b>												

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

Firm's address ►