► See separate instructions.

P	art Reporting	ssuer								
1	Issuer's name				2 Iss	suer's employer identification number (EIN)				
	Select 20i80e M			N/A						
3	Name of contact for add	ditional information	4 Telephon	ne No. of contact	5 Em	ail address of contact				
	Duarte Boucinh	a	416-68	1-1752	dbo	dboucinha@ci.com				
6	Number and street (or F	.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 Floo	or		Tor	Toronto, Ontario, M5C 3G7				
8	Date of action		9 Class	sification and description	·					
	Tax Year 2016			Non-taxable dis	stribution	ribution				
10	CUSIP number	11 Serial number(s	s)	12 Ticker symbol	13 Ac	count number(s)				
	N/A	N/A		N/A		N/A				
Ρ			h additiona		ee back of fo	rm for additional questions.				
14	Describe the organiza	tional action and, if a	pplicable, the	e date of the action or the dat	te against whi	ch shareholders' ownership is measured for				
	the action ►	A non-taxa	able distri	ibution was made to	sharehold	ers throughout the 2016				
		taxation ye	ear. See qu	uestion 15 for per ur	nit inform:	ation of the return of capital				
		that occurs	red throug	<u>ghout the 2016 taxab</u>	ole year.					
15		Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis \blacktriangleright 0.29952 per unit								
16	Describe the calculation valuation dates ►	on of the change in b ${ m N/A}$	asis and the	data that supports the calcul	lation, such as	the market values of securities and the				

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		your name► David 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 ►	
	y												

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

Firm's address ►