► See separate instructions.

|   | Issuer's name                   | 55001                   | 2                 | 2 Issuer's employer identification number (EIN) |               |  |  |  |  |  |
|---|---------------------------------|-------------------------|-------------------|---|---------------|--|--|--|--|--|
|   | Cambridge Asset                 | Allocation Corpo        |                   | N/A   |               |  |  |  |  |  |
| Cambridge Asset Allocation Corporate<br>3 Name of contact for additional information 4 T                          |                                 |                         |                   | Telephone No. of contact                        |               | 5 Email address of contact                                   |  |  |  |  |
|   | Duarte Boucinha                 |                         |                   | 416-681-1752                                    |               | dboucinha@ci.com   |  |  |  |  |
| 6 Number and street (or P.O. box if mail is not delive  |                                 |                         |                   |   |               | 7 City, town, or post office, state, and ZIP code of contact |  |  |  |  |
|   | 2 Queen Street East, 20th Floor |                         |                   |   |               | Toronto, Ontario, M5C 3G7                                    |  |  |  |  |
| 8   | Date of action                  |                         | 9 Clas            | 9 Classification and description                |               |  |  |  |  |  |
| Ŭ   |                                 |                         | C Club            |   |               |  |  |  |  |  |
|   | Tax Year 2019                   |                         |                   | Non-taxable distri                              |               |  |  |  |  |  |
| 10  | CUSIP number                    | 11 Serial number(s      | 5)                | 12 Ticker symbol                                | 13            | Account number(s)  |  |  |  |  |
|   | N/A                             | N/A                     |                   | N/A   |               | N/A  |  |  |  |  |
| Pa  | -                               |                         |                   |   |               | of form for additional questions.                            |  |  |  |  |
| 14  |                                 |                         |                   |   | -             | which shareholders' ownership is measured for                |  |  |  |  |
| the action A non-taxable distribution was made to shareholders throughout the 2019 taxation year.                 |                                 |                         |                   |   |               |  |  |  |  |  |
| See question 15 for per unit information of the return of capital that occurred throughout the 2019 taxable year. |                                 |                         |                   |   |               |  |  |  |  |  |
|   |                                 |                         | <u>abie year.</u> |   |               |  |  |  |  |  |
|   |                                 |                         |                   |   |               |  |  |  |  |  |
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|   |                                 |                         |                   |   |               |  |  |  |  |  |
|   |                                 |                         |                   |   |               |  |  |  |  |  |
| 15  | Describe the quantitat          | tive effect of the orga | nizational ac     | tion on the basis of the secur                  | rity in the h | nands of a U.S. taxpayer as an adjustment per                |  |  |  |  |
|   | share or as a percenta          |                         |                   |   |               |  |  |  |  |  |
|   |                                 |                         | •                 |   |               |  |  |  |  |  |
|   |                                 |                         |                   |   |               |  |  |  |  |  |
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|   |                                 |                         |                   |   |               |  |  |  |  |  |
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|   |                                 |                         |                   |   |               |  |  |  |  |  |
|   |                                 |                         |                   |   |               |  |  |  |  |  |
| 16  | Describe the calculation        | on of the change in b   | asis and the      | data that supports the calcul                   | lation, sucl  | h as the market values of securities and the                 |  |  |  |  |
|   | valuation dates <b>&gt;</b>     | N/A                     |                   |   |               |  |  |  |  |  |
|   |                                 |                         |                   |   |               |  |  |  |  |  |
|   |                                 |                         |                   |   |               |  |  |  |  |  |
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|   |                                 |                         |                   |   |               | Earma 8037 (10.0017  |  |  |  |  |

| Form 89     | 937 (12-2      | 2017)  |                        |                           | Page <b>2</b>   |  |
|-------------|----------------|--|------------------------|---------------------------|---|--|
| Part        |                | Organizational Action (continued)  |                        |                           | ,   |  |
| <b>17</b> L | _ist the       | applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tr  | eatment                | is based I                | <ul> <li>IRC section 301(c)(2),<br/>312 and 316</li> </ul>    |  |
|             |                |  |                        |                           | 512 and 510   |  |
|             |                |  |                        |                           |   |  |
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|             |                |  |                        |                           |   |  |
|             |                | 27/1   |                        |                           |   |  |
| 18 (        | Can any        | v resulting loss be recognized? ►N/A   |                        |                           |   |  |
|             |                |  |                        |                           |   |  |
|             |                |  |                        |                           |   |  |
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|             |                |  |                        |                           |   |  |
| <b>19</b> F | Provide        | any other information necessary to implement the adjustment, such as the reportabl   | e tax yea              | ar 🕨                      | N/A   |  |
|             |                |  |                        |                           |   |  |
|             |                |  |                        |                           |   |  |
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|             |                |  |                        |                           |   |  |
|             |                |  |                        |                           |   |  |
|             | Unde<br>belief | r penalties of perjury, I declare that I have examined this return, including accompanying scheor,<br>it is true, correct, and complete. Declaration of preparer (other than officer) is based on all inform | lules and<br>mation of | statements<br>which prepa | , and to the best of my knowledge and arer has any knowledge. |  |
| Sign        |                | $-\mathbf{h}$  |                        |                           |   |  |
| Here        | Signa          | ture▶  | Date ► Mar 31, 2019    |                           |   |  |
|             |                |  |                        | D. 11                     |   |  |
|             | Print          | your name ► Darie Urbanky<br>Print/Type preparer's name Preparer's signature   | Title ►<br>Date        | Presid                    | ent and Chief Operating Office                                |  |
| Paid        | <b>0</b> 46 -  |  |                        |                           | Check if self-employed  |  |
| Prep<br>Use |                | Firm's name  | ·                      |                           | Firm's EIN ►  |  |
| 000         | Juny           | Firm's address ►   |                        |                           | Phone no.   |  |