See separate instructions.

Part Reporting Issuer

_	Issuer's name	135001	2 Issuer's employer identit	2 Issuer's employer identification number (EIN)					
	Combrides Clobe		N/A						
Cambridge Global Dividend Corporate 3 Name of contact for additional information 4 Te				e No. of contact	5 Email address of contact				
Duarte Boucinha			•						
				-681-1752	dboucinha@ci.com				
6	Number and street (or F	Number and street (or P.O. box if mail is not delivered to street address) of contact			7 City, town, or post office, state	7 City, town, or post office, state, and ZIP code of contact			
	2 Queen Street Ea	ist, 20th Floor	Toronto, Ontario, M5C 3G7						
8	Date of action			ification and description	·				
	Tax Year 2019			Non-taxable distribution					
10	CUSIP number 11 Serial number(s)			12 Ticker symbol	13 Account number(s)				
	/ .								
D	N/A	N/A		N/A	N/A				
14	-				back of form for additional que against which shareholders' owner				
14	the action ►				Iders throughout the 2019 ta:				
					return of capital that occurred				
		the 2019 tax	-		return of capital that occurred				
			abic year.						
15	Describe the quantitat	tive effect of the orga	nizational act	ion 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 ► 0.52893 per unit								
			<u>ı</u>						
16	Describe the calculati	on of the change in b	asis and the	data that supports the calculat	ion, such as the market values of se	ecurities and the			
	valuation dates >	N/A			,				
		11/11							
						0007			
For	Paperwork Reduction	Act Notice. see the	separate Ins	tructions.	Cat. No. 37752P	Form 8937 (12-2017			

Form 89	937 (12-2	2017)			Page 2
Part		Organizational Action (continued)			,
17 L	_ist the	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tr	eatment	is based I	 IRC section 301(c)(2), 312 and 316
					512 and 510
		27/1			
18 (Can any	v resulting loss be recognized? ►N/A			
19 F	Provide	any other information necessary to implement the adjustment, such as the reportabl	e tax yea	ar 🕨	N/A
	Unde belief	r penalties of perjury, I declare that I have examined this return, including accompanying scheor, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all inform	lules and mation of	statements which prepa	, and to the best of my knowledge and arer has any knowledge.
Sign		$-\mathbf{h}$			
Here	Signa	ture▶	Date Þ	Mar 3	1, 2019
				D. 11	
	Print	your name ► Darie Urbanky Print/Type preparer's name Preparer's signature	Title ► Date	Presid	ent and Chief Operating Office
Paid	0 46 -				Check if self-employed
Prep Use		Firm's name	·		Firm's EIN ►
000	Juny	Firm's address ►			Phone no.