► See separate instructions.

	art Reporting	ssuer			0 locuerlo empleiro	ridentification number (FIN)		
1	Issuer's name				2 issuer's employe	r identification number (EIN)		
	Cambridge Canad	ian Dividend Corj	porate Class	(FT8)	N/A			
3	3 Name of contact for additional information 4			No. of contact	5 Email address of c	ontact		
Duarte Boucinha		416-6	81-1752	dboucinha@ci	dboucinha@ci.com			
6	Number and street (or F	2.0. box if mail is not c	lelivered to str	eet address) of contact	7 City, town, or post off	7 City, town, or post office, state, and ZIP code of contact		
	2 Queen Street East, 20th Floor				Toronto, Or	Toronto, Ontario, M5C 3G7		
8	Date of action		9 Classifi	cation and description				
	Tax Year 2019			Non-taxable	distribution	ibution		
10	CUSIP number	11 Serial number(s)		12 Ticker symbol	13 Account number(s	;)		
	N/A	N/A		N/A	NI/A			
Pa	· · · ·		additional s		N/A See back of form for addition	nal questions.		
14	-				ate against which shareholders	· · · · · · · · · · · · · · · · · · ·		
	the action ►				holders throughout the 2			
					ne return of capital that o			
		the 2019 taxa	1		1	0		
			•					
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 0.12163 per unit							
			.12105 per 0	ant				
16		Ũ	sis and the da	ta that supports the calc	ulation, such as the market valu	ies of securities and the		
	valuation dates \blacktriangleright	N/A						
_								
For	Paperwork Reduction	Act Notice, see the s	eparate Instr	uctions.	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					Check if self-employed
Prep Use		Firm's name	·		Firm's EIN ►
000	Jiny	Firm's address ►			Phone no.