► See separate instructions.

	Issuer's name	Issuer			2 Issuer's employer iden	tification number (EIN)		
'			2 Issuer's employer identification number (EIN)					
Cambridge Global High Income Fund					N/A			
3 Name of contact for additional information 4 Duarte Boucinha			4 Telephor	e No. of contact	5 Email address of contact			
			416	-681-1752	dboucinha@ci.com	dboucinha@ci.com		
6 Number and street (or P.O. box if mail is not deliver				street address) of contact	7 City, town, or post office, sta	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 Class	sification and description				
	Tax Year 2019			Non-taxable dis	tribution			
10			s)	12 Ticker symbol	13 Account number(s)			
	N/A	N/A		N/A	N/A			
Pa					back of form for additional qu	uestions.		
14					against which shareholders' owne			
	the action ►				lders throughout the 2019 t			
					return of capital that occurr			
		the 2019 tax	1					
			j					
15	Describe the quantita	tive effect of the orga	nizational act	tion on the basis of the security	in the hands of a U.S. taxpaver a	is an adjustment per		
	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 0.34141 per unit							
			<i></i>					
16			asis and the	data that supports the calculat	ion, such as the market values of	securities and the		
	valuation dates \blacktriangleright	N/A						
For	Paperwork Reduction	Act Notice, see the	separate Ins	structions.	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	Signature ▶			Date Mar 31, 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.	