► See separate instructions.

P	art Reporting	Issuer						
1	Issuer's name				2 Issuer's employ	er identification number (EIN)		
	Cambridge Pure C	Canadian Equity C	N/A	N/A				
3	Name of contact for add	1 .	-	e No. of contact	5 Email address of	contact		
	Duarte Boucinha		416-	681-1752	dboucinha@c	i.com		
6 Number and street (or P.O. box if mail is not delivered			delivered to s	treet address) of contact	7 City, town, or post of	ffice, state, and ZIP code of contact		
	2 Queen Street East, 20th Floor				Toronto, O	Toronto, Ontario, M5C 3G7		
8	Date of action		9 Class	ification and description				
	Tax Year 2019			Non-taxable distribution				
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number	(s)		
		NI/A		NI/A				
P	N/A art II Organizatio	N/A	additional	N/A statements if needed S	ee back of form for addition	onal questions		
14	-					rs' ownership is measured for		
17	the action ►				holders throughout the			
					e return of capital that of	· · · · · · · · · · · · · · · · · · ·		
		the 2019 taxa	-	unt momuton of t	le return or euprui thut	vecunica anougnout		
			<u>iore</u> jeure					
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 0.34290 per unit							
16	Describe the calculation valuation dates ►	on of the change in ba $\mathrm{N/A}$	usis and the c	lata that supports the calcu	llation, such as the market va	lues of securities and the		
For	Paperwork Reduction	Act Notice, see the s	separate Inst	tructions.	Cat. No. 37752P	Form 8937 (12-2017)		

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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.