See separate instructions.

Part Beporting Issuer

Issuer		
	2 Issuer's employer identification number (EIN)	
Bond Fund (F)	N/A	
ditional information	Telephone No. of contact	5 Email address of contact
	416-681-1752	dboucinha@ci.com
2.0. box if mail is not c	t 7 City, town, or post office, state, and ZIP code of contact	
ast, 20th Floor		Toronto, Ontario, M5C 3G7
	9 Classification and description	·
	Non-taxabl	e distribution
11 Serial number(s)	12 Ticker symbol	13 Account number(s)
N/A	N/A	N/A
See question	15 for per unit information of	areholders throughout the 2019 taxation year. The return of capital that occurred throughout
-		ecurity in the hands of a U.S. taxpayer as an adjustment per
on of the change in ba	sis and the data that supports the ca	lculation, such as the market values of securities and the
	Bond Fund (F) ditional information 2.0. box if mail is not d ast, 20th Floor 11 Serial number(s) N/A Dnal Action Attach tional action and, if ap A non-taxable See question the 2019 taxa itive effect of the organiage of old basis ▶0.	Bond Fund (F) ditional information 4 Telephone No. of contact 416-681-1752 P.O. box if mail is not delivered to street address) of contact ast, 20th Floor 9 Classification and description Non-taxable 11 Serial number(s) 12 Ticker symbol N/A N/A Onal Action Attach additional statements if needed tional action and, if applicable, the date of the action or the A non-taxable distribution was made to sha See question 15 for per unit information of the 2019 taxable year. tive effect of the organizational action on the basis of the set age of old basis ▶ 0.07928 per unit on of the change in basis and the data that supports the ca

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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	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	Jiny	Firm's address ►			Phone no.	