► See separate instructions.

P	art Reporting	Issuer							
1 Issuer's name						2 Issuer's employer identification number (EIN)			
	Signature Global	Income & Growth		N/A					
3	Name of contact for add		-	Telephone No. of contact		5 Email address of contact			
Duarte Boucinha			416-68	416-681-1752		dboucinha@ci.com			
6 Number and street (or P.O. box if mail is not delivered				d to street address) of contact		y, 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 Classific	9 Classification and description					
	Tax Year 2019			Non-taxable	distribution				
10	CUSIP number	11 Serial number(s)	1	2 Ticker symbol		ccount number(s)			
	NT / A			NT/A		NT / A			
Pá	N/A art II Organizatio	N/A	additional st	N/A atements if needed.	See back of fe	N/A orm for additional questions.			
14						ich shareholders' ownership is measured	d for		
	the action ►				-	bughout the 2019 taxation year.			
						capital that occurred throughout			
		the 2019 taxa	-			-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 <a href="https://www.user.org">0.16561 per unit</a>								
16	Describe the calculation valuation dates ►	on of the change in ba $\mathrm{N/A}$	sis and the dat	a that supports the calc	culation, such a	s the market values of securities and the			
For	Paperwork Reduction	Act Notice, see the s	eparate Instru	ctions.	Cat. No. 3	Form <b>8937</b> (	12-2017		

Form 89	937 (12-2	2017)			Page <b>2</b>
Part		Organizational Action (continued)			,
<b>17</b> L	_ist the	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tr	eatment	is based I	<ul> <li>IRC section 301(c)(2), 312 and 316</li> </ul>
					512 and 510
		27/1			
18 (	Can any	v resulting loss be recognized? ►N/A			
<b>19</b> 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	e Signature ►		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	<b></b>				Check if self-employed
Prep Use		Firm's name	·		Firm's EIN ►
000	Jiny	Firm's address ►			Phone no.