Form 8937 (12-2017)

Cat. No. 37752P

► See separate instructions.

For Paperwork Reduction Act Notice, see the separate Instructions.

_	Reporting 1	155001							
1	ssuer's name					2 Issuer's employer identification number (EIN)			
	Signature Income	& Growth Fund		N/A					
3	Name of contact for add	ditional information	4 Telephon	phone No. of contact		5 Email address of contact			
Duarte Boucinha				416-681-1752		dboucinha@ci.com			
6	6 Number and street (or P.O. box if mail is not delivered to street address) of contact					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	9 Classification and description					
	Tax Year 2019			Non-taxable distr		ribution			
10	CUSIP number	11 Serial number(s	;)	12 Ticker symbol		ccount number(s)			
	N/A	N/A		N/A		N/A			
Pa	-	-			See back of fo	orm for additional questions.			
14	-					ich shareholders' ownership is measured for			
the action ► A non-taxable distribution was made to shareholders throughout the 2019 taxa									
See question 15 for per unit information of the return of capital that occurred throughou the 2019 taxable year.									
15	Describe the quantitat	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 $\blacktriangleright$ 0.00767 percentage of old basis $\blacktriangleright$			r unit					
16	Describe the calculation	on of the change in h	asis and the	data that supports the calcu	lation such a	s the market values of securities and the			
10	valuation dates >	N/A			ulation, such a				
		11/11							

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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	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	<b>0</b> 46 -				Check if self-employed		
Prep Use		Firm's name	·		Firm's EIN ►		
000	Jiny	Firm's address ►			Phone no.		