► See separate instructions.

P	art Reporting	Issuer						
1	Issuer's name				2 Issuer's employer identif	ication number (EIN)		
	Signature Core Bo	ond Plus Fund (E)			N/A			
3	Name of contact for add	Telephone No. of c	ontact	5 Email address of contact				
Duarte Boucinha			416-681-1752		dboucinha@ci.com			
6	Number and street (or P.O. box if mail is not delivered to st			ress) 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 Classification a	nd description				
	Tax Year 2019			Non-taxable distri	ution			
10	CUSIP number	11 Serial number(s)	12 Tick	ker symbol	13 Account number(s)			
	N/A	N/A		N/A	N/A			
Pa	-		additional stateme		ack of form for additional ques	stions.		
14	-				ainst which shareholders' owners			
	the action ►			-	ers throughout the 2019 tax			
					urn of capital that occurred			
		the 2019 taxa	ble year.		-			
16	Describe the quantitat	tive offect of the organ	izational action on the	basis of the accurity in	the hands of a LLS, taxpayor as	an adjustment per		
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 > 0.16448 per unit							
			10446 per unit					
40	Described the sector left				and the second standard second standard second s			
16	valuation dates >	on of the change in ba ${ m N/A}$	sis and the data that s	supports the calculation	, such as the market values of se	curities and the		
		11/11						
For	Paperwork Reduction	Act Notice, see the s	eparate Instructions	. (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	e 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.