► See separate instructions.

| Ρ | art I Reporting | Issuer | | | | | | | | |
|---|--|---------------------------------------|--|--------------------------------------|------------|--|--|--|--|--|
| 1 | Issuer's name | | | | | 2 Issuer's employer identification number (EIN) | | | | |
| | Signature Floating | Rate Income Fu | | N/A | | | | | | |
| 3 | Name of contact for add | ditional information | 4 Telephon | Telephone No. of contact | | 5 Email address of contact | | | | |
| Duarte Boucinha | | | 416 | 416-681-1752 | | dboucinha@ci.com | | | | |
| 6 Number and street (or P.O. box if mail is not deliv | | | | ivered to street address) of contact | | 7 City, town, or post office, state, and ZIP code of contact | | | | |
| | 2 Queen Street Ea | ast, 20th Floor | | | | Toronto, Ontario, M5C 3G7 | | | | |
| 8 | Date of action Tax Year 2019 | | 9 Classification and description Non-taxable distrib | | · | | | | | |
| | | | | | listribu | bution | | | | |
| 10 | CUSIP number | 11 Serial number(s |) | 12 Ticker symbol | 1 | 3 Account number(s) | | | | |
| | N/A | N/A | | N/A | | N/A | | | | |
| P | | | n additiona | | ee back | of form for additional questions. | | | | |
| 14 | Describe the organiza | tional action and, if ap | plicable, the | e date of the action or the da | te agains | st which shareholders' ownership is measured for | | | | |
| | the action A non-taxable distribution was made to shareholders throughout the 2019 taxation year. | | | | | | | | | |
| | See question 15 for per unit information of the return of capital that occurred throughout | | | | | | | | | |
| | | the 2019 tax | <u>able year.</u> | | | | | | | |
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| 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 0.20773 per unit | | | | | | | | | |
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| 16 | Describe the calculation valuation dates ► | on of the change in ba $\mathrm{N/A}$ | asis and the | data that supports the calcul | lation, su | uch as the market values of securities and the | | | | |
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| Form 89 | 937 (12-2 | 2017) | | | Page 2 | | | |
|-------------|----------------|--|------------------------|---------------------------|---|--|--|--|
| 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 | | | |
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| | | 27/1 | | | | | | |
| 18 (| Can any | v resulting loss be recognized? ►N/A | | | | | | |
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| 19 F | Provide | any other information necessary to implement the adjustment, such as the reportabl | e tax yea | ar 🕨 | N/A | | | |
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| | 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 | Jiny | Firm's address ► | | | Phone no. | | | |