See separate instructions.

	апт перопапу п	Issuer							
1	Issuer's name			2 Issuer's employer identification number (EIN)					
	Sentry Canadian Income Class (EF)					N/A			
3	•			Telephone No. of contact 416-681-1752		5 Email address of contact			
						dboucinha@ci.com			
6	Number and street (or P.O. box if mail is not delivered to street address) of c			o 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 Cla	9 Classification and description					
	Tax Year 2019			Non-taxable dis		tion			
10	CUSIP number 11 Serial number(s)		s)	12 Ticker symbol		13 Account number(s)			
	NT / A	NT / A							
D	N/A art II Organizatio	N/A		N/A	See back	N/A of form for additional questions.			
14									
17	Describe the organizational action and, if applicable, the date of the action or the date against 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	able year						
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 adjustme share or as a percentage of old basis 0.25953 per unit								
16	Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates \blacktriangleright N/A								

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Pa	rt II	Drganizational Action (continued)						
17		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax to	reatment is based	IRC section 301(c)(2),				
				312 and 316				
		/-						
18	Can an	resulting loss be recognized? ► N/A						
19	Provide	any other information necessary to implement the adjustment, such as the reportab	le tax year ►	N/A				
	Unde	r penalties of perjury, I declare that I have examined this return, including accompanying scher it is true, correct, and complete. Declaration of preparer (other than officer) is based on all infor	dules and statements mation of which prepa	, and to the best of my knowledge and				
Sigr			mation of which prope	arei has any knowledge.				
Her	<u> </u>	ture V	Date ► Mar 31, 2019					
	Print	your name ► Darie Urbanky		and Chief Operating Officer				
Paie Pre	d parer	Print/Type preparer's name Preparer's signature	Date	Check if self-employed				
	e Only	Firm's name		Firm's EIN ►				
		Firm's address ►		Phone no.				

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054