► See separate instructions.

Part Reporting	Issuer					
1 Issuer's name		2 Issuer's employer identification number (EIN)				
Cambridge Pure (	Canadian Equity C	N/A				
3 Name of contact for additional information 4 Telephone No. of contact				5 Email address of contact		
Duarte Boucinha 416-681-1752			-681-1752	dboucinha@ci.com		
6 Number and street (or F	P.O. box if mail is not o	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 9 Classification and description						
Tax Year 2020			Non-taxable dis	ribution		
10 CUSIP number	11 Serial number(s	)	12 Ticker symbol	13 Account number(s)		
N/A	N/A		N/A	N/A		
-		n additiona	-	e back of form for additional questions.		
the action ►		15 for per		olders throughout the 2020 taxation year. return of capital that occurred throughout		
	tive effect of the orgar age of old basis ► _0			y in the hands of a U.S. taxpayer as an adjustment per		
16 Describe the calculati valuation dates ►	on of the change in ba	asis and the	data that supports the calcula	tion, such as the market values of securities and the		

Form	8937 (12-	017)		Page <b>2</b>		
Pa	rt II	Drganizational Action (continued)				
17		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tr	reatment is based ▶	►		
				312 and 316		
40	Con on	resulting lass he recognized $\sim N/A$				
18	Can an	resulting loss be recognized? ► N/A				
19	Provide	any other information necessary to implement the adjustment, such as the reportabl	le tax year ►	N/A		
	Und	r penalties of perjury, I declare that I have examined this return, including accompanying scheo 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 arer has any knowledge.		
Sign						
Her	<u> </u>		Date March 31, 2020			
		your name ► Darie Urbanky Print/Type preparer's name Preparer's signature	Title ► President	and Chief Operating Officer		
Paie	d parer	Print/Type preparer's name Preparer's signature		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