► See separate instructions.

| Part  | Reporting                    | Issuer   |                                  |                              |               |  |  |  |  |
|---|------------------------------|--|----------------------------------|------------------------------|---------------|--|--|--|--|
| 1 Issuer's name   |                              |  |                                  |                              |               | 2 Issuer's employer identification number (EIN)                          |  |  |  |
| Signature Global Bond Corporate Class (F)   |                              |  |                                  |                              |               | N/A  |  |  |  |
| 3 Name of c   |                              |  |                                  | 4 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 delivered to street address) of contact |                              |  |                                  |                              | 7             | 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 and description |                              |               |  |  |  |  |
| Tax Ye  | Tax Year 2020 Non-taxable di |  |                                  |                              | listributio   | on   |  |  |  |
| 10 CUSIP nu   | mber                         | 11 Serial number(                              | s)                               | 12 Ticker symbol             | 13            | Account number(s)  |  |  |  |
| N/A   |                              | N/A  | ۱.                               | N/A                          |               | N/A  |  |  |  |
|   | Organizatio                  |  |                                  |                              | ee back o     | f form for additional questions.   |  |  |  |
| the actic   | on ►                         |  | n 15 for pe                      |                              |               | nroughout the 2020 taxation year.<br>of capital that occurred throughout |  |  |  |
|   |                              | tive effect of the orgating age of old basis ► |                                  |                              | rity in the h | ands of a U.S. taxpayer as an adjustment per                             |  |  |  |
|   | e the calculati              | on of the change in b                          | pasis and the                    | data that supports the calcu | lation, such  | n as the market values of securities and the                             |  |  |  |
|   | n dates ▶                    | N/A  |                                  |                              |               |  |  |  |  |
|   |                              |  |                                  |                              |               |  |  |  |  |

| Form 8937 (12-2017) 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   |  |  |  |  |
|                                   |            |   |   |   |  |  |  |  |
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|                                   |            |   |   |   |  |  |  |  |
| 40                                | Con on     | resulting lass he recognized $\sim N/A$   |   |   |  |  |  |  |
| 18                                | Can an     | resulting loss be recognized? ► N/A   |   |   |  |  |  |  |
|                                   |            |   |   |   |  |  |  |  |
|                                   |            |   |   |   |  |  |  |  |
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|                                   |            |   |   |   |  |  |  |  |
| 19                                | Provide    | any other information necessary to implement the adjustment, such as the reportabl  | le tax year ►                                 | N/A   |  |  |  |  |
|                                   |            |   |   |   |  |  |  |  |
|                                   |            |   |   |   |  |  |  |  |
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|                                   |            |   |   |   |  |  |  |  |
|                                   |            |   |   |   |  |  |  |  |
|                                   | Und        | r penalties of perjury, I declare that I have examined this return, including accompanying scheo<br>it is true, correct, and complete. Declaration of preparer (other than officer) is based on all infor | dules and statements<br>mation of which prepa | , and to the best of my knowledge and arer has any knowledge. |  |  |  |  |
| Sign HR 1                         |            |   |   |   |  |  |  |  |
| 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<br>parer | Print/Type preparer's name Preparer's signature   |   | Check if<br>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