► See separate instructions.

P	art Reporting	Issuer						
1	Issuer's name					2 Issuer's employer identification number (EIN)		
	Signature Gold Co	orporate Class (E)		N/A				
3	Name of contact for add	ditional information	4 Telephor	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 d 2 Queen Street East, 20th Floor			lelivered to street address) of contact			7 City, town, or post office, state, and ZIP code of contact		
						Toronto, Ontario, M5C 3G7		
8	Date of action	ate of action		9 Classification and description				
	Tax Year 2020Non-taxable dis				distribu	tribution		
10	CUSIP number	11 Serial number(s	;) ;)	12 Ticker symbol		13 Account number(s)		
	N/A	N/A		N/A		N/A		
P	art II Organizatio	onal Action Attac	h additiona	statements if needed.	See bac	k of form for additional questions.		
	-							
14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured the action ► A non-taxable distribution was made to shareholders throughout the 2020 taxation year.								
						rn of capital that occurred throughout		
		the 2020 tax	1		ne retu	in or capital that occurred throughout		
15	Describe the quantitat	tive effect of the orac	nizational act	ion on the basis of the sec	urity in th	e hands of a LLS taxpayer 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 adjustmer share or as a percentage of old basis ► 0.12882 per unit								
			.12002 pc.	unit				
16	Describe the calculation	on of the change in b	asis and the	ulation. s	such as the market values of securities and the			
	valuation dates >	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 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	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.							
Sigr									
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