► See separate instructions.

P	art Reporting	lssuer												
1	Issuer's name				2 Issuer's e	2 Issuer's employer identification number (EIN)								
	Signature Canadian Balanced Fund (AT6)				1	N/A								
3				e No. of contact	5 Email addr	ess of contact								
	Duarte Boucinha		416-681-1752		dboucin	dboucinha@ci.com								
6	Number and street (or P.O. box if mail is not delivered to street address) of contact			7 City, town, o	7 City, town, or post office, state, and ZIP code of contact									
	2 Queen Street Ea	ast, 20th Floor		Toron	Toronto, Ontario, M5C 3G7									
8	Date of action		9 Classification and description											
	Tax Year 2020		Non-taxable distr		istribution	ibution								
10	CUSIP number 11 Serial number(s)		)	12 Ticker symbol		13 Account number(s)								
	N/A	N/A		N/A	ז	N/A								
P:				-										
Part II       Organizational Action Attach additional statements if needed. See back 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 for the action ►         A non-taxable distribution was made to shareholders throughout the 2020 taxation year.         See question 15 for per unit information of the return of capital that occurred throughout the 2020 taxable year.														
45	E - Deservices the deservice of the deservice of a discrete structure the basely of the second discrete structure of					C townower on a divetment nor								
15	Describe the quantitative effect of the organizational action on the basis of the set share or as a percentage of old basis $\triangleright$ 0.30309 per unit				ity in the hands of a U	.S. taxpayer as an adjustment per								
16			asis and the o	data that supports the calcu	ation, such as the ma	rket values of securities and the								
	valuation dates  N/A													
_														
_														

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.	
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