See separate instructions.

Part Beporting Issuer

P	and Reporting	ssuer						
1 Issuer's name						2 Issuer's employer identification number (EIN)		
	Signature High Yi	eld Bond Fund (N/A				
3	Name of contact for add	ditional information	4 Telephor	elephone No. of contact		5 Email address of contact		
Duarte Boucinha			416	416-681-1752		dboucinha@ci.com		
6	6 Number and street (or P.O. box if mail is not delivered to 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 Class	9 Classification and description				
	Tax Year 2020	'ax Year 2020 Non-taxable distribution				tion		
10	CUSIP number	11 Serial number(s	5)	12 Ticker symbol	1	3 Account number(s)		
	N/A	N/A		N/A		N/A		
Pa				-	See back	of form for additional questions.		
14	Describe the organiza	tional action and, if a	pplicable, the	e date of the action or the d	ate agains	st which shareholders' ownership is measured for		
	the action ►					throughout the 2020 taxation year.		
						n of capital that occurred throughout		
		the 2020 tax	-			8		
			,					
15	Describe the quantitat	Describe the quantitative effect of the organizational action on the basis of the secu				hands of a U.S. taxpayer as an adjustment per		
share or as a percentage of old basis ► 0.14999 per unit								
16		-	asis and the	data that supports the calcu	ulation, su	ich 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 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