► See separate instructions.

1	Issuer's name				2	2 Issuer's employer identification number (EIN)		
	Signature Short T	orm Bond Fund (E)			N/A		
3	Signature Short-T			Telephone No. of contact		5 Email address of contact		
	Duarte Boucinha	-	416-681-1752		dboucinha@ci.com			
6	Outrie Bouchina Number and street (or P.O. box if mail is not deliv					7 City, town, or post office, state, and ZIP code of contact		
•						Toronto, Ontario, M5C 3G7		
	-	Queen Street East, 20th Floor				Toronto, Ontario,	M5C 5G/	
8	Date of action			9 Classification and description				
	Tax Year 2020			1	ble distribution			
10	CUSIP number	11 Serial number(s	;)	12 Ticker symbol	13	Account number(s)		
	N/A	N/A		N/A		N/A		
Pa		onal Action Attac	h additional	statements if neede	d. See back of	form for additional que	stions.	
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							
				unit information of	of the return o	f capital that occurred	throughout	
		the 2020 tax	<u>able year.</u>					
15					security in the ha	nds of a U.S. taxpayer as	an adjustment per	
	share or as a percent	age of old basis ► _().15190 pei	unit				
16	Describe the calculati	on of the change in h	naio and the	data that augments the	algulation auch	as the market values of se	ourition and the	
10	valuation dates >	N/A		data that supports the t	Salculation, Such	as the market values of se	curities and the	
		11/11						
For	Paperwork Reduction	Act Notice. see the	separate Ins	tructions.	Cat. No.	37752P	Form 8937 (12-2017)	

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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 and 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