► See separate instructions.

Ρ	art I Reporting	Issuer							
1	Issuer's name					2 Issuer's employer identification number (EIN)			
	Signature Floating Rate Income Fund (O)					N/A			
3	Name of contact for add	ditional information	4 Telephon	Telephone 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 Classification and description						
	Tax Year 2020 Non-taxable				distribu	istribution			
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	•	13 Account number(s)			
	N/A	N/A		N/A		N/A			
P			n additional		ee bacl	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 for									
	the action A non-taxable distribution was made to shareholders throughout the 2020 taxation year.								
		See question	15 for per	r unit information of th	ne retur	m of capital that occurred throughout			
		the 2020 taxa	<u>able year.</u>						
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 adjustment share or as a percentage of old basis ≥ 0.27726 per unit								
16	Describe the calculation valuation dates ►	on of the change in ba $\mathrm{N/A}$	asis and the	data that supports the calcu	ulation, s	uch as the market values of securities and the			
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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