► See separate instructions.

	Issuer's name	ssuer			2 Issuer's employe	r identification number (FIN)		
1 Issuer's name						2 Issuer's employer identification number (EIN)		
Signature Floating Rate Income Fund (N/A			
3	Name of contact for add	ditional information	4 Telephone	e No. of contact	5 Email address of c	5 Email address of contact		
Duarte Boucinha			416-	681-1752	dboucinha@ci	dboucinha@ci.com		
6 Number and street (or P.O. box if mail is not deliv			delivered to s	treet address) of contact	7 City, town, or post of	7 City, town, or post office, state, and ZIP code of contact		
	2 Queen Street East, 20th Floor				Toronto, Or	Toronto, Ontario, M5C 3G7		
8	Date of action		9 Class	ification and description				
	Tax Year 2020			Non-taxable of	listribution	ribution		
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s	3)		
	NT / A							
P	N/A art II Organizatio	N/A	h additional	N/A	ee back of form for addition	nal questions		
14	-				ate against which shareholders	· · · · · · · · · · · · · · · · · · ·		
	the action ►				holders throughout the 2			
					e return of capital that o			
		the 2020 tax		unit information of t	te recurri or cupitur unit o	courred throughout		
			,					
15	Describe the quantitat	tive effect of the organ	nizational acti	on on the basis of the secu	rity in the hands of a U.S. taxp	ayer 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 adjustic share or as a percentage of old basis ► 0.25091 per unit								
		<u> </u>	<u></u>					
16	Describe the calculation	on of the change in b	asis and the c	lata that supports the calcu	llation, such as the market valu	ies of securities and the		
	valuation dates >	N/A			lation, such as the market val			
		2 () 2 2						
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	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