► See separate instructions.

| Pa  | art Reporting                                | Issuer                  |                            |                                  |                       |  |  |  |  |  |
|-----|--|-------------------------|----------------------------|----------------------------------|-----------------------|--|--|--|--|--|
| 1   | Issuer's name                                |                         |                            |                                  | 2 Issuer              | 's employer identification number (EIN)          |  |  |  |  |
|     | Harbour Globa                                | l Equity Corpo          | rate Class                 |                                  | N/A                   |  |  |  |  |  |
| 3   | Name of contact for ad                       | ditional information    | 4 Telephon                 | e No. of contact                 | 5 Email a             | ddress of contact                                |  |  |  |  |
|     | Duarte Boucinh                               | a                       | 416-681                    | 1-1752                           | dbouci                | nha@ci.com                                       |  |  |  |  |
| 6   | Number and street (or F                      | P.O. box if mail is not | delivered to s             | street address) of contact       | 7 City, tow           | n, or post office, state, and Zip code of contac |  |  |  |  |
|     | 2 Queen Street                               | East, 20th Floo         | or                         |                                  | Toron                 | to, Ontario, M5C 3G7                             |  |  |  |  |
| 8   | Date of action                               |                         | 9 Class                    | sification and description       |                       |  |  |  |  |  |
|     | Tax Year 2014                                |                         |                            | Non-taxable d                    | istribution           | ibution  |  |  |  |  |
| 10  | CUSIP number                                 | 11 Serial number(       | a) <b>12</b> Ticker symbol |                                  |                       | nt number(s)                                     |  |  |  |  |
|     | N/A  | N/A                     |                            |                                  |                       | N/A  |  |  |  |  |
| Pa  |  |                         | h additiona                | N/A<br>I statements if needed. S | See back of form t    | -  |  |  |  |  |
| 14  | -  |                         |                            |                                  |                       | nareholders' ownership is measured for           |  |  |  |  |
|     | the action ►                                 |                         |                            |                                  | -                     | throughout the 2014                              |  |  |  |  |
|     |  | taxation ye             | ear. See qu                | uestion 15 for per u             | init informatio       | n of the return of capital                       |  |  |  |  |
|     |  | that occur              | red throug                 | ghout the 2014 taxa              | ible year.            |  |  |  |  |  |
|     |  |                         |                            |                                  |                       |  |  |  |  |  |
|     |  |                         |                            |                                  |                       |  |  |  |  |  |
|     |  |                         |                            |                                  |                       |  |  |  |  |  |
|     |  |                         |                            |                                  |                       |  |  |  |  |  |
|     |  |                         |                            |                                  |                       |  |  |  |  |  |
|     |  |                         |                            |                                  |                       |  |  |  |  |  |
|     |  |                         |                            |                                  |                       |  |  |  |  |  |
|     |  |                         |                            |                                  |                       |  |  |  |  |  |
| 15  | Describe the quantita share or as a percenta |                         |                            |                                  | urity in the hands of | a U.S. taxpayer as an adjustment per             |  |  |  |  |
|     | •  | -                       | preserve p                 |                                  |                       |  |  |  |  |  |
|     |  |                         |                            |                                  |                       |  |  |  |  |  |
|     |  |                         |                            |                                  |                       |  |  |  |  |  |
|     |  |                         |                            |                                  |                       |  |  |  |  |  |
|     |  |                         |                            |                                  |                       |  |  |  |  |  |
|     |  |                         |                            |                                  |                       |  |  |  |  |  |
|     |  |                         |                            |                                  |                       |  |  |  |  |  |
|     |  |                         |                            |                                  |                       |  |  |  |  |  |
| 16  | Describe the calculati                       | on of the change in b   | asis and the               | data that supports the calc      | ulation, such as the  | market values of securities and the              |  |  |  |  |
|     | valuation dates ►                            | N/A                     |                            |                                  |                       |  |  |  |  |  |
|     |  |                         |                            |                                  |                       |  |  |  |  |  |
|     |  |                         |                            |                                  |                       |  |  |  |  |  |
|     |  |                         |                            |                                  |                       |  |  |  |  |  |
|     |  |                         |                            |                                  |                       |  |  |  |  |  |
|     |  |                         |                            |                                  |                       |  |  |  |  |  |
|     |  |                         |                            |                                  |                       |  |  |  |  |  |
|     |  |                         |                            |                                  |                       |  |  |  |  |  |
| For | Paperwork Reduction                          | Act Notice, see the     | separate Ins               | structions.                      | Cat. No. 377521       | Form <b>8937</b> (12-201                         |  |  |  |  |

| Form 8937 | (Rev. | 12-2011) |
|-----------|-------|----------|
|-----------|-------|----------|

| Pa   | t II       | Organiz      | ational Ac    | <b>tion</b> (continu                   | ued)   |                  |              |            |            |        |            |            |                          |                      |             |
|------|------------|--------------|---------------|--|--------|------------------|--------------|------------|------------|--------|------------|------------|--------------------------|----------------------|-------------|
| 17   | List the   |              |               | enue Code se                           |        | and subsect      | tion(s) upor | which the  | e tax trea | atment | t is based | I► II<br>3 | <u>RC</u> sect<br>12 and | <u>ion 30</u><br>316 | 1(c)(2),    |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
| 18   | Can ar     | ny resulting | loss be reco  | gnized?►                               | N/A    |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
| 19   | Provid     | le any other | information r | necessary to in                        | npleme | ent the adjust   | ment, such   | as the rep | ortable    | tax ye | ar 🕨       | Ν          | /A                       |                      |             |
|      |            | -            |               |  | -      | -                |              |            |            | -      |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               |  |        |                  |              |            |            |        |            |            |                          |                      |             |
|      |            |              |               | clare that I have<br>nplete. Declarati |        |                  |              |            |            |        |            |            |                          |                      | owledge and |
| Sigr |            | -,,-         | Ω             | $\sim$                                 |        | ,<br>,           | ,            |            |            |        |            |            | ,                        |                      |             |
| Her  |            |              |               |  |        | /                |              |            |            | ata 🕨  | 03-2       | 24-20      | 015                      |                      |             |
|      | Sigr       | nature ►     |               |  |        |                  |              |            | D          | ate 🕨  |            |            |                          |                      |             |
|      | Prin       | nt vour name | David         | Pauli                                  |        |                  |              |            | Т          | itle Þ | COO        |            |                          |                      |             |
| Pai  |            | Print/Type   | preparer's na | me                                     | P      | Preparer's signa | ature        |            |            | Date   |            | Che        | eck 🗌 if                 | PTIN                 |             |
|      | a<br>parer | ·            |               |  |        |                  |              |            |            |        |            |            | f-employed               |                      |             |
|      | e Only     |              | ne 🕨          |  |        |                  |              |            |            |        |            | Firr       | n's EIN ►                |                      |             |
|      | <b>j</b>   |              |               |  |        |                  |              |            |            |        |            | Dha        |                          |                      |             |