## Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

## Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

Р	art I Reporting	Issuer								
1	Issuer's name		2 Issuer's employer identification number (EIN)							
	Sentry Corporate	Bond Fund (F)	N/A	N/A						
3	Name of contact for add	ditional information	4 Telephor	ne No. of contact	5 Email address of	contact				
	Duarte Boucinha		416	5-681-1752	dboucinha@d	dboucinha@ci.com				
6	6 Number and street (or P.O. box if mail is not delivered t			street address) of contact	7 City, town, or post of	office, state, and ZIP code of contact				
	2 Queen Street East, 20th Floor				Toronto, O	Toronto, Ontario, M5C 3G7				
8	Date of action		9 Classification and description							
Tax Year 2018				Non-taxable	listribution	tribution				
10	CUSIP number	11 Serial number(	s)	12 Ticker symbol	13 Account number	(s)				
	N/A	N/A	1	N/A	N/A					
P						onal 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 2018 taxation year.									
					e return of capital that					
		the 2018 tax	-		1					
			,							
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 possible or as a percentage of old basis   0.09013 per unit										
16	Describe the calculativaluation dates ►	on of the change in $N/A$	asis and the	data that supports the calcu	lation, such as the market va	lues of securities and the				
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Part	Ш	Organizational Action (co	ntinued)		· · · · · · · · · · · · · · · · · · ·		
17	List th	e applicable Internal Revenue Cod	e section(s) and subsection(s) upon w	hich the tax treatment is based ▶	IRC section 301(c)(2), 312 and 316		
			NI/A				
18	Can a	ny resulting loss be recognized? ▶	11/11				
40	D	l	to for the contribution of the total contribution	Unit of the last o	N/A		
19	Provid	ie any other information necessary	to implement the adjustment, such as	the reportable tax year ►	IN/II		
			have examined this return, including accordant to the state of preparer (other than officer) is be				
Sign	belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.						
Here		Signature ▶ Jan 19, 2018					
					CFO, Funds		
<u></u>		nt your name ► Carol Chiu Print/Type preparer's name	Preparer's signature	Title ► Date	PTINI		
Paid Prep					Check if self-employed		
Use		y Firm's name ►			Firm's EIN ▶		
Send	Form 8	Firm's address F 8937 (including accompanying state	ements) to: Department of the Treasu	v. Internal Revenue Service. Odd	Phone no. len. UT 84201-0054		