► See separate instructions.

	Issuer's name		2 Issuer's employer	2 Issuer's employer identification number (EIN)				
	Harbour Voyag	eur Corporate	N/A	N/A				
3	Name of contact for ad		-	e No. of contact	5 Email address of co	ntact		
	Duarte Boucinh	12	416-68	1-1752	dboucinha@ci.c	om		
6	Number and street (or F	P.O. box if mail is not	7 City, town, or post offi	ce, state, and ZIP code of contact				
	2 Queen Street	2 Queen Street East, 20th Floor			Toronto, Ontar	io, M5C 3G7		
8	Date of action			sification and description				
	Tax Year 2017			Non-taxable d	istribution	bution		
10	CUSIP number	11 Serial number(	s)	12 Ticker symbol	13 Account number(s)			
D,	N/A art II Organizati	N/A	h additiona	N/A	N/A See back of form for addition	al questions		
14	-				late against which shareholders'	-		
14	the action ►				-			
	the action				o shareholders through			
		<u>taxation ye</u>	<u>ear. See q</u> i	uestion 15 for per u	init information of the	<u>return of capital</u>		
		<u>that occur</u>	red throu	<u>ghout the 2017 taxa</u>	ble year.			
45	Decerite a the successive	the effect of the even			with in the bands of a U.C. town			
15		-			urity in the hands of a U.S. taxpa	iyer as an adjustment per		
	share or as a percent	age of old basis ►	<u>0.36886 p</u>	er unit				
		the state of the second state		determinent er en en de die er eine				
16		-	basis and the	data that supports the calc	ulation, such as the market value	es of securities and the		
	valuation dates <	N/A						
For	Paperwork Reduction	Act Notice, see the	separate Ins	structions.	Cat. No. 37752P	Form <b>8937</b> (12-2017)		

Part		Organiza	ational Action (cont	tinued)			
17 L	List the	applicable	Internal Revenue Code	section(s) and subsection(s) up	oon which the tax treatr	nent is based	IRC section 301(c)(2), 312 and 316
40 /	Con on	roculting	loss be recognized?	N/A			
18 (	Carrany	resulting					
<b>19</b> F	Provide	any other	information necessary to	o implement the adjustment, su	ich as the reportable ta	x year ►	N/A
	Unde belief	r penalties of, it is true, c	of perjury, I declare that I ha orrect, and complete. Decla	ave examined this return, including ration of preparer (other than office	accompanying schedules r) is based on all information	and statemer	nts, and to the best of my knowledge and eparer has any knowledge.
Sign		, 0	ΛηΛ				. , , , , , , , , , , , , , , , , , , ,
Here	Signa	ature ►	////		Dat	e► Jan 1	9, 2018
			David Pauli			► EVP	
Paid			preparer's name	Preparer's signature	Titli Da	, <b>,</b> ,	Check if PTIN
Palu							self-employed

Page **2** 

Form 8937 (12-2017)

Preparer		self-employed					
Use 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							