2 Issuer's employer identification number (EIN)

► See separate instructions.

1	Issuer's name	
	Marret High Yield Bond Fund	(
3	Name of contact for additional information	4

Marret High Yield Bond Fund (P)				N/A		
3 Name of contact for additional information 4			1 Telephon	e No. of contact	5 Email address of contact	
Duarte Boucinha 4			416-681	1-1752	dboucinha@ci.com	
6 Number and street (or P.O. box if mail is not del			elivered to s	street address) of contact	7 City, town, or post office, state, and ZIP code of contact	
2 Queen Street East, 20th Floor			r		Toronto, Ontario, M5C 3G7	
8	8 Date of action			sification and description	·	
Tax Year 2017				Non-taxable distrib	ution	
10	CUSIP number	11 Serial number(s)		12 Ticker symbol	13 Account number(s)	
	N/A	N/A		N/A	N/A	
Pa	art II Organizatio	onal Action Attach	additional	statements if needed. See bad	ck of form for additional questions.	
14						
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 2017						
					0	
		•	-	*	formation of the return of capital	
		that occurre	ed throug	<u>ghout the 2017 taxable ye</u>	car.	
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 adjustmer share or as a percentage of old basis ► 0.19238 per unit					he hands of a U.S. taxpayer as an adjustment per	
	snare or as a percenta	(0 0)	.19238 p	er unit		

Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the 16 valuation dates ► N/A

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					
19 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	, , ,	Check if PTIN
Palu							self-employed

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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						