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

P	art I Reporting I	ssuer									
1	Issuer's name		2 Issuer's employer identification number (EIN)								
	Signature Real E	Estate Pool (E)	N/A								
3	Name of contact for add	ditional information	4 Telephor	ne No. of contact	5 Email address of contact						
	Duarte Boucinha		416-681-1752		dboucinha@ci.com						
6	6 Number and street (or P.O. box if mail is not of			street address) of contact	7 City, town, or post office, state, and ZIP code of contact						
	2 Queen Street	East, 20th Floo	or		Toronto, Ontario, M5C 3G7						
8	Date of action		9 Classification and description								
	Tax Year 2017		Non-taxable distrib	stribution							
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)						
	N/A	N/A		N/A	N/A						
P			ch additiona	-	-						
14											
14	the action ►			_							
	THE ACTION -				reholders throughout the 2017						
_					formation of the return of capital						
_		that occur	red throu	ghout the 2017 taxable ye	ear.						
15	Describe the quantitat	ive effect of the oras	nizational ac	tion on the basis of the security in t	he hands of a LLS taynayer as an adjustment per						
Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjust share or as a percentage of old basis > 0.24331 per unit											
U.ZAJJI per unit											
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_											
_											
16		Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the									
	valuation dates ►	N/A									
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_											
_											

Par	t II	С	rganizational Action (contin	nued)			, ,
17	List t	the a	pplicable Internal Revenue Code s	ection(s) and subsection(s) upon which	the tax treatment	is based ▶	IRC section 301(c)(2), 312 and 316
18	Can	any	resulting loss be recognized? ► _	N/A			
							NI / A
19	Provi	ide a	iny other information necessary to	implement the adjustment, such as the	e reportable tax ye	ar ▶	N/A
	Uı	nder	penalties of periury. I declare that I have	re examined this return, including accompar	nving schedules and	statements.	and to the best of my knowledge and
				ation of preparer (other than officer) is based			
Sigr Here	~ I	ianat			Data N	Jan 19,	2018
		_	David Pauli			EVP	
			our name ► David Pauli Print/Type preparer's name	Preparer's signature	Title ► Date	EVF	OL L D : PTIN
Paid			Time Type preparer Strame	Troparor o orginaturo	Date		Check if self-employed
Pre			Firm's name				Firm's EIN ▶
Use	. Un	עיי ר	Firm's address ►				Phone no.
Send	Form			ents) to: Department of the Treasury, li	nternal Revenue S	ervice, Ogd	