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	lssuer										
1	Issuer's name		2 Issuer's employer identification number (EIN)									
	Signature Real I	Estate Pool (O)	N/A									
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Email address of contact							
	Duarte Boucinh	a	416-681	1-1752	dboucinha@ci.com							
6	Number and street (or F	P.O. box if mail is not	delivered to street address) of contact		7 City, town, or post office, state, and ZIP code of contact							
	2 Queen Street East, 20th Floor				Toronto, Ontario, M5C 3G7							
8	Date of action		9 Classification and description									
	Tax Year 2017			Non-taxable di	istribution							
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)							
	N/A	N/A		N/A	N/A							
P			h additional	_	-							
	- 9											
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											
	taxation year. See question 15 for per unit information of the return of capital that occurred throughout the 2017 taxable year.											
		tilat occur	ieu unouş	gnout the 2017 taxa	Die year.							
15	Describe the quantitate share or as a percentage				urity in the hands of a U.S. taxpayer as an adjustment per							
16	Describe the calculation valuation dates ►	on of the change in ${ m N/A}$	pasis and the	data that supports the calcu	ulation, such as the market values of securities and the							
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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	