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 I	ssuer			•					
1	Issuer's name		2 Issuer's employer identification number (EIN)							
	Signature Real I	Estate Pool (P)	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	dboucinha@ci.com				
6	Number and street (or 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 Floo	or		Toronto, Ontario, M5C 3G7	Toronto, Ontario, M5C 3G7				
8	Date of action		9 Class	sification and description						
	Tax Year 2017		Non-taxable distrib		tribution					
10	CUSIP number 11 Serial number		s) 12 Ticker symbol		13 Account number(s)					
	N/A	N/A		N/A	N/A					
Ð			ch additiona							
14	the action ►					ed for				
	the action -				shareholders throughout the 2017					
_					it information of the return of capita	<u>ւl</u>				
		<u>that occur</u>	<u>red throu</u>	ghout the 2017 taxab	le year.					
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15	Describe the quantitat	ive effect of the orga	anizational act	tion on the basis of the securi	ty in the hands of a U.S. taxpayer as an adjustment	per				
share or as a percentage of old basis ► 0.35958 per unit										
0.33730 pcr unit										
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_										
_										
16	Describe the calculation	on of the change in l	asis and the	data that cupports the calcula	ation, such as the market values of securities and th					
10	valuation dates ►	N/A	Jasis and the	data triat supports trie calcula	ation, such as the market values of securities and th	E				
		11/11								
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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	