Form **8937**(December 2011) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

Р	art I Reporting	lssuer							
1	Issuer's name		2 Issuer's employer identification number (EIN)						
	Lawrence Park	Strategic Incor	ne Fund (N/A					
3	Name of contact for additional information 4 Telepho			e No. of contact	5 Email address of contact				
	Duarte Boucinha		416-681-1752		dboucinha@ci.com	dboucinha@ci.com			
6	6 Number and street (or P.O. box if mail is not deliv			street address) of contact	7 City, town, or post office, state, and Zip code 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 2016			Non-taxable d	listribution				
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)				
	N/A	N/A		N/A	N/A				
P					See back of form for additional questions.				
14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured									
	the action ►				o shareholders throughout the 2016	_			
_	taxation year. See question 15 for per unit information of the return of capital that occurred throughout the 2016 taxable year.								
_		tnat occur	rea throug	gnout the 2016 taxa	ible year.	_			
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Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adshare or as a percentage of old basis ► 0.02462 per unit									
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16	Describe the calculation	on of the change in $k \ N/A$	pasis and the o	data that supports the calc	culation, such as the market values of securities and the				
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Par	t II	Organizational Action (continued)			, ,
17	List th	ne applicable Internal Revenue Code section	n(s) and subsection(s) upon which the tax tre	atment is based ▶	IRC section 301(c)(2), 312 and 316
18	Can a	any resulting loss be recognized? $ ightharpoonup$	A		
19	Provid	de any other information necessary to imple	ment the adjustment, such as the reportable	e tax year ►	N/A
	Lin	der populties of perium. I declare that I have ever	mined this return, including accompanying schedu	ulos and statements	and to the best of my knowledge, and
			f preparer (other than officer) is based on all inform		
Sign		Ω			
Here	Sig	gnature ▶	/ I	Date ►16/2	/2017
		7//		EVE	
		nt your name David Pauli	Preparer's signature	Title ► EVP Date	DTIN
Paid		Print/Type preparer's name	i repaiei e signature	Date	Check if self-employed PTIN
	oare				Firm's EIN ►
Use	Onl	Firm's name Firm's address ►			Phone no.
Send	Form		to: Department of the Treasury, Internal Rev	enue Service, Ogd	