► See separate instructions.

	Issuer's name	155061			2 Issuer's employer ide	2 Issuer's employer identification number (EIN)		
	S - 11 - 11 - 11 - 11 - 11 - 11 - 11 -			N/A				
3	Name of contact for ad	ctical Fixed Incom		5 Email address of contact				
Ū				e No. of contact				
	Duarte Boucinha			-681-1752		dboucinha@ci.com		
6	Number and street (or P.O. box if mail is not delivered to street addr			street address) of contact	7 City, town, or post office, s	state, and ZIP code of contact		
	2 Queen Street East, 20th Floor				Toronto, Ontari	Toronto, Ontario, M5C 3G7		
8	Date of action		9 Class	sification and description				
	Tax Year 2019			Non-taxable di	stribution			
10	CUSIP number 11 Serial number(s)		;)	12 Ticker symbol	13 Account number(s)	13 Account number(s)		
		NI/A		NT/A	NT / A			
P	N/A art II Organizati	N/A		N/A	N/A e back of form for additional of	nuestions		
14	-				e against which shareholders' ow	-		
••	the action ►		olders throughout the 2019					
					return of capital that occur			
		the 2019 tax		unit information of the	return of capital that occu			
			abie year.					
15					ty in the hands of a U.S. taxpayer	as an adjustment per		
	snare or as a percent	age of old basis \blacktriangleright _0	0.03964 per	r unit				
16	Describe the calculati	ion of the change in b	asis and the	data that supports the calcula	ation, such as the market values c	of securities and the		
10	valuation dates >	N/A			alon, such as the market values c	n securities and the		
		11/11						
F	Demonstration of the state of t	A at Matia a sec ti			0 + 11 07755	Form 8937 (12-2017		
гor	Paperwork Reduction	ACLINOTICE, SEE THE	separate ins	arucuons.	Cat. No. 37752P	FORTI 0001 (12-2017)		

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Pa	rt II	Drganizational Action (continued)					
17		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax to	reatment is based	IRC section 301(c)(2),			
				312 and 316			
		/-					
18	Can an	resulting loss be recognized? ► N/A					
19	Provide	any other information necessary to implement the adjustment, such as the reportab	le tax year ►	N/A			
	Unde	r penalties of perjury, I declare that I have examined this return, including accompanying scher it is true, correct, and complete. Declaration of preparer (other than officer) is based on all infor	dules and statements mation of which prepa	, and to the best of my knowledge and			
Sigr			mation of which prope	are has any knowledge.			
Her	<u> </u>	ture V	Date ► Mar 31, 2019				
	Print	your name ► Darie Urbanky		and Chief Operating Officer			
Paie Pre	d parer	Print/Type preparer's name Preparer's signature	Date	Check if self-employed			
	e 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