Part I

2 Issuer's employer identification number (EIN)

7 City, town, or post office, state, and ZIP code of contact

► See separate instructions.

•	ISSUELS HAITIE					2 Issuer's employer identification number (Er	
	Sentry Global High Yield Bond Fund (A)					N/A	
3	Name of contact for additional information 4		4 Telephon	Telephone No. of contact		5 Email address of contact	
	Duarte Boucinha			416-681-1752		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 cor	
2 Queen Street East, 20th Floor						Toronto, Ontario, M5C 3G7	
8	Date of action		9 Class	9 Classification and description			
	Tax Year 2018			Non-taxable distribution			
10	CUSIP number	11 Serial number(s	5)	12 Ticker symbol	1	13 Account number(s)	
	N/A	N/A	L	N/A		N/A	
Pa	art II Organizatio	onal Action Attac	h additional	statements if needed.	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 A non-taxable distribution was made to shareholders throughout the 2018 taxation y						
	See question 15 for per unit information of the return of capital that occurred throughout						
	the 2018 taxable year.					r e	
			,				

Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per 15 share or as a percentage of old basis ► 0.13802 per unit

Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the 16 valuation dates > N/A

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Pa	rt II	Organizational Action (continued)						
17	List the	applicable Internal Revenue Code section(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						
_								
19 	Provide	any other information necessary to implement the adjustment, such as the reportable tax year	N/A					
_								
		penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, ar it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which prepare						
Sig Hei	n							
	Oigne	our name Carol Chiu Title	CFO, Funds					
Pai Pre		Print/Type preparer's name Preparer's signature Date C	Check if PTIN					
	e Only		irm's EIN ►					

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054