See separate instructions.

1	Issuer's name				2 Issuer's employer identification number (EIN)		
	Signature Real Estate Pool (E)				N/A		
3			4 Telephor	e No. of contact	5 Email address of contact		
	Duarte Boucinha	Duarte Boucinha 41		-681-1752	dboucinha@ci.com		
6 Number and street (or P.O. box if mail is not deliv			delivered to :	street address) of contact	7 City, town, or post office, state, and ZIP code of contact		
	2 Queen Street Ea	ast, 20th Floor		Toronto, Ontario, M5C 3G7			
8	Date of action	9 (sification and description			
	Tax Year 2019			Non-taxable distri	bution		
10	CUSIP number 11 Serial number(s) 12 Ticker symbol 13 Accoun		13 Account number(s)				
	N/A	N/A N/A		N/A	N/A		
Ρ	art II Organizatio			I statements if needed. See ba	ack of form for additional questions.		
14	Describe the organiza			-	ainst which shareholders' ownership is measured for		
	the action ►				ers throughout the 2019 taxation year.		
	See question 15 for per unit information of the return of capital that occurred throughout						
		the 2019 tax	<u>able year.</u>				
15 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 share or as a percentage of old basis ► 0.13331 per unit							
			•				
16	Describe the calculation valuation dates ►	on of the change in b ${ m N/A}$	basis and the	data that supports the calculation	, such as the market values of securities and the		

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Pa	rt II	Drganizational Action (continued)						
17		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tr	reatment is based ▶	►				
				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				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.							
Sigr								
Her	<u> </u>	ture V	Date ► Mar 31, 2020					
	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