See separate instructions.

P	art Reporting I	ssuer			•									
1	Issuer's name				2 Issuer's employer identification number (EIN)									
	Signature Real Est	tate Pool (F)			N/A									
3				ne No. of contact	5 Email address of contact									
	Duarte Boucinha		416-681-1752		dboucinha@ci.com									
6	Number and street (or P	Number and street (or P.O. box if mail is not de		street address) of contact	7 City, town, or post office, state, and ZIP code of c	ontact								
	2 Queen Street East, 20th Floor				Toronto, Ontario, M5C 3G7	Toronto, Ontario, M5C 3G7								
8	Date of action		9 Classification and description											
	Tax Year 2019			Non-taxable d	istribution	bution								
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)									
	N/A	N/A	1	N/A	N/A									
Ρ	art II Organizatio	onal Action Attac	ch additiona	statements if needed. Se	e 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 2019 taxation year. See question 15 for per unit information of the return of capital that occurred throughout														
										the 2019 tax	able year.			
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 per share or as a percentage of old basis \mathbf{b} 0.16531 per unit													
			<u>0.10551 pc</u>	r unit										
16	Describe the calculation valuation dates ►	on of the change in ${ m k} N/{ m A}$	ation, such as the market values of securities and the											
_														

Form	8937 (12-	017)		Page 2	
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	
	Unde	r penalties of perjury, I declare that I have examined this return, including accompanying schere 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				alei has arry knowledge.	
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