► See separate instructions.

Ρ	art I Reporting	Issuer						
1	Issuer's name				2	lssuer's employer identification number (EIN)		
	Cambridge Ass	et Allocation C	orporate	orporate Class (FT5)		N/A		
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5	Email address of contact		
	Duarte Boucinh	a	416-681	1-1752	Ċ	lboucinha@ci.com		
6	Number and street (or F	P.O. box if mail is not	delivered to street address) of contact			City, town, or post office, state, and ZIP code of contact		
	2 Queen Street	East, 20th Floo	r			Toronto, Ontario, M5C 3G7		
8	Date of action		9 Class	sification and description	·			
	Tax Year 2017			Non-taxable d	listributi	on		
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13	Account number(s)		
	N/A	N/A		N/A		N/A		
Pa	art II Organizatio	onal Action Attac	ch additional	statements if needed. S	See back o	of form for additional questions.		
14						t which shareholders' ownership is measured for		
	the action ►					olders throughout the 2017		
						rmation of the return of capital		
		that occur	red throug	<u>ghout the 2017 taxa</u>	<u>able year</u>	، •		
15		-			urity in the	hands of a U.S. taxpayer as an adjustment per		
	share or as a percenta	age of old basis	0.05720 p	er unit				
16	Describe the calculation valuation dates \blacktriangleright	on of the change in $k N/A$	basis and the	data that supports the calco	culation, suc	ch as the market values of securities and the		

Part		Organiza	ational Action (cont	tinued)			
17 L	List the	applicable	Internal Revenue Code	section(s) and subsection(s) up	oon which the tax treatr	nent is based	IRC section 301(c)(2), 312 and 316
40 /	Con on	roculting	loss be recognized?	N/A			
18 (Carrany	resulting					
19 F	Provide	any other	information necessary to	o implement the adjustment, su	ich as the reportable ta	x year ►	N/A
	Unde belief	r penalties of, it is true, c	of perjury, I declare that I ha orrect, and complete. Decla	ave examined this return, including ration of preparer (other than office	accompanying schedules r) is based on all information	and statemer	nts, and to the best of my knowledge and eparer has any knowledge.
Sign		, 0	ΛηΛ				. , , , , , , , , , , , , , , , , , , ,
Here	Signa	ature ►	////		Dat	e► Jan 1	9, 2018
			David Pauli			► EVP	
Paid			preparer's name	Preparer's signature	Titli Da	, , ,	Check if PTIN
Palu							self-employed

Page **2**

Form 8937 (12-2017)

Preparer		self-employed					
Use 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							