► See separate instructions.

	Issuer's name	Issuer				2 Issuer's employer identification number	or (EINI)		
1	issuer s name					2 issuer's employer identification number	er (EIN)		
	Signature Globa	al Bond Corpo		· · ·		N/A			
3 Name of contact for additional information 4 T				ne No. of contact		5 Email address of contact			
	Duarte Boucinh	a	416-68	1-1752		dboucinha@ci.com			
6 Number and street (or P.O. box if mail is not delive				street address) of contac	rt 🛛	7 City, town, or post office, state, and ZIP code	of contact		
	2 Queen Street	n Street East, 20th Floor Toron			Toronto, Ontario, M5C 3G7				
8	Date of action		9 Class	sification and description	1				
	Tax Year 2017			Non-taxable	distribu	tion			
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	•	13 Account number(s)			
	N/A	N/A		N/A		N/A			
Pa			ch additiona		l. See bacl	of form for additional questions.			
14	Describe the organiza	tional action and, if a	pplicable, the	e date of the action or the	e date agair	st which shareholders' ownership is measure	ed for		
	the action ►	A non-tax	able distri	ibution was made	to share	holders throughout the 2017			
		taxation ye	ear. See q	uestion 15 for per	unit inf	ormation of the return of capita	ıl		
		that occur	red throu	ghout the 2017 tax	<u>xable ye</u> :	ar.			
15		-			ecurity in th	e hands of a U.S. taxpayer as an adjustment	per		
	share or as a percenta	age of old basis	0.50749 p	er unit					
16	Describe the calculation	on of the change in b	asis and the	data that supports the ca	alculation. s	uch as the market values of securities and th	e		
	valuation dates >	N/A			, , , , , , , , , , , , , , , , , , , ,				
For	Paperwork Reduction	Act Notice. see the	separate Ins	structions.	Cat	. No. 37752P Form 8937	(12-2017)		

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

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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						