Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

P	art I Reporting I	lssuer								
1	Issuer's name		2 Issuer's employer identification number (EIN)							
	Signature Globa	al Resource Co	N/A							
3	Name of contact for add	ditional information	4 Telephor	e No. of contact	5 Email address of contact					
	Duarte Boucinha		416-681-1752		dboucinha@ci.com					
6	Number and street (or P	P.O. box if mail is not	delivered to	street address) of contact	7 City, town, or post office, state, and ZIP code of contact					
	2 Queen Street	East, 20th Floo	or		Toronto, Ontario, M5C 3G7					
8	Date of action		9 Classification and description							
	Tax Year 2017			Non-taxable distri	bution					
10	CUSIP number 11 Serial number		12 Ticker symbol		13 Account number(s)					
	N/A	N/A		N/A	N/A					
P	Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.									
14	στο το σ το τ									
	the action A non-taxable distribution was made to shareholders throughout the 2017									
_					nformation of the return of capital					
_		that occur	red throu	ghout the 2017 taxable	year.					
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15	Describe the quantitat	the hands of a U.S. taxpayer as an adjustment per								
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 ► 0.04558 per unit										
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16	Describe the calculation	_	pasis and the	data that supports the calculation	n, such as the market values of securities and the					
	valuation dates -	N/A								
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Par	t II	С	rganizational Action (contin	nued)			, ,
17	List t	the a	pplicable Internal Revenue Code s	ection(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			
							NI / A
19	Provi	ide a	iny other information necessary to	implement the adjustment, such as the	e reportable tax ye	ar ▶	N/A
	Uı	nder	penalties of periury. I declare that I have	re examined this return, including accompar	nving schedules and	statements.	and to the best of my knowledge and
				ation of preparer (other than officer) is based			
Sigr Here	~ I	ianat			Data N	Jan 19,	2018
		_	David Pauli			EVP	
			our name ► David Pauli Print/Type preparer's name	Preparer's signature	Title ► Date	EVF	OL L D : PTIN
Paid			Time Type preparer Strame	Troparor o orginaturo	Date		Check if self-employed
Pre			Firm's name				Firm's EIN ▶
Use	. Un	עיי ר	Firm's address ►				Phone no.
Send	Form			ents) to: Department of the Treasury, li	nternal Revenue S	ervice, Ogd	