See separate instructions.

Part Reporting Issuer

Part i Reporting issuer 1 Issuer's name						2 Issuer's employer identification number (EIN)			
	Signature Diver	sified Vield II		N/A					
Signature Diversified Yield II Fund (F) 3 Name of contact for additional information 4 Telepho				one No. of contact		5 Email address of contact			
			416-681	-681-1752		dboucinha@ci.com			
6 Number and street (or P.O. box if mail is not delivered to			delivered to s	street address) of contact		7 City, town, or post office, state, and ZIP code of contact			
	2 Queen Street					Toronto, Ontario, M5C 3G7			
8	Date of action			9 Classification and description Non-taxable distri					
	Tax Year 2017					ibution			
10	CUSIP number	11 Serial number	(a)	12 Ticker symbol		3 Account number(s)			
10	COSIP number	TT Senai number	5)		1	3 Account number(s)			
	N/A	N/A		N/A		N/A			
Pa	-					of form for additional questions.			
14	the action ►	A non-tax taxation ye	able distri ear. See qu	bution was made to	o sharel unit info	st which shareholders' ownership is measured for holders throughout the 2017 ormation of the return of capital			
				gnout the 2017 taxa	ibie yea	L.			
15	Describe the quantitat share or as a percenta	-	anizational act 0.25188 p		urity in the	hands of a U.S. taxpayer as an adjustment per			
16	Describe the calculation valuation dates ►	on of the change in N/A	basis and the	data that supports the calc	ulation, su	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

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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							