See separate instructions.

## Part Reporting Issuer

	Issuer's name	ssuer	2 Issuer	2 Issuer's employer identification number (EIN)				
	C:	T						
3	Signature Short-Term Bond Fund (E)     3 Name of contact for additional information   4 Telephone No. of contact				5 Email a	N/A 5 Email address of contact		
	Duarte Boucinha 416-681-1752   Number and street (or P.O. box if mail is not delivered to street address) of contact					dboucinha@ci.com		
6	Number and street (or P.	umber and street (or 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 I	East, 20th Floo	r		Toront	Toronto, Ontario, M5C 3G7		
8	Date of action		9 Class	sification and description				
	Tax Year 2017			Non-taxable dis	tribution			
10	CUSIP number	11 Serial number(	s)	12 Ticker symbol	13 Accour	nt number(s)		
		NT / A						
P	N/A art II Organizatio	N/A	h additiona	N/A statements if needed. Se	e back of form f	N/A		
14	-					hareholders' ownership is measured for		
	the action ►				-	throughout the 2017		
						n of the return of capital		
		that occur	red throug	<u>ghout the 2017 taxab</u>	le year.			
15	Describe the quantitati	ve effect of the ora	nizational act	ion on the basis of the secur	itv in the hands of	a U.S. taxpayer as an adjustment per		
	share or as a percentage	-			· · · · · · · · · · · · · · · · · · ·			
			Ł					
16		-	asis and the	data that supports the calcul	ation, such as the	market values of securities and the		
	valuation dates ►	N/A						

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					
<b>19</b> 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	, <b>,</b> ,	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							