► See separate instructions.

## Penorting Issuer

	Issuer's name				2 Issuer's employer id	entification number (EIN)		
	Signature Short	-Term Bond Fi	N/A					
3	Name of contact for ad			e No. of contact	-	5 Email address of contact		
				1-1752	dboucinha@ci.co	m		
6	Number and street (or F	P.O. box if mail is not		state, and ZIP code of contact				
	2 Queen Street	East. 20th Floc	or		Toronto, Ontario	o. M5C 3G7		
8	Date of action			sification and description		,		
	Tax Year 2017			Non-taxable dis	nih mia n	nution		
10	CUSIP number	11 Serial number(s	3)	12 Ticker symbol	13 Account number(s)			
10			5)					
	N/A	N/A		N/A	N/A			
					e back of form for additional	-		
14	-				e against which shareholders' ov			
	the action ►				shareholders throughou			
		•	1	<b>1</b>	it information of the re	turn of capital		
		that occurs	red throug	ghout the 2017 taxabl	le year.			
15	Describe the quantita	tive effect of the orga	nizational act	ion on the basis of the securit	ty in the hands of a U.S. taxpaye	er as an adjustment per		
	share or as a percent	-						
			<b>I</b>					
16	Describe the colouist	ion of the change in h	ania and the	data that augments the colouis	tion auch as the market values	of accuritics and the		
16	valuation dates >	N/A	asis and the	uata that supports the calcula	tion, such as the market values	or securities and the		
		11/11						
_								
Eor	Papanwork Paduation	Act Notice, see the	congrata las	tructions	Cat No. 27750D	Form <b>8937</b> (12-2017		
ror	Paperwork Reduction	AUL NULICE, SEE LINE	separate ins		Cat. No. 37752P			

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

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						