► See separate instructions.

P	art Reporting	ssuer							
1	Issuer's name					2 Issuer's employer identification number (EIN)			
	Signature Emer	ging Markets C		N/A					
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	-	5 Email address of contact			
	Duarte Boucinh	a	416-68	1-1752		dboucinha@ci.com			
6	Number and street (or F	.O. box if mail is not	delivered to s	street address) of contact		7 City, town, or post office, state, and Zip code of contact			
	2 Queen Street	East, 20th Floc	ŕ			Toronto, Ontario, M5C 3G7			
8	Date of action		9 Classification and description						
	Tax Year 2016			Non-taxable di	istribut	ribution			
10	CUSIP number	11 Serial number(s			1	3 Account number(s)			
	NI / A			NI / A		NT / A			
P	N/A art II Organizatio	N/A	h additiona	N/A	See back	N/A of form for additional questions.			
14	-					st which shareholders' ownership is measured for			
17	the action ►					holders throughout the 2016			
						ormation of the return of capital			
				ghout the 2016 taxal					
15	Describe the quantitat share or as a percenta	-			urity in the	hands of a U.S. taxpayer as an adjustment per			
16	Describe the calculation valuation dates ►	on of the change in b ${ m N/A}$	asis and the	data that supports the calcu	ulation, su	ich as the market values of securities and the			
_									

Form 8937	(Rev.	12-2011)
-----------	-------	----------

Pa	t II	Organiza	ational Ac	tion (con	tinued)								
17						and subs	section(s)	upon wh	ch the tax	treatment	is based I	IRC sect 312 and	tion 301(c)(2), 316
			·										
18	Can an	ny resulting l	oss be recog	gnized? ►	N/A	L							
19	Provide	e anv other i	information n	acassany ti	o implem	ont the adi	ustment	such as t	he report:	ahla tay va	ar 🕨	N/A	
15	TIOVIU	e any other i	mormation n	iecessary to		ent the auj	ustinent,	Such as		able lax ye	ai 🕨	11/11	
												and to the bes arer has any kno	t of my knowledge and
0:		ei, it is true, co			aration of p	reparer (otri	er than on	cer) is bas		Iornation of	which prepa	arer has any kno	Jwiedge.
Sigr Her				/							16/2	/2017	
	Signature ►						_ Date ►	10/2	/ 201/				
	Drimi		r name► David Pauli				Title ►	EVP					
		Print/Type	preparer's nan	ne		Preparer's s	ignature			Date			PTIN
Paie	a parer											Check if self-employed	
	e Only		ie 🕨		I					· · · · · · · · · · · · · · · · · · ·		Firm's EIN ►	
	<b>y</b>												

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054

Firm's address ►