Form **8937**(December 2011) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

Р	art Reporting	lssuer						
1	Issuer's name		2 Issuer's employer identification number (EIN)					
	Signature Globa	al Bond Corpo	rate Class	N/A				
3	Name of contact for additional information 4 Teleph			e No. of contact	5 Email address of contact			
	Duarte Boucinha		416-681-1752		dboucinha@ci.com	dboucinha@ci.com		
6	Number and street (or P.O. box if mail is not delivered			street address) of contact	7 City, town, or post office, state, and Zip code of con	7 City, town, or post office, state, and Zip code of contact		
	2 Queen Street East, 20th Floor				Toronto, Ontario, M5C 3G7			
8	Date of action		9 Classification and description					
	Tax Year 2016			Non-taxable d	listribution			
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)			
	N/A	N/A		N/A	N/A			
P	art II Organizatio	onal Action Attac	ch additional	statements if needed. S	See back of form for additional questions.			
14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured								
	the action ►				o shareholders throughout the 2016			
					unit information of the return of capital			
		that occur	red throug	ghout the 2016 taxa	able year.			
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15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an share or as a percentage of old basis ► 0.40915 per unit								
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16	Describe the calculativaluation dates ▶	on of the change in ${ m N/A}$	pasis and the o	data that supports the calc	culation, such as the market values of securities and the			
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Par	t II	Organizational Action (continued)			, ,
17	List th	ne applicable Internal Revenue Code section	n(s) and subsection(s) upon which the tax tre	atment is based ▶	IRC section 301(c)(2), 312 and 316
18	Can a	nny resulting loss be recognized? $ ightharpoonup$	A		
19	Provid	de any other information necessary to imple	ment the adjustment, such as the reportable	e tax year ►	N/A
	Lin	der populties of perium. I declare that I have ever	mined this return, including accompanying schedu	ulos and statements	and to the best of my knowledge, and
			f preparer (other than officer) is based on all inform		
Sign		Ω			
Here	Sig	gnature ▶	/ I	Date ►16/2	/2017
		nt your name David Pauli	Preparer's signature	Title ► EVP Date	DTIN
Paid		Print/Type preparer's name	i repaiei e signature	Date	Check if self-employed
	oare				Firm's EIN ►
Use	Only	Firm's name Firm's address ►			Phone no.
Send	Form		to: Department of the Treasury, Internal Rev	enue Service, Ogd	