► See separate instructions.

Ρ	art Reporting	ssuer									
1	Issuer's name		2 Issuer's employer identification number (EIN)								
	Signature Globa	al Income & G	rowth Co	rporate Class (FT5)	N/A						
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Email address of contact						
	Duarte Boucinh	ıa	416-681	1-1752	dboucinha@ci.com						
6	Number and street (or F	o.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 Floo	or		Toronto, Ontario, M5C 3G7						
8	Date of action		9 Class	ification and description							
	Tax Year 2016			Non-taxable dis	tribution						
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)						
	N/A N/A			N/A	N/A						
	Part II Organizational Action Attach additional statements if needed. 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 for the action ► A non-taxable distribution was made to shareholders throughout the 2016											
	the action A non-taxable distribution was made to shareholders throughout the 2016 taxation year. See question 15 for per unit information of the return of capital										
	that occurred throughout the 2016 taxable year.										
				5							
15	Describe the quantitat share or as a percenta	ty in the hands of a U.S. taxpayer as an adjustment per									
16	ation, such as the market values of securities and the										

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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		_{rour 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 ►	
	y												

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

Firm's address ►