► See separate instructions.

	ant neporting	ISSUEI								
1	Issuer's name					2 Issuer's employer identification number (EIN)				
	Synergy Global	Corporate Cla	.ss (E)		N/A					
3	Name of contact for ad	ditional information	4 Telephor	ne No. of contact		5 Email address of contact				
	Duarte Boucinh	a	416-68	1-1752		dboucinha@ci.com				
6	Number and street (or F	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	East, 20th Floo	or		Toronto, Ontario, M5C 3G7					
8	Date of action		9 Class	sification and description						
	Tax Year 2016			Non-taxable distribution						
10	CUSIP number	11 Serial number(e)	12 Ticker symbol		13 Account number(s)				
10			5)							
	N/A N/A			N/A		N/A				
	-					k of form for additional questions.				
14	Describe the organiza the action ►					nst which shareholders' ownership is measured for				
	the action					eholders throughout the 2016				
		•	1	ghout the 2016 taxa		formation of the return of capital				
				gnout the 2010 taxa	<u>abic yc</u>					
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 adjustment per share or as a percentage of old basis \triangleright 0.02002 per unit								
			-							
16	Describe the calculati valuation dates \blacktriangleright	on of the change in $k N/A$	basis and the	data that supports the calc	culation, s	such as the market values of securities and the				

Form 8937	(Rev.	12-2011)
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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	eu on an in	Iornation of	which prepa	arer has any kno	Jwiedge.
Sigr Her				/							16/2	/2017	
	Signature ►					_ Date ►	10/2	/ 201/					
	Drimi		_{our name} ► David Pauli			-			Title ►	EVP			
		Print/Type	preparer's nan	ne		Preparer's s	ignature			Date		Chock	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 ►