► See separate instructions.

Р	art Reporting	ssuer							
1	Issuer's name				2 Issuer	's employer identification number (EIN)			
	Synergy Global	Corporate Cla		N/A					
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Email a	5 Email address of contact			
	Duarte Boucinh	a	416-681	-1752	dbouc	dboucinha@ci.com			
6	Number and street (or P	P.O. box if mail is not	delivered to s	treet address) of contact	7 City, tov	7 City, town, or post office, state, and Zip code of contact			
	2 Queen Street	East, 20th Floo	or		Toron	Toronto, Ontario, M5C 3G7			
8	Date of action		9 Class	ification and description					
	Tax Year 2016			Non-taxable d	stribution				
10	CUSIP number	11 Serial number(	s)	12 Ticker symbol	13 Accou	int number(s)			
	N/A	N/A		N/A		N/A			
P	art II Organizatio	onal Action Attac	h additional	statements if needed. S	ee back of form	for additional questions.			
14						· · · · · · · · · · · · · · · · · · ·			
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									
		taxation ye	ear. See qu	lestion 15 for per u	nit informatio	on of the return of capital			
		that occur	red throug	<u>ghout the 2016 taxa</u>	ble year.				
15	Describe the quantitat share or as a percenta	-			rity in the hands of	f a U.S. taxpayer as an adjustment per			
16	Describe the calculation valuation dates ►	on of the change in $k N/A$	pasis and the o	data that supports the calcu	llation, 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		<sub>vour name</sub> ► 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 ►	
	<b>y</b>												

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

Firm's address ►