► See separate instructions.

	Issuer's name	issuel	2 Issuer's employer	2 Issuer's employer identification number (EIN)				
			NT / A	N/A				
Cambridge Asset Allocation Corporate 3 Name of contact for additional information 4				(P15) le No. of contact		IN/A 5 Email address of contact		
Duarte Boucinha								
				-681-1752	dboucinha@ci.o			
6	Number and street (or P.O. box if mail is not delivered to street address) of contact				7 City, town, or post offic	ce, state, and ZIP code of contact		
	2 Queen Street Ea	ast, 20th Floor	Toronto, Ont	Toronto, Ontario, M5C 3G7				
8	Date of action		9 Class	sification and description				
	Tax Year 2019			Non-taxable	distribution			
10	CUSIP number 11 Serial number(s)		s)	12 Ticker symbol	13 Account number(s)			
D,	N/A art II Organizatio	N/A		N/A	N/A See back of form for addition	al questions		
14	-					-		
	the action ►			e, the date of the action or the date against which shareholders' ownership is measured for ribution was made to shareholders throughout the 2019 taxation year.				
					ne return of capital that oc	-		
			-	unit information of u	ie return of capital that oc			
			abie year.					
15	Describe the quantita	tive effect of the ora:	nizational act	ion on the basis of the secu	urity in the hands of a U.S. taxpa	iver as an adjustment per		
10	share or as a percent	-		iyer as an adjustment per				
			0.18381 per	unit				
16	Describe the calculati	ion of the change in h	acis and the	data that supports the calo	ulation, such as the market value	os of socuritios and the		
10	valuation dates >	N/A			diation, such as the market value			
		11/11						
For	Paperwork Reduction	Act Notice, see the	separate Ins	structions.	Cat. No. 37752P	Form 8937 (12-2017)		

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Part		Organizational Action (continued)			,
17 L	_ist the	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tr	eatment	is based I	 IRC section 301(c)(2), 312 and 316
					512 and 510
		27/1			
18 (Can any	v resulting loss be recognized? ►N/A			
19 F	Provide	any other information necessary to implement the adjustment, such as the reportabl	e tax yea	ar 🕨	N/A
	Unde belief	r penalties of perjury, I declare that I have examined this return, including accompanying scheor, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all inform	lules and mation of	statements which prepa	, and to the best of my knowledge and arer has any knowledge.
Sign		$-\mathbf{h}$			
Here	Signa	ture▶	Date Þ	Mar 3	1, 2019
				D. 11	
	Print	your name ► Darie Urbanky Print/Type preparer's name Preparer's signature	Title ► Date	Presid	ent and Chief Operating Office
Paid	0 46 -				Check if self-employed
Prep Use		Firm's name	·		Firm's EIN ►
000	Jiny	Firm's address ►			Phone no.