See separate instructions.

1	Issuer's name			2 Issuer's employer identification number (EIN)			
	Signature High Vi	eld Bond Fund (P)	N/A				
3	Signature High Yield Bond Fund (P) 3 Name of contact for additional information 4			e No. of contact	5 Email address of contact		
	Duarte Boucinha		416-	-681-1752	dboucinha@ci.com		
6	Number and street (or F	P.O. box if mail is not de	livered to s	street address) of contact	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 Class	ification and description	1		
	Tax Year 2019			Non-taxable distrib	nution		
10	Tux Tear 2017 CUSIP number 11 Serial number(s)		12 Ticker symbol		13 Account number(s)		
	N/A	N/A		N/A	N/A		
Pa			additional	-	ck of form for additional questions.		
14	Describe the organiza	tional action and, if app	licable, the	date of the action or the date aga	inst which shareholders' ownership is measured for		
	the action A non-taxable distribution was made to shareholders throughout the 2019 taxation year. See question 15 for per unit information of the return of capital that occurred throughout						
		the 2019 taxab	ini or capital that occurred throughout				
			ie year.				
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 ≥ 0.07375 per unit						
16	Describe the calculative valuation dates ►	on of the change in basi $\mathrm{N/A}$	s and the o	data that supports the calculation,	such as the market values of securities and the		

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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	e Signature ▶			Date Mar 31, 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.		