See separate instructions.

Part Beporting Issuer

P	art Reporting	Issuer						
1	Issuer's name			2 Issuer's employer identification number (EIN) N/A				
	Signature Short-T	erm Bond Fund						
3	Name of contact for ad	lditional information	4 Telephor	elephone No. of contact		5 Email address of contact		
	Duarte Boucinha			416-681-1752		dboucinha@ci.com		
6 Number and street (or P.O. box if mail is not delivered				red to street address) of contact		7 City, town, or post office, state, and ZIP code of contact		
	2 Queen Street E	ast, 20th Floor				Toronto, Ontario, M5C 3G7		
8	Date of action Tax Year 2019		9 Classification and description					
				Non-taxable distrib		bution		
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	1	13 Account number(s)		
	N/A	N/A	l l	N/A		N/A		
P					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 mea								
	the action ►					s throughout the 2019 taxation year.		
		See question	<u>15 for pe</u>	r unit information of th	ne retur	n of capital that occurred throughout		
		the 2019 tax	able year.					
			•					
45	Describe the successive							
15					urity in the	e hands of a U.S. taxpayer as an adjustment per		
share or as a percentage of old basis 0.13688 per unit								
16	Describe the colouist	ion of the change in h	ulation of	uch as the mericat values of econvities and the				
16	Describe the calculation of the change in basis and the data that supports the calculativaluation dates \triangleright N/A					uch as the market values of securities and the		
		11/11						

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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 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	Juny	Firm's address ►			Phone no.		