(December 2017 Department of the Treasury

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

Internal Revenue Service Part I Reporting Issuer 2 Issuer's employer identification number (EIN) 1 Issuer's name Signature Floating Rate Income Fund (P) N/A 3 Name of contact for additional information 4 Telephone 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 to 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 Classification and description Tax Year 2019 Non-taxable distribution 10 CUSIP number 11 Serial number(s) 12 Ticker symbol 13 Account number(s) N/A N/A N/A N/A Organizational Action Attach additional statements if needed. See back of form for additional questions. Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for 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 taxable year. 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 ► 0.38779 per unit Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ►

| Part | Ш (| Organizational Action (conti | nued) | | | |
|---------------|--------------|--|---|----------------------------|----------------|---|
| 1 7 Li | ist the | applicable Internal Revenue Code s | ection(s) and subsection(s) upon wh | ich the tax treatment | is based ► | IRC section 301(c)(2), 312 and 316 |
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| С | an any | resulting loss be recognized? ► _ | N/A | | | |
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| Р | rovide | any other information necessary to | implement the adjustment, such as | the reportable tax yea | ır ▶ | N/A |
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| | | | ve examined this return, including accom | | | |
| an | beliet | , it is true, correct, and complete. Declara | ation of preparer (other than officer) is bas | ed on all information of v | wnicn preparer | nas any knowledge. |
| gn ere | Signa | tura • | | Date ► | Mar 31, | 2019 |
| | Signa | | | Date | | |
| | Print | your name ► Darie Urbanky | <u> </u> | Title► | Presiden | t and Chief Operating Off |
| | 1 11116 | <u>-</u> <u>-</u> | | | | |
| | | Print/Type preparer's name | Preparer's signature | Date | | heck if PTIN |
| | arer Only | Print/Type preparer's name Firm's name ▶ | Preparer's signature | Date | Se | heck ☐ if PTIN llf-employed rm's EIN ▶ |