► See separate instructions.

P	art Reporting	lssuer							
1	Issuer's name		2 Issuer's employer identification number (EIN)						
	Sentry All Cap Inc	come Fund (EF)	N/A	N/A					
3				e No. of contact	5 Email address of contact				
	Duarte Boucinha			-681-1752	dboucinha@ci.com				
6 Number and street (or P.O. box if mail is not delivered to s				street address) of contact	7 City, town, or post office, state, and ZIP code of contact				
	2 Queen Street Ea	ast, 20th Floor	Toronto, Ontario, M5C 3	Toronto, Ontario, M5C 3G7					
8	8 Date of action 9 Class			ification and description	·				
	Tax Year 2019			Non-taxable distribution					
10	CUSIP number	CUSIP number <b>11</b> Serial number(s)		12 Ticker symbol	13 Account number(s)				
	N/A	N/A		N/A	N/A				
Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.									
14	Describe the organiza the action ►		against which shareholders' ownership is modelers throughout the 2019 taxation v	ainst which shareholders' ownership is measured for ers throughout the 2019 taxation year.					
					return of capital that occurred throu				
	the 2019 taxable 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 ► 0.49003 per unit									
			-						
16	Describe the calculation valuation dates ►	on of the change in ${ m k} N/{ m A}$	oasis and the o	data that supports the calculat	ion, such as the market values of securities	and the			

Form	8937 (12-	017)		Page <b>2</b>	
Pa	rt II	Drganizational Action (continued)			
17		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax to	reatment is based	IRC section 301(c)(2),	
				312 and 316	
		/-			
18	Can an	resulting loss be recognized? ► N/A			
19	Provide	any other information necessary to implement the adjustment, such as the reportab	le tax year ►	N/A	
	Unde	r penalties of perjury, I declare that I have examined this return, including accompanying scher it is true, correct, and complete. Declaration of preparer (other than officer) is based on all infor	dules and statements mation of which prepa	, and to the best of my knowledge and	
Sigr			mation of which prope	are has any knowledge.	
Her	<u> </u>	ture V	Date ► Mar 31, 2019		
	Print	your name ► Darie Urbanky		and Chief Operating Officer	
Paie Pre	d parer	Print/Type preparer's name Preparer's signature	Date	Check if self-employed	
	e Only	Firm's name		Firm's EIN ►	
		Firm's address ►		Phone no.	

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