Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

P	art I Reporting I	ssuer								
1	Issuer's name		2 Issuer's employer identification number (EIN)							
	Sentry U.S. Month	ly Income Fund	N/A							
3	Name of contact for add	litional information	4 Telephon	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 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	s)	12 Ticker symbol	13 Account number(s)					
	N/A	N/A		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 measured.										
	the action A non-taxable distribution was made to shareholders throughout the 2019 taxation year.									
					he return of capital that occurred throughout					
		the 2019 tax	<u>able year.</u>							
15	Describe the quantitati		eurity in the hands of a U.S. taxpayer as an adjustment per							
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16	Describe the calculation valuation dates ▶	on of the change in b N/A	asis and the	data that supports the calc	culation, such as the market values of securities and the					
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Par	t II		Organizational Action (continued)			· · ·	
17	List	the a	applicable Internal Revenue Code section	(s) and subsection(s) upon which the tax tr	eatment is based ▶	IRC section 301(c)(2), 312 and 316	
	_						
18	Can	any	resulting loss be recognized? ► N/A	1			
19	Prov	vide a	any other information necessary to implen	nent the adjustment, such as the reportabl	e tax vear ▶	N/A	
	1 10	vide (any other information necessary to implem	non the adjustment, such as the reportable		11/11	
		Inder	panalties of parium. I declare that I have even	nined this return, including accompanying school	lules and statements	and to the hest of my knowledge and	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.						
Sigr			-1 61				
Her		Signat	ure •	Date ► Mar 31, 2	019		
		Dudier ±	our name ▶ Darie Urbanky	Title ▶ President and Chief Operating Officer			
Paid		rint y	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN	
Pre		er				self-employed	
Use			Firm's name ►			Firm's EIN ▶	
			Firm's address 27 (including accompanying statements) t	or Department of the Treasure Leteral De	vonuo Comitee Com	Phone no.	
Send	LOW	11 09	or uncluding accompanying statements) t	o: Department of the Treasury, Internal Re	vertue Service, Ugo	a o n, O i 0420 i-0004	