► See separate instructions.

	Issuer's name	155061	2 Issuer's employer ide	2 Issuer's employer identification number (EIN)			
	S:						
3	Name of contact for ad	ate Bond Corporation	N/A 5 Email address of contact				
U			-	e No. 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, Ontari	io, M5C 3G7	
8	Date of action		9 Class	sification and description			
	Tax Year 2020			Non-taxable di	stribution	ribution	
10	CUSIP number <b>11</b> Serial number(s)		)	12 Ticker symbol	13 Account number(s)	13 Account number(s)	
	NI/A			NI/A	NI/A		
P	N/A art II Organizati	N/A	n additiona	N/A	N/A e back of form for additional of	questions	
14	-				e against which shareholders' ow	-	
14	the action ►				olders throughout the 2020		
					U		
				r unit information of the	return of capital that occu	rred throughout	
		the 2020 taxa	able year.				
15	Describe the quantita	ative effect of the organ	nizational act	tion on the basis of the securi	ty in the hands of a U.S. taxpaye	r as an adjustment per	
	share or as a percent	tage of old basis ► 0	.07236 per	r unit			
			<u>ı</u>				
						<b>6</b> 111 111	
16		-	asis and the	data that supports the calcula	tion, such as the market values of	of securities and the	
	valuation dates $\blacktriangleright$	N/A					
	<b>D</b>					F 0007 (40 co.)	
For	Paperwork Reduction	ACT NOTICE, SEE THE	separate ins	structions.	Cat. No. 37752P	Form <b>8937</b> (12-2017)	

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 tr	reatment is based ▶	►
				312 and 316
40	Con on	resulting lass he recognized $\sim N/A$		
18	Can an	resulting loss be recognized? ► N/A		
19	Provide	any other information necessary to implement the adjustment, such as the reportabl	le tax year ►	N/A
	Und	r penalties of perjury, I declare that I have examined this return, including accompanying scheo 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 arer has any knowledge.
Sigr		-+		
Her	<u> </u>		Date March 31, 2020	
		your name ► Darie Urbanky Print/Type preparer's name Preparer's signature	Title ► President	and Chief Operating Officer
Paie	d parer	Print/Type preparer's name Preparer's signature		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