► See separate instructions.

Ρ	art Reporting	Issuer							
1	Issuer's name				2 Issuer's employer identification number (EIN)				
	Signature Diversit	fied Yield Corpor	N/A						
3	Name of contact for ad	ditional information	4 Telephor	e No. of contact	5 Email address of contact				
	Duarte Boucinha			-681-1752	dboucinha@ci.com				
6	6 Number and street (or P.O. box if mail is not delivered to street a			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 3G7				
8	Date of action		9 Classification and description						
	Tax Year 2020			Non-taxable dist	bution				
10	CUSIP number	11 Serial number(s	)	12 Ticker symbol	13 Account number(s)				
	N/A	N/A		N/A	N/A				
Pa					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 for									
	the action A non-taxable distribution was made to shareholders throughout the 2020 taxation year.								
	See question 15 for per unit information of the return of capital that occurred throughout								
		the 2020 tax	<u>able year.</u>						
15	Describe the quantita	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 ► 0.28063 per unit									
			-						
16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities									
	valuation dates ►	N/A							
					- 0007				

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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	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer 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