► See separate instructions.

Pa	art Reporting	Issuer					
1	Issuer's name		2 Issuer's employe	2 Issuer's employer identification number (EIN)			
	Signature Global I	Income & Growth	N/A	N/A			
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Email address of c	5 Email address of contact	
Duarte Boucinha			416-681-1752		dboucinha@ci	dboucinha@ci.com	
6 Number and street (or P.O. box if mail is not delive			delivered to s	treet address) of contact	7 City, town, or post of	7 City, town, or post office, state, and ZIP code of contact	
	2 Queen Street East, 20th Floor				Toronto, Or	Toronto, Ontario, M5C 3G7	
8	Date of action		9 Class	ification and description			
	Tax Year 2020			Non-taxable distribution			
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s	;)	
D,	N/A art II Organizatio	N/A	additional	N/A	ee back of form for addition	nal questions	
14	-				ate against which shareholders	· · · · · · · · · · · · · · · · · · ·	
14	the action ►				holders throughout the 2		
					ne return of capital that o	· · · · · · · · · · · · · · · · · · ·	
		the 2020 taxa					
	5						
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 p share or as a percentage of old basis \triangleright 0.15790 per unit					ayer as an adjustment per	
	share or as a percenta		.15/90 per	unit			
16	Describe the calculation	on of the change in ba	asis and the o	data that supports the calcu	lation, such as the market valu	ues of securities and the	
	valuation dates >	N/A					
		,					
For	Paperwork Reduction	Act Notice, see the	separate Ins	tructions.	Cat. No. 37752P	Form 8937 (12-2017)	

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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 and 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