► See separate instructions.

Part I	Reporting	lesuer

_		ISSUEI			2 loguarla amplayar idantifi	ation number (EIN)		
1 Issuer's name Signature High Income Fund (A)					2 issuer's employer identific	2 Issuer's employer identification number (EIN)		
					N/A	N/A		
3	Name of contact for ad	ditional information	4 Telephon	e No. of contact	5 Email address of contact			
	Duarte Boucinha		416	-681-1752	dboucinha@ci.com			
6	Number and street (or I	P.O. box if mail is not	delivered to s	street address) of contact	7 City, town, or post office, state,	7 City, town, or post office, state, and ZIP code of contact		
	2 Queen Street E	2 Queen Street East, 20th Floor			Toronto, Ontario, M	Toronto, Ontario, M5C 3G7		
8	Date of action Tax Year 2020		9 Class	sification and description				
				Non-taxable	distribution	ibution		
10	CUSIP number	11 Serial number(s	5)	12 Ticker symbol	13 Account number(s)			
	N/A	N/A	L	N/A	N/A			
Pa					See back of form for additional ques	tions.		
14					date against which shareholders' ownersh			
	the action ►				eholders throughout the 2020 taxa	•		
					the return of capital that occurred			
		1	1	unit information of	the feturi of capital that occurred	unougnout		
		the 2020 tax	able year.					
15	Describe the quantita	tive effect of the oras	nizational act	ion on the basis of the se	curity in the hands of a U.S. taxpayer as a	n adjustment ner		
15		-			curity in the hands of a 0.3. taxpayer as a	n aujustinent per		
	share or as a percent	age of old basis ► (	J.27632 per	runit				
16	Describe the calculati	ion of the change in h	agia and the	data that augments the cal	subtion such as the market values of sea	uritics and the		
16		0	asis and the	uata that supports the cal	culation, such as the market values of sec	unities and the		
	valuation dates $\blacktriangleright$	N/A						
For	Paperwork Reduction	Act Notice, see the	separate Ins	structions.	Cat. No. 37752P	Form 8937 (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