► See separate instructions.

Part I Reporting Issuer					
1 Issuer's name		2 Issuer's employer identification number (EIN)			
Synergy Global Corporate	Class (ET5)	N/A			
3 Name of contact for additional info	rmation 4 T	elephone No. of contact	5 Email address of contact		
Duarte Boucinha 416-681-1752			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	9 Classification and description	· · ·		
Tax Year 2020		Non-taxable	tribution		
10 CUSIP number 11 Seria	l number(s)	12 Ticker symbol	13 Account number(s)		
N/A	N/A	N/A	N/A		
		-	See back of form for additional questions.		
See		for per unit information of th	cholders throughout the 2020 taxation year. The return of capital that occurred throughout		
15 Describe the quantitative effect o share or as a percentage of old b	-		urity in the hands of a U.S. taxpayer as an adjustment per		
16 Describe the calculation of the ch valuation dates ► <u>N/A</u>	nange in basis a	and the data that supports the calcu	ulation, such as the market values of securities and the		
			- 9027 <i>(1</i> 0 001		

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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	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.	
Sign					
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