► See separate instructions.

_	Issuer's name	155061			2 Issuer's employer ide	2 Issuer's employer identification number (EIN)		
			NT/A	N/A				
3	Name of contact for ad	et Allocation Corport	e No. of contact	5 Email address of contact				
Ū			-					
	Duarte Boucinha			-681-1752	dboucinha@ci.com			
6	Number and street (or I	umber and street (or P.O. box if mail is not delivered to s			7 City, town, or post office, s	state, and ZIP code of contact		
	2 Queen Street East, 20th Floor				Toronto, Ontari	o, M5C 3G7		
8	Date of action		9 Class	sification and description				
	Tax Year 2021			Non-taxable di	stribution			
10	CUSIP number 11 Serial number(s)		)	12 Ticker symbol	13 Account number(s)			
D,	N/A art II Organizati	N/A	additiona	N/A	N/A			
	-				e back of form for additional of e against which shareholders' own	-		
14	-				-			
	the action ►				olders throughout the 2021			
		-	-	r unit information of the	e return of capital that occur	red throughout		
		the 2021 taxa	<u>able year.</u>					
15					ty in the hands of a U.S. taxpayer	as an adjustment per		
	share or as a percent	tage of old basis ► 0	.26878 per	r unit				
			•					
16	Describe the calculation	ion of the change in ba	asis and the	data that supports the calcula	ation, such as the market values o	f securities and the		
	valuation dates >	N/A						
		<i>.</i>						
<b>F</b> :	Demonstration 1 11	A -+ N !' !'			0	Form <b>8937</b> (12-2017		
ror	Paperwork Reduction	ACT NOTICE, SEE THE	separate ins	structions.	Cat. No. 37752P	FORM 0331 (12-2017)		

Form 89	937 (12-2	017)			Page <b>2</b>	
Part		Drganizational Action (continued)				
<b>17</b> L	ist the	applicable Internal Revenue Code section	(s) and subsection(s) upon which the tax tre	eatment is based ▶	• <u>IRC section 301(c)(2)</u> , 312 and 316	
<b>18</b> C	Can any	resulting loss be recognized? N/I	A			
<b>19</b> P	Provide	any other information necessary to impler	nent the adjustment, such as the reportable	e tax year ►	N/A	
Sign			nined this return, including accompanying schedu preparer (other than officer) is based on all inform			
Here				Date ►		
	Print	our name ► Darie Urbanky			and Chief Operating Officer	
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	
Use (		Firm's name ► Firm's address ►			Firm's EIN ► Phone no.	

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054