See separate instructions.

Part Reporting Issuer

_	Issuer's name	155061			2 Issuer's employer ide	2 Issuer's employer identification number (EIN)		
				N/A				
3	Name of contact for ad	et Allocation Corp	-	5 Email address of contact				
Ū				e No. of contact				
Duarte Boucinha				-681-1752		dboucinha@ci.com		
6	Number and street (or I	P.O. box if mail is not o	delivered to s	street address) of contact	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	oution		
10	CUSIP number 11 Serial number(s))	12 Ticker symbol	13 Account number(s)	13 Account number(s)		
D,	N/A art II Organizati	N/A		N/A	N/A e back of form for additional c	nuestions		
14	-				against which shareholders' ow	-		
14	the action ►				olders throughout the 2021			
		-	-	r unit information of the	return of capital that occur	red throughout		
		the 2021 tax	able year.					
15		-			y in the hands of a U.S. taxpayer	as an adjustment per		
	share or as a percent	tage of old basis ► 0	.31008 per	r unit				
16	Describe the calculation	ion of the change in ba	asis and the	data that supports the calcula	tion, such as the market values o	f securities and the		
	valuation dates	N/A						
_								
	_					6 0007 // 0		
For	Paperwork Reduction	Act Notice, see the s	separate Ins	structions.	Cat. No. 37752P	Form 8937 (12-2017)		

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Part		Drganizational Action (continued)				
17 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	
18 C	Can any	resulting loss be recognized? N/I	A			
19 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