► See separate instructions.

Ρ	art Reporting	ssuer				
1	Issuer's name				2 Issuer's e	mployer identification number (EIN)
	Signature Real H	Estate Pool (F)			N	J/A
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Email addr	ess of contact
	Duarte Boucinh	a	416-681	1-1752	dboucinh	a@ci.com
6	Number and street (or P	P.O. box if mail is not	delivered to s	street address) of contact	7 City, town, o	r post office, state, and ZIP code of contact
	2 Queen Street	East, 20th Floo			Toronto,	Ontario, M5C 3G7
8	Date of action		9 Class	sification and description		
	Tax Year 2017			Non-taxable di	stribution	
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account r	umber(s)
	N/A	N/A		N/A	N	J/A
Pa	•		n additiona	I statements if needed. S		
14	Describe the organization	tional action and, if a	plicable, the	e date of the action or the da	ate against which share	eholders' ownership is measured for
	the action ►	A non-taxa	ble distri	bution was made to	shareholders th	roughout the 2017
		taxation ye	ar. See qu	uestion 15 for per u	nit information	of the return of capital
		that occurr	ed throug	ghout the 2017 taxa	ble year.	
15	Describe the quantitat share or as a percenta				rity in the hands of a L	J.S. taxpayer as an adjustment per
16	Describe the calculation valuation dates ►	on of the change in ba $\mathrm{N/A}$	asis and the	data that supports the calcu	llation, such as the ma	rket values of securities and the
_						
For	Paperwork Reduction	Act Notice, see the	separate Ins	structions.	Cat. No. 37752P	Form 8937 (12-2017)

Part		Organiza	ational Action (cont	tinued)			
17 L	List the	applicable	Internal Revenue Code	section(s) and subsection(s) up	oon which the tax treatr	nent is based	IRC section 301(c)(2), 312 and 316
40 /	Con on	roculting	loss be recognized?	N/A			
18 (Carrany	resulting					
19 F	Provide	any other	information necessary to	o implement the adjustment, su	ich as the reportable ta	x year ►	N/A
	Unde belief	r penalties of, it is true, c	of perjury, I declare that I ha orrect, and complete. Decla	ave examined this return, including ration of preparer (other than office	accompanying schedules r) is based on all information	and statemer	nts, and to the best of my knowledge and eparer has any knowledge.
Sign		, 0	ΛηΛ				. , , , , , , , , , , , , , , , , , , ,
Here	Signa	ature ►	////		Dat	e► Jan 1	9, 2018
			David Pauli			► EVP	
Paid			preparer's name	Preparer's signature	Titli Da	, , ,	Check if PTIN
Palu							self-employed

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Preparer		self-employed					
Use 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							