► See separate instructions.

Ρ	art Reporting I	ssuer								
1	Issuer's name		2 Issuer's employer identification number (EIN)							
	Cambridge Can	adian Growth	N/A							
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Email address of contact					
	Duarte Boucinh	a	416-68	1-1752	dboucinha@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, or post office, state, and Zip code of contact					
	2 Queen Street	East, 20th Floo	or		Toronto, Ontario, M5C 3G7					
8	Date of action		9 Class	ification and description						
	Tax Year 2016			Non-taxable distribution						
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)					
	N/A	N/A		N/A	N/A					
P	art II Organizatio	onal Action Attac	ch additiona	statements if needed. Se	e back of form for additional questions.					
14	Describe the organiza	tional action and, if a	pplicable, the	e date of the action or the date	e against which shareholders' ownership is measured for					
	the action ►				shareholders throughout the 2016					
	taxation year. See question 15 for per unit information of the return of capital									
		that occur	red throug	ghout the 2016 taxab	le year.					
15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustance or as a percentage of old basis ► 0.63778 per unit										
¥										
16	Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates \triangleright N/A									

Form 8937	(Rev.	12-2011)
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Pa	t II	Organiza	ational Ac	tion (con	tinued)								
17						and subs	section(s)	upon wh	ch the tax	treatment	is based I	IRC sect 312 and	tion 301(c)(2), 316
			·										
18	Can an	ny resulting l	oss be recog	gnized? ►	N/A	L							
19	Provide	e anv other i	information n	acassany ti	o implem	ont the adi	ustment	such as t	he report:	ahla tay va	ar 🕨	N/A	
15	TIOVIU	e any other i	mormation n	iecessary to		ent the auj	ustinent,	Such as		able lax ye	ai 🕨	11/11	
												and to the bes arer has any kno	t of my knowledge and
0:		ei, it is true, co			aration of p	reparer (otri	er than on	cer) is bas	eu on an in	Iornation of	which prepa	arer has any kno	Jwiedge.
Sigr Her				/		_					16/2	/2017	
	Signature			/		_ Date ►	10/2	/ 201/					
	Drimi		_{vour name} ► David Pauli				-			Title ►	EVP		
		Print/Type	preparer's nan	ne		Preparer's s	ignature			Date		Chock	PTIN
Paie	a parer											Check if self-employed	
	e Only		ie 🕨		I					· · · · · · · · · · · · · · · · · · ·		Firm's EIN ►	
	y												

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

Firm's address ►