► See separate instructions.

Pé	art Reporting	Issuer							
1	Issuer's name				2	2 Issuer's employer identification number (EIN)			
	Harbour Voyageu	r Corporate Class		N/A					
3				Telephone No. of contact 416-681-1752		5 Email address of contact dboucinha@ci.com			
6 Number and street (or P.O. box if mail is not deliv				ivered to street address) of contact		7 City, town, or post office, state, and ZIP code of contact			
	2 Queen Street Ea				Toronto, Ontario, M5C 3G7				
8	Date of action		9 Classification and description						
	Tax Year 2019			Non-taxable distril		bution			
10	CUSIP number	11 Serial number(s	5)	12 Ticker symbol	1:	3 Account number(s)			
	N/A	N/A		N/A		N/A			
Pa					See back	of form for additional questions.			
14	-					· · · · · · · · · · · · · · · · · · ·			
14	the action ►	Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action A non-taxable distribution was made to shareholders throughout the 2019 taxation year.							
						of capital that occurred throughout			
		-	-	r unit information of u	ne return	i of capital that occurred throughout			
		the 2019 tax	able year.						
15	Describe the quantitative effect of the organization			tion on the basis of the secu	urity in the	hands of a U.S. taxpayer as an adjustment per			
	share or as a percenta	age of old basis 🕨 ().54282 per	r unit					
16	Describe the calculation of the change in basis and the data that supports the calculation					ch as the market values of securities and the			
	valuation dates \blacktriangleright N/A								

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Part		Organizational Action (continued)			,			
17 L	_ist the	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tr	eatment	is based I	 IRC section 301(c)(2), 312 and 316 			
					512 and 510			
		27/1						
18 (Can any	v resulting loss be recognized? ►N/A						
19 F	Provide	any other information necessary to implement the adjustment, such as the reportabl	e tax yea	ar 🕨	N/A			
	Unde belief	r penalties of perjury, I declare that I have examined this return, including accompanying scheor, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all inform	lules and mation of	statements which prepa	, and to the best of my knowledge and arer has any knowledge.			
Sign		$-\mathbf{h}$						
Here	e Signature ►			Date Mar 31, 2019				
				D. 11				
	Print	your name ► Darie Urbanky Print/Type preparer's name Preparer's signature	Title ► Date	Presid	ent and Chief Operating Office			
Paid	0 46 -				Check if self-employed			
Prep Use		Firm's name	·		Firm's EIN ►			
000	Juny	Firm's address ►			Phone no.			