## Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

## Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

Р	art I Reporting	Issuer								
1	Issuer's name					2 Issuer's employer identification number (EIN)				
	Sentry Global Mic	d Cap Income Fu		N/A						
3	<u> </u>			4 Telephone No. of contact		nail address of contact				
	Duarte Boucinha			416-681-1752		dboucinha@ci.com				
6	6 Number and street (or P.O. box if mail is not d 2 Queen Street East, 20th Floor			lelivered to street address) of contact		, town, or post office, state, and ZIP code of contact				
						Toronto, Ontario, M5C 3G7				
8	Date of action		9 Classification and description		•					
	Tax Year 2019			Non-taxable dist		tribution				
10	CUSIP number	11 Serial number(	s)	12 Ticker symbol	bol 13 Account number(s)					
	N/A	N/A	L	N/A		N/A				
P	art II Organizatio	onal Action Attac	h additiona	al statements if needed.	See back of fo	orm for additional questions.				
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14	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.									
						capital that occurred throughout				
		the 2019 tax	-							
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15	Describe the quantitates share or as a percentar				urity in the hand	ds of a U.S. taxpayer as an adjustment per				
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_										
16	Describe the calculativaluation dates ►	on of the change in b ${ m N/A}$	asis and the	data that supports the calc	culation, such as	the market values of securities and the				
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Par	t II		Organizational Action (continued)			· · ·	
17	List	the a	applicable Internal Revenue Code section	(s) and subsection(s) upon which the tax tr	eatment is based ▶	IRC section 301(c)(2), 312 and 316	
	_						
18	Can	any	resulting loss be recognized? ► N/A	1			
19	Prov	vide a	any other information necessary to implen	nent the adjustment, such as the reportabl	e tax vear ▶	N/A	
	1 10	vide (	any other information necessary to implem	non the adjustment, such as the reportable		11/11	
		Inder	penalties of perium. I declare that I have even	nined this return, including accompanying scheo	lules and statements	and to the hest of my knowledge and	
				preparer (other than officer) is based on all infor			
Sigr			<del>-1</del> 61				
Her		Signat	ure •	Date ► Mar 31, 2	019		
		Print your name ▶ Darie Urbanky			Title ▶ President and Chief Operating Officer		
Paid		rint y	Print/Type preparer's name	Preparer's signature	Date	Check   if   PTIN	
Pre		er				self-employed	
Use			Firm's name ►			Firm's EIN ▶	
			Firm's address   27 (including accompanying statements) t	or Department of the Treasure Leteral De	vonuo Comitee Com	Phone no.	
Send	LOW	11 09	or uncluding accompanying statements) t	o: Department of the Treasury, Internal Re	vertue Service, Ugo	Jon, OT 04201-0004	