See separate instructions.

Part I Reporting Issuer

	art neporting	155001					
1	Issuer's name				2 Issuer's employer identification number (EIN)		
SE	NTRY SMALL-MID CAP	INCOME CLASS	FOREIGNUS				
3	Name of contact for ad	ditional information	4 Telephon	e No. of contact	5 Email address of contact		
FRANCISCA JULINDA				(647) 789-2516	fjulinda@sentry.ca		
6	Number and street (or F	P.O. box if mail is not	7 City, town, or post office, state, and Zip code of contact				
199 BAY STREET, SUITE 2700 8 Date of action				sification and description	TORONTO, ONTARIO, CANADA, M5L 1E2		
0	Date of action		9 Class	sincation and description			
SE	E BELOW			'RETURN OF CAPITAL" DIS			
	CUSIP number	11 Serial number(12 Ticker symbol	13 Account number(s)		
			0)				
	N/A	N/A		N/A	N/A		
Ρ			ch additional		e back of form for additional questions.		
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 RETURN OF CAPITAL AS PART OF DISTRIBUTIONS THAT OCCURRED THROUGHOUT THE 2016 TAXABLE							
15	Describe the quantita share or as a percenta	-	anizational act	ion on the basis of the securi	ty in the hands of a U.S. taxpayer as an adjustment per		
тн	E ADJUSTMENT TO A S	•	S COST BAS				
		DEGORITITIOEDER	O OOOT BAD				
SE	RIES A: \$0.22364 PER \$	SECURITY					
SERIES B: \$0.17076 PER SECURITY							
	RIES F: \$0.17558 PER S						
	RIES I: \$0.03939 PER S						
	RIES O: \$0.08879 PER \$						
	RIES P: \$0.05541 PER \$						
	RIES PF: \$0.03462 PER						

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 ► N/A

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Part I	0	Drganizational Action (continued)	
		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ►	•
IRC SEC	STION	301(c)(2), 312 AND 316	
18 Ca	an anv r	resulting loss be recognized? ► N/A	
10 00	ananyi		
19 Pr	ovide a	any other information necessary to implement the adjustment, such as the reportable tax year \blacktriangleright N/A	
		penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which prepa	
Sign		\sim	
Here	<u>.</u>	E AN TO DE MAR	
	Signatu	ture ► <u>Calmend</u> Man Date ► <u>4/12/20</u>	17
	Print ve	rour name ► EDWARD MERCHAND Title ► CHIEF FIN	NANCIAL OFFICER
Doid		Print/Type preparer's name Preparer's signature o Date	- PTIN
Paid Prepa		GREGORY PAPINKO Cy laplo 4/11/2017	Check / if P01452981
		Firm's name	Firm's EIN ► 98-0189320

 Use Only
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 Firm's address ► 18 YORK STREET, SUITE 2600, TORONTO, ONTARIA, CANADA, M5J 0B2
 Phone no. (416)

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

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(416) 863-1133