See separate instructions.

Part I Reporting Issuer

1	Issuer's name	135461				2 Issuer's employer identification number	r (EIN)		
	Signatura Divar	aified Vield II	Fund (A)			N/A			
3	Signature Diver			e No. of contact		5 Email address of contact			
	Duarte Boucinh		416-681			dboucinha@ci.com			
6	Number and street (or F				act	7 City, town, or post office, state, and Zip code of contact			
Ŭ					aor				
	2 Queen Street	East, 20th Floo				Toronto, Ontario, M5C 3G7			
8	Date of action		9 Class	sification and description	on				
	Tax Year 2016			Non-taxabl	le distribu	tion			
10	CUSIP number	11 Serial number(s)	12 Ticker symbol		13 Account number(s)			
	N/A	N/A		N/A		N/A			
Pa			ch additiona		ed. See back	<pre>< of form for additional questions.</pre>			
14	Describe the organiza	ational action and, if a	applicable, the	e date of the action or	the date again	st which shareholders' ownership is measure	d for		
	the action ►					holders throughout the 2016			
						ormation of the return of capital	l		
		that occur	red throug	<u>ghout the 2016 t</u>	taxable yea	ar.			
15	Depariba the guantita	tive offect of the area		ion on the basis of the	o o o uritu in th	a handa of a LLS, taxpayor as an adjustment.	0.0r		
15	share or as a percent	-			e security in th	e hands of a U.S. taxpayer as an adjustment p	ber		
			<u>0.18002 p</u>						
16		•	basis and the	data that supports the	calculation, s	uch as the market values of securities and the	9		
	valuation dates ►	N/A							
For	Paperwork Reduction	Act Notice, see the	separate Ins	structions.	Cat	. No. 37752P Form 8937	(12-2011)		

Form 8937	(Rev.	12-2011)
-----------	-------	----------

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	
	Sign	nature ►								_ Date ►	10/2	/ 201/	
	Drimi		. David I	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 ►