► See separate instructions.

Ρ	art Reporting	ssuer			
1	Issuer's name				2 Issuer's employer identification number (EIN)
	Signature Globa	al Resource Co	rporate C	lass (A)	N/A
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Email address of contact
	Duarte Boucinh	a	416-681	1-1752	dboucinha@ci.com
6	Number and street (or P.O. box if mail is not de		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 Classification and description		
	Tax Year 2015		Non-taxable distr		stribution
10	CUSIP number	11 Serial number(	s)	12 Ticker symbol	13 Account number(s)
	N/A	N/A		N/A	N/A
D					ee back of form for additional questions.
Pa	art II Organizatio	Dhai Action Attac	ch additiona	i statements if needed. S	ee back of form for additional questions.
14	Describe the organiza	tional action and, if a	applicable, the	e date of the action or the da	ate against which shareholders' ownership is measured for
	the action ►				shareholders throughout the 2015
		taxation ye	ear. See qu	uestion 15 for per un	nit information of the return of capital
		that occur	red throug	<u>ghout the 2015 taxal</u>	hle vear
		that occur	ieu tillou		sie year.
15	Describe the quantitat	tive effect of the ora	anizational act	ion on the basis of the secu	rity in the hands of a U.S. taxpayer as an adjustment per
	share or as a percenta	age of old basis	<u>0.05106 p</u>	er unit	
			-		
16	Describe the calculation valuation dates ►		basis and the	data that supports the calcu	lation, such as the market values of securities and the
		N/A			

Form	8937	(Rev. 12-2011)

Pa	t II	Organizational Action (continued)			
17	List the	applicable Internal Revenue Code section(	s) and subsection(s) upon which the tax tre	eatment is based Ⅰ	• I <u>RC section 301(c)(2),</u> 312 and 316
18	Can an	$\prime$ resulting loss be recognized? $\blacktriangleright$ _ N/ A	A		
19	Provide	any other information necessary to implem	nent the adjustment, such as the reportable	e tax year ►	N/A
		· · · ·			
	Linde	r penalties of perjury, I declare that I have exami	ined this return including accompanying schedu	ules and statements	and to the best of my knowledge, and
	belie	, it is true, correct, and complete. Declaration of	preparer (other than officer) is based on all inform	nation of which prepa	arer has any knowledge.
Sigr		ΛηΛ			
Her	e <sub>Signa</sub>	ature ►		Date▶ 11/26	/2015
		David Pauli		Title COO	
<u> </u>		your name ► David Pauli Print/Type preparer's name	Preparer's signature	Title► COO Date	Ohanta III if PTIN
Paie	d parer		-		Check if self-employed
	e Only	Firm's name			Firm's EIN ►
-		1			1

Send Form 8937 (including accompanyi	ng statements) to: Department of the Treas	sury, Internal Revenue Service, Ogden, UT 84201-0054

Phone no.

Firm's address ►