► See separate instructions.

Ρ	art Reporting	ssuer			
1	Issuer's name		2 Issuer's employer identification number (EIN)		
	Signature High	Yield Bond Co	orporate C	Class (AT8)	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 delivered to			street address) of contact	7 City, town, or post office, state, and Zip code of contact
	2 Queen Street	East, 20th Floo)r		Toronto, Ontario, M5C 3G7
8	Date of action		9 Classification and description		
	Tax Year 2015		Non-taxable distr		istribution
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)
	N/A	N/A		N/A	N/A
D			h additiona		
Pa	-				See 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
					nit information of the return of capital
		that occur	red throug	ghout the 2015 taxa	ble year.
15	Describe the quantitat	ive effect of the ora:	nizational act	tion on the basis of the secu	rity in the hands of a U.S. taxpayer as an adjustment per
	share or as a percenta		0.60122 p	er unit	
16			basis and the	data that supports the calcu	ulation, such as the market values of securities and the
	valuation dates ►	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	re Signature ► Print your name ► David Pauli			Date▶ 11/26	/2015
			Titla► CO		
<u> </u>			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 ►