See separate instructions.

| Part I | Reporting | leeur |
|--------|-----------|-------|
|        | Reporting | ISSUE |

| Participation Reporting issuer   1 Issuer's name |   |                         |                | 2 Issuer's employer identification number (EIN) |             |  |  |  |
|--|---|-------------------------|----------------|---|-------------|--|--|--|
|  | Signature Diver                                   | sified Yield II         | Fund (EF       | )   |             | N/A  |  |  |
| 3  | Name of contact for ad                            |                         |                | ne No. of contact                               |             | 5 Email address of contact                                   |  |  |
|  | Duarte Boucinh                                    | ia                      | 416-68         | 1-1752  |             | dboucinha@ci.com   |  |  |
| 6  | Number and street (or F                           | 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         | or             |   |             | Toronto, Ontario, M5C 3G7                                    |  |  |
| 8  | 8 Date of action 9 Classification and description |                         |                |   |             |  |  |  |
|  |   | Non-taxable d           | istribution    |   |             |  |  |  |
| 10   | CUSIP number                                      | 11 Serial number(       | (s)            | 12 Ticker symbol                                |             | 13 Account number(s)   |  |  |
|  |   |                         |                |   |             |  |  |  |
|  | N/A   | N/A                     |                | N/A   |             | N/A  |  |  |
|  | -   |                         |                |   |             | k of form for additional questions.                          |  |  |
| 14   | Describe the organiza<br>the action ►             |                         |                |   | -           | ist which shareholders' ownership is measured for            |  |  |
|  | the action F                                      |                         |                |   |             | cholders throughout the 2015                                 |  |  |
|  |   | •                       | 1              | <u>ghout the 2015 taxa</u>                      |             | ormation of the return of capital                            |  |  |
|  |   |                         | ied throu      | <u>gnout the 2015 taxa</u>                      | ible yea    | a1.  |  |  |
|  |   |                         |                |   |             |  |  |  |
|  |   |                         |                |   |             |  |  |  |
|  |   |                         |                |   |             |  |  |  |
|  |   |                         |                |   |             |  |  |  |
|  |   |                         |                |   |             |  |  |  |
|  |   |                         |                |   |             |  |  |  |
|  |   |                         |                |   |             |  |  |  |
|  |   |                         |                |   |             |  |  |  |
| 15   | Describe the quantita                             | tive effect of the ora  | anizational ac | tion on the basis of the secu                   | uritv in th | e hands of a U.S. taxpayer as an adjustment per              |  |  |
|  | share or as a percent                             | -                       |                |   | ,           |  |  |  |
|  |   | -                       |                |   |             |  |  |  |
|  |   |                         |                |   |             |  |  |  |
|  |   |                         |                |   |             |  |  |  |
|  |   |                         |                |   |             |  |  |  |
|  |   |                         |                |   |             |  |  |  |
|  |   |                         |                |   |             |  |  |  |
|  |   |                         |                |   |             |  |  |  |
|  |   |                         |                |   |             |  |  |  |
|  |   |                         |                |   |             |  |  |  |
|  |   |                         |                |   |             |  |  |  |
| 16   | Describe the calculati                            | on of the change in k   | asis and the   | data that supports the calcu                    | ulation s   | uch as the market values of securities and the               |  |  |
|  | valuation dates >                                 | N/A                     |                |   | diation, o  |  |  |  |
|  |   |                         |                |   |             |  |  |  |
|  |   |                         |                |   |             |  |  |  |
|  |   |                         |                |   |             |  |  |  |
|  |   |                         |                |   |             |  |  |  |
|  |   |                         |                |   |             |  |  |  |
|  |   |                         |                |   |             |  |  |  |
|  |   |                         |                |   |             |  |  |  |
|  |   |                         |                |   |             |  |  |  |
|  |   |                         |                |   |             |  |  |  |
|  |   |                         |                |   |             | Faura <b>8037</b> (10.0011                                   |  |  |

| 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><br>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     |                    | ΛΛΛ   |  |                       |   |
| Her      | e <sub>Signa</sub> | ature ►   |  | Date▶ 11/26           | /2015   |
|          |                    | David Pauli   |  | Title▶ COO            |   |
| <u> </u> |                    | your name ► David Pauli<br>Print/Type preparer's name               | Preparer's signature                                 | Title► COO<br>Date    | Ohanta III if PTIN                              |
| Paie     | d<br>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 ►