► See separate instructions.

_		
Part	Reporting	Issuer

1	Issuer's name					2 Issuer's employer identifi	cation number (EIN)
Signature Diversified Yield Il Fund (O)				N/A			
3	Name of contact for add			ne No. of contact		5 Email address of contact	
	Duarte Boucinh	a	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 cont	act	7 City, town, or post office, state,	, and Zip code of contact
	2 Queen Street East, 20th Floor				Toronto, Ontario, M5C 3G7		
8	Date of action		9 Class	sification and descripti	on		
	Tax Year 2015			Non-taxab	le distrib	ution	
10	CUSIP number	11 Serial number(s)	12 Ticker symbol		13 Account number(s)	
	N/A	N/A		N/A		N/A	
P	-		ch additiona	-	ed. See bad	ck of form for additional ques	stions.
14	Describe the organiza	tional action and, if a	applicable, the	e date of the action or	the date aga	inst which shareholders' owners	hip is measured for
	the action ►	A non-tax	able distri	ibution was mad	le to shar	eholders throughout th	ie 2015
		taxation ye	ear. See qu	uestion 15 for p	er unit in	formation of the return	n of capital
		that occur	red throu	ghout the 2015	<u>taxable y</u>	ear.	
15	Describe the quantitat	tive effect of the ora	anizational act	tion on the basis of the	e security in t	he hands of a U.S. taxpayer as a	an adjustment per
	share or as a percenta						
	•		<u>0.27005 p</u>	er unt			
16		-	basis and the	data that supports the	calculation,	such as the market values of see	curities and the
	valuation dates	N/A					
_							
For	Paperwork Reduction	Act Notice, see the	separate Ins	structions.	Ci	at. No. 37752P	Form 8937 (12-2011)

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		ΛΛΛ			
Her	e _{Signa}	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 ►