See separate instructions.

Part I	Reporting	lesuer

	Issuer's name	Issuer			2 leeu	er's employer identification number (EIN)		
'					2 1350			
Signature High Income Fund (F)						N/A		
3 Name of contact for additional information 4			4 Telephon	e No. of contact	5 Emai	l address of contact		
	Duarte Boucinha		416-	681-1752	dbo	oucinha@ci.com		
6 Number and street (or P.O. box if mail is not del			delivered to s	ivered to street address) of contact		own, or post office, state, and ZIP code of contac		
	2 Queen Street Ea	ast, 20th Floor				Toronto, Ontario, M5C 3G7		
8	Date of action		9 Class	9 Classification and description				
	Tax Year 2019			Non-taxable distrib		oution		
10	CUSIP number 11 Serial number(s))	12 Ticker symbol		ount number(s)		
	N/A	N/A		N/A		N/A		
Pa			n additional		See back of form	n for additional questions.		
14	-					shareholders' ownership is measured for		
	the action ►				-	ghout the 2019 taxation year.		
						pital that occurred throughout		
		the 2019 tax	-			±		
			-					
15	Describe the quantitat share or as a percenta				curity in the hands	of a U.S. taxpayer as an adjustment per		
16	Describe the calculation valuation dates ►	on of the change in ba $\mathrm{N/A}$	asis and the d	data that supports the calc	culation, such as th	he market values of securities and the		
For	Paperwork Reduction	Act Notice, see the	separate Ins	tructions.	Cat. No. 377	52P Form 8937 (12-2017		

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Part		Drganizational Action (continued)				
17	List the	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tre	eatment	is based I	 IRC sec 312 and 	<u>tion 301(c)(2),</u>
					512 and	510
		27/1				
18 (Can any	resulting loss be recognized? ►N/A				
19	Provide	any other information necessary to implement the adjustment, such as the reportable	e tax yea	ar Þ	N/A	
	1					
	Unde belief	r penalties of perjury, I declare that I have examined this return, including accompanying sched it is true, correct, and complete. Declaration of preparer (other than officer) is based on all inform	ules and nation of	statements which prep	s, and to the best of arer has any know	of my knowledge and ledge.
Sign		-++				
Here	Signa		Date Þ	Mar 3	51, 2019	
		Jour name ► Darie Urbanky	T:41 ►	Presid	ent and Chie	f Operating Office
Paid		Print/Type preparer's name Preparer's signature	Title ► Date	11000		PTIN
	arer				self-employed	
	Only	Firm's name			Firm's EIN ►	
	-	Firm's address 🕨			Phone no.	