► See separate instructions.

Part I Reporting Issuer

1 Issuer's name		2 Issuer's employer identification number (EIN)				
SENTRY GLOBAL TACTIO		PRIVATE PO	OOL	FOREIGNUS		
			ne No. of contact	5 Email address of contact		
			(647) 790 0546	fiulinde @centry.co		
FRANCISCA JULINDA 6 Number and street (or I	P.O. box if mail is not	delivered to :	(647) 789-2516 street address) of contact	fjulinda@sentry.ca 7 City, town, or post office, state, and Zip code of contact		
				- 3 , , . F , F		
199 BAY STREET, SUITE	2700	TORONTO, ONTARIO, CANADA, M5L 1E2				
8 Date of action 9 Classification and description						
SEE BELOW 10 CUSIP number	11 Serial number(TRETURN OF CAPITAL" DI 12 Ticker symbol	13 Account number(s)		
N/A	N/A		N/A	N/A		
Part II Organizati	onal Action Attac	ch additiona	I statements if needed. Se	ee back of form for additional questions.		
14 Describe the organiza	ational action and, if a	applicable, the	e date of the action or the da	te against which shareholders' ownership is measured for		
the action < RETUR	N OF CAPITAL AS	PART OF DIS	STRIBUTIONS THAT OCCU	RRED THROUGHOUT THE 2016 TAXABLE YEAR		
15 Describe the quantita share or as a percent	-	anizational act	tion on the basis of the secu	rity in the hands of a U.S. taxpayer as an adjustment per		
THE ADJUSTMENT TO A	SECURITYHOLDER'	S COST BAS	SIS IS AS FOLLOWS:			
SERIES A: \$0.09772 PER	SECURITY					
SERIES F: \$0.08893 PER \$	SECURITY					
SERIES O: \$0.07534 PER	SECURITY					
16 Describe the calculati valuation dates ► N/A		basis and the	data that supports the calcu	lation, such as the market values of securities and the		

Form 893		. 12-2011)				Page 2
Part		Organizational Action (continued)				· · · · · · · · · · · · · · · · · · ·
17 Li	ist the	applicable Internal Revenue Code section(s) and subsection(s) upon which	the tax treatment is	based 🕨	•	
IRC SE	CTION	I 301(c)(2), 312 AND 316				
18 C	an anv	resulting loss be recognized? ► N/A				
	anany					
19 Pi	rovido	any other information necessary to implement the adjustment, such as the	reportable tax year			
13 11	IOVIGE	any other information necessary to implement the adjustment, such as the				
		r penalties of perjury, I declare that I have examined this return, including accompan , it is true, correct, and complete. Declaration of preparer (other than officer) is based				
Sign		\frown			-	-
Here	Ciana	Et AM TO	Date► 4	/1 2/201	7	
	Signa	ture Columnal Man 7/		12/201	1	
	Print	your name EDWARD MERCHAND	Title ► C	HIFF FI		FICER
Delet	1 i mit	Print/Type preparer's name Preparer's signature	Date			PTIN
Paid		GREGORY PAPINKO	4/11/20	17	Check √ if self-employed	
Prepa Use C		Firm's name	I		Firm's EIN ►	98-0189320
036(Jilly	Firm's address 18 YORK STREET, SUITE 2600, TORONTO, ONTARIA	CANADA, M5J 0B	32	Phone no.	(416) 863-1133

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054