See separate instructions.

## Part Reporting Issuer

1	Issuer's name				2 Issuer's employer identification number (EIN)
SE	NTRY CONSERVATIVE	INCOME PORTFOLI	0		FOREIGNUS
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Email address of contact
	ANCISCA JULINDA			(647) 789-2516	fjulinda@sentry.ca
6	Number and street (or F	P.O. box if mail is not	delivered to s	street address) of contact	7 City, town, or post office, state, and Zip code of contac
	BAY STREET, SUITE 2	2700	1		TORONTO, ONTARIO, CANADA, M5L 1E2
8	Date of action		9 Class	sification and description	
SE	E BELOW		PAID A '	RETURN OF CAPITAL" D	ISTRIBUTION
10	CUSIP number	11 Serial number(s	3)	12 Ticker symbol	13 Account number(s)
	N/A	N/A		N/A	N/A
P	art II Organizatio	onal Action Attac	h additional	statements if needed. S	See back of form for additional questions.
14	Describe the organiza	tional action and, if a	oplicable, the	e date of the action or the d	late against which shareholders' ownership is measured for
	the action < RETUR	N OF CAPITAL AS P	ART OF DIS	TRIBUTIONS THAT OCCU	JRRED THROUGHOUT THE 2016 TAXABLE YEAR
15	•	0	nizational act	ion on the basis of the secu	urity in the hands of a U.S. taxpayer as an adjustment per
	share or as a percenta	age of old basis 🕨			

## THE ADJUSTMENT TO A SECURITYHOLDER'S COST BASIS IS AS FOLLOWS:

SERIES A: \$0.17992 PER SECURITY	SERIES I: \$0.08309 PER SECURITY	
SERIES B: \$0.13069 PER SECURITY	SERIES O: \$0.01819 PER SECURITY	
SERIES B5: \$0.13499 PER SECURITY	SERIES P: \$0.00000 PER SECURITY	
SERIES B7: \$0.22141 PER SECURITY	SERIES PF: \$0.00000 PER SECURITY	
SERIES F: \$0.11113 PER SECURITY	SERIES T5: \$0.15785 PER SECURITY	
SERIES FT5: \$0.10933 PER SECURITY	SERIES T7: \$0.25359 PER SECURITY	
SERIES FT7: \$0.21891 PER SECURITY		

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ► N/A

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Part		Drganizational Action (continued)		· · · · · · · · · · · · · · · · · · ·
		applicable Internal Revenue Code section(s) and subsection(s) upon which the ta	x treatment is based	<u> </u>
IRC SE	CTION	301(c)(2), 312 AND 316		
<b>18</b> Ca	an any	resulting loss be recognized? ► N/A		
<b>19</b> Pi	rovide	any other information necessary to implement the adjustment, such as the report	table tax vear ► N/A	
10 11	Ioviac			
	Unde	r penalties of perjury, I declare that I have examined this return, including accompanying sc	hedules and statements,	, and to the best of my knowledge and
	belief	it is true, correct, and complete. Declaration of preparer (other than officer) is based on all ir	nformation of which prepa	arer has any knowledge.
Sign				
Here	Signa	ture Edward Man 70	Date • 4/12/20	)17
	Print	your name ► EDWARD MERCHAND	Title CHIEF FI	NANCIAL OFFICER
Paid		Print/Type preparer's name Preparer's signature	Date	Check 🖌 if PTIN
Prepa	arer	GREGORY PAPINKO	4/11/2017	self-employed P01452981
Use C		Firm's name		Firm's EIN  98-0189320
	y	Firm's address > 18 YORK STREET, SUITE 2600, TORONTO, ONTARIA, CAN	ADA, M5J 0B2	Phone no. (416) 863-1133

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