See separate instructions.

## Part Reporting Issue

P	arti Reporting	ssuer						
1 Issuer's name						2 Issuer's employer identification number (EIN)		
	Sentry Defensive Income Portfolio (FT5)					N/A		
3	Name of contact for add	ditional information	4 Telephor	ne No. of contact 5 Email address o		5 Email address of contact		
Duarte Boucinha			416	416-681-1752		dboucinha@ci.com		
6 Number and street (or P.O. box if mail is not delivered to str				street address) of contact	7	7 City, town, or post office, state, and ZIP code of contact Toronto, Ontario, M5C 3G7		
2 Queen Street East, 20th Floor								
8	Date of action		9 Class	9 Classification and description				
Tax Year 2020Non-taxable distribution				ion				
10	CUSIP number	11 Serial number(s	5)	12 Ticker symbol	1:	3 Account number(s)		
	N/A	N/A	L	N/A		N/A		
Pa				-	See back	of form for additional questions.		
14	-					t which shareholders' ownership is measured for		
	the action ►					throughout the 2020 taxation year.		
						n of capital that occurred throughout		
		the 2020 tax	1					
			abic year.					
15	Describe the quantitative effect of the experimetional action on the basis of the ecouvity in the bands of a U.C. towns or an adjust							
15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ► 0.08911 per unit								
16	Describe the calculation	on of the change in b	asis and the	data that supports the calcu	ulation, su	ch as the market values of securities and the		
	valuation dates	N/A						

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Pa	rt II	Drganizational Action (continued)							
17		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tr	reatment is based ▶	►					
				312 and 316					
40	Con on	resulting lass he recognized $\sim N/A$							
18	Can an	resulting loss be recognized? ► N/A							
19	Provide	any other information necessary to implement the adjustment, such as the reportabl	le tax year ►	N/A					
	Und	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules 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 information of which preparer has any knowledge.							
Sigr									
Her	<u> </u>		Date March 31, 2020						
		your name ► Darie Urbanky Print/Type preparer's name Preparer's signature	Title ► President	and Chief Operating Officer					
Paie	d parer	Print/Type preparer's name Preparer's signature		Check if self-employed					
	e Only	Firm's name		Firm's EIN ►					
	,	Firm's address 🕨		Phone no.					

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