## Form **8937**(December 2017) Department of the Treasury

Internal Revenue Service

## Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

Part I Reporting Issuer 2 Issuer's employer identification number (EIN) 1 Issuer's name Sentry Conservative Monthly Income Fund (A) N/A 3 Name of contact for additional information 4 Telephone No. of contact 5 Email address of contact Duarte Boucinha 416-681-1752 dboucinha@ci.com 6 Number and street (or P.O. box if mail is not delivered to street address) of contact 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 Classification and description Tax Year 2018 Non-taxable distribution 10 CUSIP number 11 Serial number(s) 12 Ticker symbol 13 Account number(s) N/A N/A N/A N/A Organizational Action Attach additional statements if needed. See back of form for additional questions. Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for A non-taxable distribution was made to shareholders throughout the 2018 taxation year. See question 15 for per unit information of the return of capital that occurred throughout the 2018 taxable year. 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 ► 0.03269 per unit 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 ►

Part	Ш	Organizational Action (co	ntinued)		· · · · · · · · · · · · · · · · · · ·
17	List th	e applicable Internal Revenue Cod	e section(s) and subsection(s) upon w	hich the tax treatment is based ▶	IRC section 301(c)(2), 312 and 316
			NI/A		
18 Can any resulting loss be recognized? ► N/A					
40	D	l	to for the contribution of the total contribution	Unit of the last o	N/A
19	Provid	ie any other information necessary	to implement the adjustment, such as	the reportable tax year ►	IN/II
			have examined this return, including accordant to the state of preparer (other than officer) is be		
Sign		belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Here		Signature ▶ Jan 19, 2018			018
					CFO, Funds
<u></u>		nt your name ► Carol Chiu Print/Type preparer's name	Preparer's signature	Title ► Date	PTINI
Paid Prep					Check if self-employed
Use		y Firm's name ►			Firm's EIN ▶
Send	Form 9	Firm's address ► Prim's address ► Prim 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogder			Phone no. len. UT 84201-0054