

# Report of Organizational Actions Affecting Basis of Securities

▶ See separate instructions.

## Part I Reporting Issuer

1 Issuer's name		2 Issuer's employer identification number (EIN)	
See attached schedule		98-0434200	
3 Name of contact for additional information	4 Telephone No. of contact	5 Email address of contact	
Michelle Munro	416-307-5300	Michelle.Munro@fidelity.ca	
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	
483 Bay Street, Suite 300		Toronto, Ontario, M5G 2N7	
8 Date of action	9 Classification and description		
See column 15 of attached schedule	Non-taxable cash/stock distribution		
10 CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)
See attached schedule	N/A	N/A	N/A

## Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.

14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ▶ A non-taxable cash or stock distribution was made to shareholders. See column 15 of the attached schedule for the date of the organizational action.

---

---

---

---

---

---

---

---

---

---

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 ▶ See attached schedule.

---

---

---

---

---

---

---

---

---

---

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 ▶ The taxpayer's earnings and profits were estimated under IRC § 312 and the regulations thereunder. Amounts distributed in excess of earnings and profits reduced the shareholder's tax basis in its shares (to the extent of basis).

---

---

---

---

---

---

---

---

---

---

**Part II Organizational Action** (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ IRC§ 301(c)(2)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18 Can any resulting loss be recognized? ▶ No.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ These actions are effective on the date of the distribution identified in column 15 of the attached schedule.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sign Here**

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.

Signature ▶ *Cameron Murray* Date ▶ Jan 11/18

Print your name ▶ Cameron Murray Title ▶ SVP Client Services and CIO

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no.			