

**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)	
SENTRY GLOBAL MID CAP INCOME FUND		FOREIGNUS	
3 Name of contact for additional information	4 Telephone No. of contact	5 Email address of contact	
FRANCISCA JULINDA	(647) 789-2516	fjulinda@sentry.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	
199 BAY STREET, SUITE 2700		TORONTO, ONTARIO, CANADA, M5L 1E2	
8 Date of action		9 Classification and description	
SEE BELOW		PAID A "RETURN OF CAPITAL" DISTRIBUTION	
10 CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)
N/A	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 ► **RETURN OF CAPITAL AS PART OF DISTRIBUTIONS THAT OCCURRED THROUGHOUT THE 2015 TAXABLE YEAR**

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 ►

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

SERIES A: \$0.13162 PER SECURITY

SERIES F: \$0.13366 PER SECURITY

SERIES I: \$0.11632 PER SECURITY

SERIES P: \$0.12521 PER SECURITY

SERIES PF: \$0.14881 PER SECURITY

SERIES O: \$0.10094 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**

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 SECTIONS 301(c)(2), 312 AND 316


18 Can any resulting loss be recognized? ▶ N/A

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ N/A

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 ▶  Date ▶ 4/6/2016

Print your name ▶ EDWARD MERCHAND Title ▶ CHIEF FINANCIAL OFFICER

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	<u>GREGORY PAPINKO</u>	<u></u>	<u>4/4/2016</u>		<u>P01452981</u>
	Firm's name ▶ <u>PRICEWATERHOUSECOOPERS LLP</u>	Firm's EIN ▶ <u>98-0189320</u>		Firm's address ▶ <u>18 YORK STREET, SUITE 2600, TORONTO, ONTARIO, CANADA, M5J 0B2</u>	
				Phone no. <u>(416) 863-1133</u>	