► See separate instructions.

Ра	rti Reporting	ssuer				
1	lssuer's name				2 Issuer's employer identification number (EIN)	
See	attached schedule		Fidelity EIN: 98-0434200 - see attached schedule for Issuer level EIN			
3	Name of contact for ad	ditional information	4 Telephon	e No. of contact	5 Email address of contact	
Shai	ron Ma		sharon.ma@fidelity.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 contact	
483	Bay Street, Suite 300				Toronto, Ontario, M5G 2N7	
-	Date of action		9 Class	sification and description	I	
See	column 15 of attached	I schedule	Non-taxa	able cash/stock distribut	ion	
10 (CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)	
Se	e attached schedule	N/A		N/A	N/A	
Ра	rt II Organizatio	onal Action Atta	ch additional	statements if needed.	See back of form for additional questions.	
<u>of th</u>	the action ► <u>A non-t</u> e organizational actio		<u>ck distributio</u>	n was made to sharehol	ders. See column 15 of the attached schedule for the date	
15					ecurity in the hands of a U.S. taxpayer as an adjustment per	
	share or as a percenta	age of old basis ► <u>Se</u>	ee attached s	chedule.		
16		0		••	ulation, such as the market values of securities and the RC § 312 and the regulations thereunder. Amounts	
<u>dist</u> r					n its shares (to the extent of basis).	

Part		Organizational Action (continued)					
17 Li			s) and subsection(s) upon which the tax tre	atment	is based ►	IRC§ 301(c)(2)
18 C	an anv	resulting loss be recognized? ► No.					
10 0	anany						
19 P	rovide	any other information necessary to implem	ent the adjustment, such as the reportable	tax yea	r ► These a	actions are ef	fective on the
		stribution identified in column 15 of the		,			
	Lindo	r popultion of porium. I declare that I have even	nined this return, including accompanying schedu	ulos and	statomonts	and to the best	of my knowledge and
	belief	it is true, correct, and complete. Declaration of p	preparer (other than officer) is based on all inform	ation of v	which prepar	er has any know	ledge.
Sign		11 14			lonuor	v 07 0000	
Here	Signa	ture - ameron H Mune	ÿ	Date ►	Januar	y 27, 2023	
	_	\sim		T 10	0)/2 6"	4 Operation	
<u> </u>	Print	your name ► Cameron Murray Print/Type preparer's name	Preparer's signature	Title ► Date	SVP Clier	nt Services an	PTIN
Paid Prop	arer	·····				Check if self-employed	
Prepa Use (Firm's name	·	•		Firm's EIN ►	·
556 (Jiny	Firm's address ►				Phone no.	

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