See separate	instructions.
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Part I Reporting Issuer

1 Issuer's name	2 Issuer's employer identification number (EIN)			
Harvest Equal Weight Global Utilities Enhanc	FOREIGNUS			
3 Name of contact for additional information	4 Telephone No. of contact	5 Email address of contact		
DANIEL LAZZER	(416) 649-4541	dlazzer@harvestportfolios.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		
610 Chartwell Road, Suite 204		OAKVILLE, ONTARIO, CANADA, L6J 4A5		
8 Date of action	9 Classification and description			
SEE BELOW	PAID A "RETURN OF CAPITAL" DI			
10 CUSIP number 11 Serial number(s) 12 Ticker symbol	13 Account number(s)		
N/A N/A	N/A	N/A		
		ee back of form for additional questions.		
		te against which shareholders' ownership is measured for		
•	•••	RRED THROUGHOUT THE 2024 TAXABLE YEAR		
RETURN OF CAPITAL AS	PART OF DISTRIBUTIONS THAT OCCU	RRED THROUGHOUT THE 2024 TAXABLE YEAR		
	nizational action on the basis of the secu	rity in the hands of a U.S. taxpayer as an adjustment per		
share or as a percentage of old basis \blacktriangleright				
THE ADJUSTMENT TO A UNITHOLDER'S CO	ST BASIS IS AS FOLLOWS:			
Series A 0.40708350 PER UNIT				
16 Describe the calculation of the change in b	pasis and the data that supports the calcu	lation, such as the market values of securities and the		
valuation dates ► N/A				

The information contained herein is being provided pursuant to the requirements of Section 6045B of the Internal Revenue Code of 1986, as amended. The information in this document does not constitute tax advice and should not be construed to take into account any shareholder's specific circumstances. Holders and nominees should consult their own tax advisors regarding the particular tax consequences of the organizational action (as described in this document) to them, including the applicability and effect of all U.S. federal, state, and local and foreign tax laws.

Form 89					Page 2
Part		Organizational Action (cor	tinued)		
17 Li	ist the	applicable Internal Revenue Code	e section(s) and subsection(s) upon which	ch the tax treatment is based I	•
IRC SE	CTION	301(c)(2), 312 AND 316			
18 C	an anv	/ resulting loss be recognized? ►	N/A		
	,	,			
19 P	rovide	any other information necessary	to implement the adjustment, such as the	he reportable tax year ► <u>N/A</u>	
	Unde	r penalties of periury. I declare that	nave examined this return, including accomp	panving schedules and statements	and to the best of my knowledge and
	belief	, it is true, correct, and complete. Dec	aration of preparer (other than officer) is base	ed on all information of which prep	arer has any knowledge.
Sign					
Here	Signa	ature ►		Date ►	
	Print	your name 🕨		Title ►	
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
Prepa	arer				self-employed
Use (July	Firm's name			Firm's EIN 🕨

 Use Only
 Firm's address

 Firm's address
 Phone no.

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