See separate instructions.

Part I Reporting Issuer

Part Reporting I	ssuer				
1 Issuer's name		2 Issuer's employer identification number (EIN)			
Harvest Canadian T-Bill ET	F	FOREIGNUS			
3 Name of contact for add		5 Email address of contact			
DANIEL LAZZER (416) 649-4541				dlazzer@harvestportfolios.com	
6 Number and street (or P	delivered to :		7 City, town, or post office, state, and ZIP code of contact		
· · ·			,		
610 Chartwell Road, Suite 2	204			OAKVILLE, ONTARIO, CANADA, L6J 4A5	
8 Date of action	9 Class	sification and description			
SEE BELOW		PAID A '	'RETURN OF CAPITAL" D	ISTRIBUTION	
10 CUSIP number	11 Serial number(12 Ticker symbol	13 Account number(s)	
N/A	N/A		N/A	N/A	
				See back of form for additional questions.	
14 Describe the organizat	ional action and, if a	pplicable, the	e date of the action or the c	late against which shareholders' ownership is measured for	
the action ► RETUR	N OF CAPITAL AS	PART OF DIS	TRIBUTIONS THAT OCC	URRED THROUGHOUT THE 2024 TAXABLE YEAR	
15 Describe the quantitati share or as a percenta	-	nizational act	tion on the basis of the sec	urity in the hands of a U.S. taxpayer as an adjustment per	
THE ADJUSTMENT TO A U		51 BASIS IS	AS FULLOWS:		
Series A 0.02502755 PER U	JNH				
16 Describe the calculation valuation dates ► N/A	on of the change in b	basis and the	data that supports the calc	ulation, such as the market values of securities and the	

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 whi	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 perjury, I declare that I	nave examined this return, including accomp	panying 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