► See separate instructions.

Part I Reporting I	ssuer							
1 Issuer's name				2 Issuer's employer identification number (EIN)				
Harvest Industrial Leaders	Income FTF			FOREIGNUS				
3 Name of contact for add		5 Email address of contact						
DANIEL LAZZER (416) 649-454			(416) 649-4541	dlazzer@harvestportfolios.com				
6 Number and street (or P	.O. box if mail is not	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 Class	9 Classification and description					
SEE BELOW		PAID A "	RETURN OF CAPITAL"	DISTRIBUTION				
10 CUSIP number	<b>11</b> Serial number(	s)	12 Ticker symbol	13 Account number(s)				
N/A	N/A		N/A	N/A				
		ch additiona		See back of form for additional questions.				
14 Describe the organizat	tional action and, if a	applicable, the	e date of the action or the	date 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 quantitat share or as a percenta		anizational act	tion on the basis of the sec	curity in the hands of a U.S. taxpayer as an adjustment per				
THE ADJUSTMENT TO A L	INITHOLDER'S CO	ST BASIS IS	AS FOLLOWS:					
Series A 0.48296709 PER L	JNIT							
16 Describe the calculation valuation dates ► N/A	-	basis and the	data that supports the cal	culation, 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 <b>2</b>
Part		Organizational Action (cor	tinued)		
<b>17</b> Li	ist the	applicable Internal Revenue Code	e section(s) and subsection(s) upon which	ch the tax treatment is based <b>I</b>	•
IRC SE	CTION	301(c)(2), 312 AND 316			
<b>18</b> C	an anv	/ resulting loss be recognized? ►	N/A		
	,	,			
<b>19</b> 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