

Report of Organizational Actions
Affecting Basis of Securities

OMB No. 1545-0123

▶ See separate instructions.

Part I Reporting Issuer

1 Issuer's name		2 Issuer's employer identification number (EIN)	
ATB International Disciplined Equity Fund		FOREIGNUS	
3 Name of contact for additional information	4 Telephone No. of contact	5 Email address of contact	
MARCY BOWERS	368-995-4663	MBOWERS@ATB.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	
EIGHTH AVENUE PLACE, SUITE 700, 585 - 8 AVENUE SW		CALGARY, AB, CANADA T2P 1G1	
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 2025 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 UNITHOLDER'S COST BASIS IS AS FOLLOWS:
Series E 0.00071273 PER UNIT ,Series I 0.01015872 PER UNIT

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)*

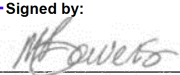
17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ►
[IRC SECTION 301\(c\)\(2\), 312 AND 316](#)

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

Signed by:

Signature ► 

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Date ► 2026-05-12 | 3:44 PM MDT

Print your name ► Marcy Bowers

Title ► Managing Director

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ►	Firm's EIN ►			
Firm's address ►	Phone no.			