



**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 §312 & §316

Blank lines for listing applicable Internal Revenue Code sections and subsections.


18 Can any resulting loss be recognized? ▶ N/A

Blank lines for providing information regarding loss recognition.

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ N/A

Blank lines for providing other necessary information for the adjustment.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature ▶  Date ▶ 1/7/2019

<b>Paid Preparer Use Only</b>	Print your name ▶ <u>ROBERT WHITE</u>		Title ▶ <u>TREASURER</u>	
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶	Firm's EIN ▶		Phone no.
	Firm's address ▶			

Advent/Claymore Enhanced Growth & Income Fund  
TICKER: LCM  
ROC Per Share 2018

EIN: 20-2113086

"ROC" Percentage: 100%

RETURN OF CAPITAL DISTRIBUTION "ROC" AS A PART OF THE FOLLOWING DISTRIBUTIONS:
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<u>RECORD DATE:</u>	<u>TOTAL PER SHARE DISTRIBUTION:</u>	<u>ROC PER SHARE DISTRIBUTION:</u>
2/15/2018	\$0.210000	\$0.021000
5/15/2018	\$0.210000	\$0.021000
8/15/2018	\$0.210000	\$0.021000