## Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

## Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

P	art I	Reporting	Issuer					
1	Issuer's	name				2 Issuer's employer identification number (EIN	I)	
_	Name of	contact for ad	ditional information	1	Telephone No. of contact	5 Email address of contact		
3	Name of	CONTACT TOT ACT	ditional information	-	relephone No. of contact	J Email address of contact		
6	Number	and street (or F	P.O. box if mail is not	t deli	ivered to street address) of contact	7 City, town, or post office, state, and ZIP code of conta	act	
8	Date of action				9 Classification and description			
10	CUSIP n	umber	11 Serial number	(c)	12 Ticker symbol	13 Account number(s)	_	
10	COSIF II	umbei	TI Serial Humber	(5)	12 Ticker Symbol	13 Account number(s)		
Р	art II	Organizatio	onal Action Atta	ch a	additional statements if needed. S	See back of form for additional questions.	_	
14						late against which shareholders' ownership is measured for	_	
	the act	ion ▶						
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_							_	
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							_	
15	Describ	oe the quantita	tive effect of the orga	aniza	ational action on the basis of the secu	urity in the hands of a U.S. taxpayer as an adjustment per		
	share o	or as a percenta	age of old basis ►					
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16	Descril	oe the calculati	on of the change in t	oasis	s and the data that supports the calcu	ulation, such as the market values of securities and the		
		on dates ►	_					
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Par	t II	Organizational Action (contin	ued)		
17	List the	applicable Internal Revenue Code se	ection(s) and subsection(s) upon which the to	ax treatment is based	<b>&gt;</b>
18	Can any	y resulting loss be recognized? ►			
		_			
19	Provide	e any other information necessary to i	mplement the adjustment, such as the repo	rtable tax vear ▶	
		,	,		
	Unde	or popultion of parium. I dealars that I have	a everying this return, including accompanying o	schodules and statement	a and to the heat of my knowledge and
			e examined this return, including accompanying s tion of preparer (other than officer) is based on all		
Sign	,				-
Here	.			5.5	
	Signa	ature ►		Date ►	
		_		T'11 5	
	'	your name ►	Prenarer's signature	Title ► Date	Ohari Dir PTIN
Paid	k	Print/Type preparer's name	Preparer's signature Bengurm	4/21/2021	Check III
Pre	parer		OURACY NO NO NOTION	7/21/2021	self-employed
	Only	Firm's name	U		Firm's EIN ►
		Firm's address ►			Phone no.
Send	Form 89	937 (including accompanying stateme	ents) to: Department of the Treasury, Interna	al Revenue Service, Og	gden, UT 84201-0054

Fund Name EIN: 47-2573198 AQR TM International Multi-Style Fund

Share Class	Cusip	Ticker	Exchange Ratio
1	00191K682	QIMLX	0.96535279
N	00191K674	QIMNX	0.96584171
R6	00191K666	QIMRX	0.96819603