See separate instructions.

Part Reporting Issuer

1 Issuer's name		2 Issuer's employer identification number (EIN)		
GuideMark Core Fixed Inco	ome Fund	36-4421935		
3 Name of contact for additional information 4 Te			e No. of contact	5 Email address of contact
sset/Mark, Inc.			(888) 278-5809	gnwfundadministration@genworth.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		
1655 Grant Street, 10th Flo	or	Concord, CA 94520		
8 Date of action	9 Class	ification and description		
3/31/14		Multiple	classes of shares of a s	ingle mutual fund /regulated investment company
10 CUSIP number	11 Serial number(s		12 Ticker symbol	13 Account number(s)
See attachment.	N/A		See attachment.	NÆ
		h additional		See back of form for additional questions.
-				date against which shareholders' ownership is measured for
the action ► The Gui	deMark Core Fixed	Income Fun	d paid a non-taxable ret	urn of capital to shareholders of record 3/19/14. See
attachment.				
15 Describe the quantitat	ive effect of the orga	nizational act	ion on the basis of the se	curity in the hands of a U.S. taxpayer as an adjustment per
•	•			distribution paid to shareholders of record on the attached
schedule represents a redu	uction in the shareh	older's tax b	asis in their shares held	

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 ► The shareholder's per share cost after the distribution is equal to their previous per share basis less the non-taxable return of capital distribution. The amount was determined in accordance with IRC Section 301 and Section 316

Firm's name

Firm's address ►

Use Only

►

Part		Organizational Action (cont	nued)					
17 L	ist the	applicable Internal Revenue Code	ection(s) and subsection	on(s) upon which the tax tre	eatment is I	oased ▶	► IRC 301,	316
		resulting loss be recognized? ►	lo loss can be recogr	ized by the common sha	reholders	of reco	rd for the nor	-taxable return of
capital	distrit	oution received.						
19 P	rovide	any other information necessary to	implement the adjustn	ent, such as the reportable	e tax year 🕨	• The ir	nformation pr	ovided above will
be prov	vided o	on the shareholder's 2014 1099- D	IV Statement, Box 3.					
		r penalties of perjury, I declare that I ha , it is true, correct, and complete. Declar						
Sign Here	Signa	ture▶/s/Starr Fr	ohlich		Date►	4/	21/14	
	Drint	your name ► Starr Frohlich			Titlo 🕨 🔭	0.051150		
Paid	1 ******	Print/Type preparer's name	Preparer's signat		Title► Tr Date	easurer	Check if	PTIN
Prepa	arer						self-employed	

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054

Firm's EIN ►

Phone no.

Supplemental Attachment to Form 8937

GuideMark SM Core Fixed Income Fund									
	Box 10	Box 12			Box 14	Box 15			
					Percentage of	Per Share			
			Record	Ex/Pay	Non-taxable	Non-taxable			
Class	Cusip	Ticker	Date	Date	Return of Capital	Return of Capital			
Service	36191K868	GMCOX	03/19/2014	03/20/2014	83.91%	\$0.1826			
Institutional	36191K850	GICFX	03/19/2014	03/20/2014	79.13%	\$0.1826			