

Part II Organizational Action *(continued)*

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ _____

18 Can any resulting loss be recognized? ▶ _____

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

Sign Here 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.

Signature ▶ JIE YOU Date ▶ _____

Print your name ▶ _____ Title ▶ _____

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

AGNC INVESTMENT CORP

STATEMENT 1

FORM 8937, PART II, LINE 15

THE DISTRIBUTIONS MADE ON THE FOLLOWING DATES REDUCE THE BASIS OF THE SECURITY IN THE HANDS OF THE U.S. SHAREHOLDER(S) AS FOLLOWS:

Record Date	Payment Date	PER SHARE REDUCTION OF BASIS
11/30/18	12/10/18	0.086066
10/31/18	11/09/18	0.086066
09/28/18	10/09/18	0.086066
08/31/18	09/11/18	0.086066
07/31/18	08/08/18	0.086066
06/29/18	07/09/18	0.086066
05/31/18	06/08/18	0.086066
04/30/18	05/09/18	0.086066
03/29/18	04/09/18	0.086066
02/28/18	03/08/18	0.086066
01/31/18	02/08/18	0.086066
12/29/17	01/09/18	0.086066