## 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 a	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 ▶					
_							_
_							_
							_
							_
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	0	Organizational Action (cont	inued)			
17	List t	he a	pplicable Internal Revenue Code	section(s) and subsection(s) u	pon which the tax tr	eatment is based	•
18	Can	anv i	resulting loss be recognized? ►				
.0	Oarr	arry	resulting loss be recognized:				
19	Provi	ide a	nny other information necessary to	implement the adjustment, s	such as the reportable	e tax year ►	
	Ur	nder	penalties of perjury, I declare that I ha	ive examined this return, including	g accompanying sched	dules and statements	s, and to the best of my knowledge and
	be	elief, i	it is true, correct, and complete. Declar	ration of preparer (other than office	er) is based on all infor	mation of which prepared	arer has any knowledge.
Sign							
Here	e si	gnatı	ure▶JIE YOU			Date ►	
						<del></del>	
	Pr	_	our name ▶	<u> </u>		Title▶	T
Paid	k		Print/Type preparer's name	Preparer's signature		Date	Check if PTIN
Pre	pare						self-employed
Use		ly 🛭	Firm's name				Firm's EIN ▶
Sond	Eor-	_	Firm's address ►  7 (including accompanying stater	nontal to: Danartmant of the	Francija, Internal D-	vonuo Conica O-	Phone no.
ociiu	OIIII	033	requiring accompanying states	nontaj to. Departinent di the	rroasury, iriterriai Re	voriue Service, Og	aon, or 04201-0004

## 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
Necord Date	i ayinent bate	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