See separate instructions.

## Part I Reporting Issuer

|  | Issuer's name                   |                         |                |                              | 2 Issuer's employer ide             | entification number (EIN)      |  |  |
|--|---------------------------------|-------------------------|----------------|------------------------------|-------------------------------------|--------------------------------|--|--|
|  | CI Canadian In                  | vestment Corpo          | N/A            |                              |                                     |                                |  |  |
| CI Canadian Investment Corporate CI<br>3 Name of contact for additional information 4 Teleph |                                 |                         |                | e No. of contact             | 5 Email address of conta            | ct                             |  |  |
|  | Duarte Boucinh                  | na                      | 416-681        | 1-1752                       | dboucinha@ci.cor                    | n                              |  |  |
| 6 Number and street (or P.O. box if mail is not delivered to                                 |                                 |                         |                |                              |                                     | state, and ZIP code of contact |  |  |
|  | 2 Queen Street East, 20th Floor |                         |                |                              | Toronto, Ontario                    | M5C 3G7                        |  |  |
| 8  | Date of action                  |                         |                | ification and description    | 1010110, 0 114110                   | , 1100 007                     |  |  |
|  | Tax Year 2017                   |                         |                | Non-taxable d                |                                     | ution                          |  |  |
| 10   | CUSIP number                    | 11 Serial number(s      | 2)             | 12 Ticker symbol             | 13 Account number(s)                |                                |  |  |
| 10   |                                 |                         | »)             |                              |                                     |                                |  |  |
|  | N/A                             | N/A                     |                | N/A                          | N/A                                 |                                |  |  |
|  | -                               |                         |                |                              | ee back of form for additional      | -                              |  |  |
| 14   | -                               |                         |                |                              | ate against which shareholders' ow  | -                              |  |  |
|  | the action ►                    |                         |                |                              | shareholders throughou              |                                |  |  |
|  |                                 |                         |                |                              | nit information of the re           | turn of capital                |  |  |
|  |                                 | that occurs             | ed throug      | <u>ghout the 2017 taxa</u>   | ble year.                           |                                |  |  |
|  |                                 |                         |                |                              |                                     |                                |  |  |
|  |                                 |                         |                |                              |                                     |                                |  |  |
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|  |                                 |                         |                |                              |                                     |                                |  |  |
|  |                                 |                         |                |                              |                                     |                                |  |  |
| 15   | Describe the quantita           | tive effect of the orga | nizational act | ion on the basis of the secu | rity in the hands of a U.S. taxpaye | r as an adjustment per         |  |  |
|  | share or as a percenta          | age of old basis ► (    | ).05968 p      | er unit                      |                                     |                                |  |  |
|  |                                 |                         | <u> </u>       |                              |                                     |                                |  |  |
|  |                                 |                         |                |                              |                                     |                                |  |  |
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|  |                                 |                         |                |                              |                                     |                                |  |  |
|  |                                 |                         |                |                              |                                     |                                |  |  |
| 16   | Describe the calculati          | on of the change in b   | asis and the   | data that supports the calcu | lation, such as the market values o | of securities and the          |  |  |
|  | valuation dates >               | N/A                     |                |                              |                                     |                                |  |  |
|  |                                 |                         |                |                              |                                     |                                |  |  |
|  |                                 |                         |                |                              |                                     |                                |  |  |
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|  |                                 |                         |                |                              |                                     |                                |  |  |
|  |                                 |                         |                |                              |                                     |                                |  |  |
| For  | Paperwork Reduction             | Act Notice, see the     | separate Ins   | tructions.                   | Cat. No. 37752P                     | Form <b>8937</b> (12-2017      |  |  |

| Part        |                | Organiza                      | ational Action (cont   | tinued)   |  |               |   |
|-------------|----------------|-------------------------------|--|---|--|---------------|---|
| 17 L        | List the       | applicable                    | Internal Revenue Code  | section(s) and subsection(s) up   | oon which the tax treatr                                 | nent is based | IRC section 301(c)(2),<br>312 and 316                                 |
|             |                |                               |  |   |  |               |   |
|             |                |                               |  |   |  |               |   |
|             |                |                               |  |   |  |               |   |
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|             |                |                               |  |   |  |               |   |
|             |                |                               |  |   |  |               |   |
| 40 /        | Con on         | roculting                     | loss be recognized?  | N/A   |  |               |   |
| 18 (        | Carrany        | resulting                     |  |   |  |               |   |
|             |                |                               |  |   |  |               |   |
|             |                |                               |  |   |  |               |   |
|             |                |                               |  |   |  |               |   |
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|             |                |                               |  |   |  |               |   |
| <b>19</b> F | Provide        | any other                     | information necessary to                                       | o implement the adjustment, su  | ich as the reportable ta                                 | x year ►      | N/A   |
|             |                |                               |  |   |  |               |   |
|             |                |                               |  |   |  |               |   |
|             |                |                               |  |   |  |               |   |
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|             | Unde<br>belief | r penalties of, it is true, c | of perjury, I declare that I ha<br>orrect, and complete. Decla | ave examined this return, including ration of preparer (other than office | accompanying schedules<br>r) is based on all information | and statemer  | nts, and to the best of my knowledge and<br>eparer has any knowledge. |
| Sign        |                | , 0                           | ΛηΛ  |   |  |               | . , , , , , , , , , , , , , , , , , , ,                               |
| Here        | Signa          | ature ►                       | ////   |   | Dat  | e► Jan 1      | 9, 2018   |
|             |                |                               | David Pauli  |   |  | ► EVP         |   |
| Paid        |                |                               | preparer's name  | Preparer's signature  | Titli<br>Da  | , <b>,</b> ,  | Check if PTIN   |
| Palu        |                |                               |  |   |  |               | self-employed   |

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| Preparer  |                  | self-employed |  |  |  |  |  |
|---|------------------|---------------|--|--|--|--|--|
| Use Only  | Firm's name      | Firm's EIN ►  |  |  |  |  |  |
|   | Firm's address ► | Phone no.     |  |  |  |  |  |
| Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054 |                  |               |  |  |  |  |  |