► See separate instructions.

	art Reporting	Issuer				· · · · · · · · · · · · · · · · · · ·			
1	Issuer's name					2 Issuer's employer identification number (EII			
	CI Global High Dividend Advantage Fund (O)					N/A			
3	Name of contact for add	ditional information	4 Telephon	e No. of contact		5 Email address of contact			
	Duarte Boucinh	a	416-681	l-1752		dboucinha@ci.com			
6	Number and street (or F	P.O. box if mail is not	delivered to s	street address) of contac	t	7 City, town, or post office, state, and ZIP code of cont			
	2 Queen Street	East, 20th Floo	r			Toronto, Ontario, M5C 3G7			
8	Date of action		9 Class	9 Classification and description					
	Tax Year 2017			Non-taxable	distribu	tion			
10	CUSIP number	11 Serial number(s	;)	12 Ticker symbol		13 Account number(s)			
	NI / A	NI / A		NI / A		NI / A			
Pa	N/A art II Organizatio	N/A	h additional	N/A	1 See back	N/A k of form for additional questions.			
14	-					ist which shareholders' ownership is measured for			
14	the action ►				-	cholders throughout the 2017			
						ormation of the return of capital			
				ghout the 2017 ta					
				gnout the 2017 ta	<u>xabic yc</u>	a1.			
45	Describe the guartited	tive offect of the error	nizational aat	ion on the basis of the s	oouwitu in th	a banda of a LLC, townswar as an adjustment nor			
15					ecurity in th	e hands of a U.S. taxpayer as an adjustment per			
	share or as a percenta	age of old basis F (0.04947 p	er unit					
16		-	asis and the	data that supports the ca	alculation, s	uch as the market values of securities and the			
	valuation dates	N/A							
For	Paperwork Reduction	Act Notice, see the	separate Ins	structions.	Cat	. No. 37752P Form 8937 (12-20			

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), 312 and 316
40 /	Con on	roculting	loss be recognized?	N/A			
18 (Carrany	resulting					
19 F	Provide	any other	information necessary to	o implement the adjustment, su	ich as the reportable ta	x year ►	N/A
	Unde belief	r penalties of, it is true, c	of perjury, I declare that I ha orrect, and complete. Decla	ave examined this return, including ration of preparer (other than office	accompanying schedules r) is based on all information	and statemer	nts, and to the best of my knowledge and 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 Da	, , ,	Check if PTIN
Palu							self-employed

Page **2**

Form 8937 (12-2017)

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							