► See separate instructions.

P	Reporting i	ssuer							
1 Issuer's name						2 Issuer's employer identification number (EIN)			
	CI Income Fund	d (I)				N/A			
3	Name of contact for add	ditional information	4 Telephor	Telephone No. of contact		5 Email address of contact			
Duarte Boucinha 41			416-68	16-681-1752		dboucinha@ci.com			
6	Number and street (or P.O. box if mail is not delivered to street address) of cont			street address) of contact		7 City, town, or post office, state, and ZIP code of contact			
	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 d	listribut	ion			
10	CUSIP number	11 Serial number(s)	12 Ticker symbol		3 Account number(s)			
	N/A	N/A		N/A		N/A			
Pá			ch additiona	_	See back	of form for additional questions.			
14	-					st which shareholders' ownership is measured for			
14	the action ►				-	holders throughout the 2017			
						ormation of the return of capital			
		that occur	red throug	ghout the 2017 taxa	able yea	<u>f.</u>			
15	Describe the quantitat	ive effect of the orga	anizational act	tion on the basis of the sec	curity in the	hands of a U.S. taxpayer as an adjustment per			
	share or as a percentage of old basis ► 0.17385 per unit								
16		-	basis and the	data that supports the calc	culation, su	ich as the market values of securities and the			
	valuation dates	N/A							
_									

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

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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						