► See separate instructions.

Ρ	ant Reporting	Issuer						
1	Issuer's name					2 Issuer's employer identif	ication number (EIN)	
	CI Income Fun	d (O)				N/A		
· · · · · · · · · · · · · · · · · · ·				Telephone No. of contact		5 Email address of contact		
	Duarte Boucinh	ia	416-68	1-1752		dboucinha@ci.com		
6 Number and street (or P.O. box if mail is not delive				vered to street address) of contact		7 City, town, or post office, state	e, and ZIP code of contact	
	2 Queen Street East, 20th Floor					Toronto, Ontario, M5C 3G7		
8	Date of action		9 Clas	9 Classification and description				
	Tax Year 2017			Non-taxable distr		ibution		
10	CUSIP number	11 Serial number(	s)	12 Ticker symbol		<b>3</b> Account number(s)		
	N/A	N/A		N/A		N/A		
Pa			ch additiona		d. See back	of form for additional que	stions.	
14						st which shareholders' owner		
	the action ►					holders throughout tl		
						ormation of the retur		
				ghout the 2017 ta			•	
15	Describe the quantita	tive effect of the orga	anizational ac	tion on the basis of the s	ecurity in the	e hands of a U.S. taxpayer as	an adjustment per	
	share or as a percent	age of old basis $\blacktriangleright$	0.18558 p	oer unit				
16	Describe the calculati	on of the change in t	basis and the	data that supports the ca	alculation, su	uch as the market values of se	ecurities and the	
	valuation dates ►	N/A						
For	Paperwork Reduction	Act Notice, see the	separate In	structions.	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), 312 and 316
40 /	Con on	roculting	loss be recognized?	N/A			
18 (	Carrany	resulting					
<b>19</b> 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	, <b>,</b> ,	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						