7 City, town, or post office, state, and ZIP code of contact

► See separate instructions.

1 Issuer's name						2 Issuer's employer identification number (EI		
	CI U.S. Income U	JS\$ Pool (I)		N/A				
3	Name of contact for ad	ditional information	4 Telephone	4 Telephone No. of contact		5 Email address of contact		
Duarte Boucinha			416-681-1752			dboucinha@ci.com		
6	Number and street (or P.O. box if mail is not deliver			ered to street address) of contact		7 City, town, or post office, state, and ZIP code of cont		
	2 Queen Street Ea	ast, 20th Floor				Toronto, Ontario, M5C 3G7		
8	Date of action		9 Class	9 Classification and description				
	Tax Year 2019			Non-taxable distrib		oution		
10	CUSIP number	11 Serial number	(s)	12 Ticker symbol		13 Account number(s)		
	N/A	N/A	A	N/A		N/A		
Pa	art II Organizati	onal Action Atta	ch additional	statements if needed.	See back	k of form for additional questions.		
14	Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured							
	the action ►			distribution was made to shareholders throughout the 2019 taxation year.				
		See question	he retur	n of capital that occurred throughout				
		the 2019 ta:						

Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per 15 share or as a percentage of old basis ► 0.29139 per unit

Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the 16 valuation dates > N/A

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Part		Organizational Action (continued)			,	
<b>17</b> L	_ist the	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tr	eatment	is based I	<ul> <li>IRC section 301(c)(2), 312 and 316</li> </ul>	
					512 and 510	
		27/1				
18 (	Can any	v resulting loss be recognized? ►N/A				
<b>19</b> F	Provide	any other information necessary to implement the adjustment, such as the reportabl	e tax yea	ar 🕨	N/A	
	Unde belief	r penalties of perjury, I declare that I have examined this return, including accompanying scheor, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all inform	lules and mation of	statements which prepa	, and to the best of my knowledge and arer has any knowledge.	
Sign		$-\mathbf{h}$				
Here	Signa	ture▶	Date Mar 31, 2019			
				D. 11		
	Print	your name ► Darie Urbanky Print/Type preparer's name Preparer's signature	Title ► Date	Presid	ent and Chief Operating Office	
Paid	<b>0</b> 46 -				Check if self-employed	
Prep Use		Firm's name	·		Firm's EIN ►	
000	Juny	Firm's address ►			Phone no.	