See separate instructions.

## Part Reporting Issuer

	Issuer's name		2 Issuer's employer id	2 Issuer's employer identification number (EIN) N/A				
	CI Canadian Divi	dend Corporate C	N/A					
3	Name of contact for ad	<u> </u>	. ,	e No. of contact	5 Email address of conta	act		
Duarte Boucinha			416	-681-1752	dboucinha@ci.co	dboucinha@ci.com		
6 Number and street (or P.O. box if mail is not delivered				street address) of contact		state, and ZIP code of contact		
	2 Queen Street East, 20th Floor				Toronto, Ontar	io, M5C 3G7		
8	Date of action	,	9 Class	sification and description				
	Tax Year 2021			Non-taxable of	listribution	ion		
10	1 ax Year 2021   0 CUSIP number 11 Serial number(s)		)	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' ov			
	the action ►	<u>A non-taxab</u>	<u>le distribut</u>	tion was made to share	holders throughout the 202	taxation year.		
		See question	15 for per	r unit information of th	e return of capital that occu	rred throughout		
		the 2021 tax	1		Ĩ			
			,					
15	Describe the quantita	tive effect of the organ	nizational act	tion on the basis of the secu	rity in the hands of a U.S. taxpaye	r as an adjustment per		
	share or as a percent	age of old basis ► 0	.73827 per	r unit				
		<u> </u>	<u></u>					
16	Describe the calculat	ion of the change in ba	asis and the	data that supports the calcu	lation, such 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 <b>8937</b> (12-2017		

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Part		Drganizational Action (continued)			
<b>17</b> L	ist the	applicable Internal Revenue Code section	(s) and subsection(s) upon which the tax tre	eatment is based ▶	• <u>IRC section 301(c)(2)</u> , 312 and 316
<b>18</b> C	Can any	resulting loss be recognized? N/I	A		
<b>19</b> P	Provide	any other information necessary to impler	nent the adjustment, such as the reportable	e tax year ►	N/A
Sign			nined this return, including accompanying schedu preparer (other than officer) is based on all inform		
Here				Date►	
	Print	our name ► Darie Urbanky			and Chief Operating Officer
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed
Use (		Firm's name ► Firm's address ►			Firm's EIN ► Phone no.

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054