► See separate instructions.

## Part Reporting Issuer

-	Issuer's name	SSUer	2 Issuer's employer identification number (EIN)							
	CI Daublatina T	atal Datatin Dand	NT / A							
3	CI DoubleLine To Name of contact for add		N/A 5 Email address of contact							
•	Duarte Boucinha			e No. of contact -681-1752						
_					dboucinha@ci.com					
6	Number and street (or F	O. box if mail is not o	7 City, town, or post office, state, and ZIP code of contact							
2 Queen Street East, 20th Floor					Toronto, Ontario, M5C 3G7					
8	Date of action		9 Classification and description Non-taxable distrib							
	Tax Year 2021				bution					
10	CUSIP number	11 Serial number(s	)	12 Ticker symbol	13 Account number(s)					
	NT/A				NT / A					
Pa	N/A art II Organizatio	N/A		N/A	N/A e back of form for additional questions.					
14	-				e against which shareholders' ownership is measured for					
the action A non-taxable distribution was made to shareholders throughout the 2021 taxation year.										
	See question 15 for per unit information of the return of capital that occurred throughout									
		the 2021 tax	<u>able year.</u>							
15	Describe the quantitative effect of the organizational action on the basis of the securi				ty in the hands of a U.S. taxpayer as an adjustment per					
share or as a percentage of old basis ► 0.00803 per unit										
			-							
16	Describe the calculation	on of the change in b	asis and the	data that supports the calcula	tion, such as the market values of securities and the					
	valuation dates $\blacktriangleright$	N/A								

Form 89	937 (12-2	017)			Page <b>2</b>
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	Signa	ture ►		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