► See separate instructions.

Ρ	ant Reporting	Issuer							
1	Issuer's name				2 Issuer's employer identification number (EIN)				
	CI DoubleLine T	otal Return Bond	N/A						
3	Name of contact for ad	ditional information	4 Telephor	e No. of contact	5 Email address of contact				
	Duarte Boucinha			-681-1752	dboucinha@ci.com				
6	Number and street (or P.O. box if mail is not delivered to street address) of			street address) of contact	7 City, town, or post office, state, and ZIP code of contact				
	15 York Street, 21	nd floor			Toronto, Ontario, M5J 0A3				
8	Date of action		9 Class	sification and description					
	Tax Year 2022			Non-taxable of	distribution				
10	CUSIP number	11 Serial number(5)	12 Ticker symbol	13 Account number(s)				
	N/A	N/A		N/A	N/A				
D,				-	See back of form for additional questions.				
					· · · · · · · · · · · · · · · · · · ·				
14	Describe the organiza	scribe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for							
	the action	A non-taxab	ole distribu	tion was made to share	holders throughout the 2022 taxation year.				
					ne return of capital that occurred throughout				
		1	-		te return of capital that occurred throughout				
		the 2022 tax	able year.						
15	Describe the quantity	tive offect of the orac	nizational act	rity in the hands of a U.S. taxpayer as an adjustment per					
15				inty in the hands of a 0.5. taxpayer as an adjustment per					
	share or as a percent	age of old basis	0.20091 pe	r unit					
16	Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the								
	valuation dates \blacktriangleright	N/A							

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Pa	rt II	Organizational Action (continued)							
17		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax to	reatment is based ▶	►					
				312 and 316					
18	Can an	resulting loss be recognized? \blacktriangleright N/A							
40			1. I	N/A					
19	Provide	any other information necessary to implement the adjustment, such as the reportab	le tax year ►	IN/Λ					
	Und	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and							
<u>.</u>		belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.							
Sigr Her	<u> </u>		Date March 31, 2022						
	Sign								
	Print	your name Darie Urbanky	Title President	and Chief Operating Officer					
Pai		Print/Type preparer's name Preparer's signature	Date	Check if PTIN					
	a parer			self-employed					
	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