► See separate instructions.

Part I	Ben	ortina	
	neu		issuer

	Issuer's name				2 Issuer's e	employer identification number (EIN)		
CI U.S. Income US\$ Pool (EF)				ז	N/A			
			, ·	e No. of contact		ress of contact		
		416-681	-1752	dboucinh	a@ci.com			
6 Number and street (or P.O. box if mail is not delivered to			delivered to s	street address) of contac		or post office, state, and ZIP code of contact		
	2 Queen Street East, 20th Floor			Toronto	Toronto, Ontario, M5C 3G7			
8 Date of action 9 Classification and description				,				
	Tax Year 2017			Non-tavable	Non-taxable distribution			
10	CUSIP number	11 Serial number	s)	12 Ticker symbol	13 Account r	number(s)		
	N/A	N/A		N/A		N/A		
	-				. See back of form for	· · · · · · · · · · · · · · · · · · ·		
14					-	eholders' ownership is measured for		
	the action ►					proughout the 2017		
		taxation ye	ear. See qu	lestion 15 for per	unit information	of the return of capital		
		that occur	red throug	<u>ghout the 2017 tax</u>	xable year.			
15	Describe the quantita	tive effect of the orga	anizational act	ion on the basis of the se	ecurity in the hands of a l	J.S. taxpayer as an adjustment per		
	share or as a percenta	age of old basis 🕨	0.33159 p	er unit				
			I					
16	Describe the calculati	on of the change in b	basis and the	data that supports the ca	lculation, such as the ma	arket values of securities and the		
	valuation dates >	N/A			,			
		11/11						
_								
		A . AL				- 0007		
For	Paperwork Reduction	Act Notice, see the	separate Ins	tructions.	Cat. No. 37752P	Form 8937 (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					
19 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	, , ,	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 89	37 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service,	Ogden, UT 84201-0054