► See separate instructions.

	Issuer's name	155001				identification number (EIN)		
•	issuer s hame		2 issuer's employer	2 Issuer's employer identification number (EIN)				
	CI DoubleLine Total Return Bond US\$ Fund (ETF SHARES)				N/A	N/A		
3	<b>3</b> Name of contact for additional information <b>4</b>			No. of contact	5 Email address of co	ntact		
	Duarte Boucinha		416-0	681-1752	dboucinha@ci.o	com		
6 Number and street (or P.O. box if mail is not deliv			delivered to st	reet address) of contact	7 City, town, or post offic	ce, state, and ZIP code of contact		
	15 York Street, 2nd floor			Toronto, Or	Toronto, Ontario, M5J 0A3			
8	Date of action		9 Classi	fication and description				
	Tax Year 2023			Non-taxable	distribution	ribution		
10	CUSIP number	11 Serial number(s)	)	12 Ticker symbol	13 Account number(s)			
	N/A	N/A		N/A	N/A			
Pa	-		n additional		See back of form for addition	al questions.		
14	-				ate against which shareholders'	-		
•••	the action ►				cholders throughout the 20			
					ne return of capital that oc			
		the 2023 taxa			ie return of capital that oc			
			ibie year.					
15		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 share or as a percentage of old basis $\blacktriangleright$ 0.26889 per unit						
			.2000) per	unit				
16	Describe the calculation	on of the change in ba	isis and the d	ata that supports the calc	ulation, such as the market value	es of securities and the		
	valuation dates ►	N/A						
For	Paperwork Reduction	Act Notice, see the	eparate Inst	ructions.	Cat. No. 37752P	Form <b>8937</b> (12-2017)		

Form 8937 (12-2017) Page 2							
Pa	rt II	Organizational Action (continued)					
17		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax to	reatment is based ▶	IRC section 301(c)(2),			
				312 and 316			
18	Can an	resulting loss be recognized? $\blacktriangleright$ N/A					
	<b>–</b>			NI/A			
19	Provide	any other information necessary to implement the adjustment, such as the reportab	le tax year ►	N/A			
	Und	r penalties of perjury, I declare that I have examined this return, including accompanying sche	dules and statements	, and to the best of my knowledge and			
		it is true, correct, and complete. Declaration of preparer (other than officer) is based on all infor	mation of which prepa	arer has any knowledge.			
Sigr Her	<u> </u>		March 21, 2022				
пег	Sign		Date March 31, 2023				
	Drint	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			
	e 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