► See separate instructions.

	art Reporting	Issuer					
1	Issuer's name		2 Issuer's emp	2 Issuer's employer identification number (EIN)			
	CI Floating Rate I	ncome Fund (EI	N/	N/A			
3	3 Name of contact for additional information 4 Tel			e No. of contact	5 Email address	5 Email address of contact	
Duarte Boucinha			416	-681-1752	dboucinha	dboucinha@ci.com	
6	6 Number and street (or P.O. box if mail is not delivered to stre 15 York Street, 2nd floor			street address) of contact	7 City, town, or po	7 City, town, or post office, state, and ZIP code of contact	
					Toronto	o, Ontario, M5J 0A3	
8	Date of action		9 Class	9 Classification and description			
	Tax Year 2023			Non-taxable distribution			
10	CUSIP number	11 Serial number(s	\$)	12 Ticker symbol	13 Account num	ber(s)	
	N/A	N/A		N/A	N/	A	
Pa	-	-		statements if needed.	-		
14	-					Iders' ownership is measured for	
	the action ►	A non-taxab	le distribut	tion was made to share	eholders throughout tl	ne 2023 taxation year.	
				r unit information of t	he return of capital the	at occurred throughout	
		the 2023 tax	<u>able year.</u>				
	.						
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 p share or as a percentage of old basis \triangleright 0.23536 per unit					
	snare or as a percenta	age of old basis	0.23536 per	r unit			
16	Describe the calculation	on of the change in b	asis and the	data that supports the calc	ulation, 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 8937 (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							
	–			NI/A					
19	Provide	any other information necessary to implement the adjustment, such as the reportab	le tax year ►	N/A					
	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							
		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>		March 31, 2023						
пег	Sign		Date March 31,	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