## Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

## Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

| Р   | art I Reporting   | Issuer  |               |                                  |                 |  |  |  |
|---|---|---|---------------|----------------------------------|-----------------|--|--|--|
| 1   | Issuer's name   |   |               |                                  |                 | 2 Issuer's employer identification number (EIN)            |  |  |
|   | CI Canadian Bone  | d Corporate Clas                              | s (IT8)       |                                  | N/A             |  |  |  |
| 3   | Name of contact for ad-   | ditional information                          | 4 Telephor    | 4 Telephone No. of contact       |                 | Email address of contact                                   |  |  |
|   | Duarte Boucinha   |   | 416           | 416-681-1752                     |                 | dboucinha@ci.com   |  |  |
| 6   | 6 Number and street (or P.O. box if mail is not delivered to street address                         |   |               |                                  | 7               | City, town, or post office, state, and ZIP code of contact |  |  |
|   | 15 York Street, 2r  | nd floor                                      |               |                                  |                 | Toronto, Ontario, M5J 0A3                                  |  |  |
| 8   | Date of action  |   | 9 Class       | 9 Classification and description |                 |  |  |  |
|   | Tax Year 2023   |   |               | Non-taxable dist                 |                 | on   |  |  |
| 10  | CUSIP number  | 11 Serial number(                             | s)            | 12 Ticker symbol                 | 13              | Account number(s)  |  |  |
|   | N/A   | N/A   | ١             | N/A                              |                 | N/A  |  |  |
| P   | art II Organizatio  |   |               |                                  | See back o      | of form for additional questions.                          |  |  |
| 14  |   | which shareholders' ownership is measured for |               |                                  |                 |  |  |  |
| the action A non-taxable distribution was made to shareholders throughout the 2023 taxation year.  See question 15 for per unit information of the return of capital that occurred throughout |   |   |               |                                  |                 |  |  |  |
|   |   |   |               |                                  |                 |  |  |  |
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|   |   |   |               |                                  |                 |  |  |  |
| 15  | Describe the quantitative effect of the organization share or as a percentage of old basis ► 0.3177 |   |               |                                  | curity in the h | nands of a U.S. taxpayer as an adjustment per              |  |  |
|   |   |   |               |                                  |                 |  |  |  |
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|   |   |   |               |                                  |                 |  |  |  |
| 16  | Describe the calculati valuation dates ▶  | on of the change in ${ m k} N/{ m A}$         | pasis and the | data that supports the calc      | culation, sucl  | h as the market values of securities and the               |  |  |
|   |   |   |               |                                  |                 |  |  |  |
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| Par          | t II   | C      | Organizational Action (continued)         |   |                    | · -                                   |  |
|--------------|--|--------|---|---|--------------------|---------------------------------------|--|
| 17           | List   | the a  | applicable Internal Revenue Code section  | (s) and subsection(s) upon which the tax tr     | eatment is based ▶ | IRC section 301(c)(2),<br>312 and 316 |  |
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|              |  |        |   |   |                    |                                       |  |
|              |  |        |   |   |                    |                                       |  |
| 18           | Can  | anv    | resulting loss be recognized?▶N/A         | A   |                    |                                       |  |
| 10           | Oan  | arry   | resulting loss be recognized:             | -   |                    |                                       |  |
|              |  |        |   |   |                    |                                       |  |
|              |  |        |   |   |                    |                                       |  |
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|              |  |        |   |   |                    |                                       |  |
|              |  |        |   |   |                    |                                       |  |
| 19           | Prov   | vide a | any other information necessary to impler | ment the adjustment, such as the reportable     | e tax year ▶       | N/A                                   |  |
|              |  |        |   |   |                    |                                       |  |
|              |  |        |   |   |                    |                                       |  |
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|              |  |        |   |   |                    |                                       |  |
|              |  |        |   | nined this return, including accompanying sched |                    |                                       |  |
| 0:           | belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. |        |   |   |                    |                                       |  |
| Sign<br>Here | .  |        |   | Date March 31,                                  | 2023               |                                       |  |
|              |  | signat | ure •                                     |   |                    |                                       |  |
|              | Print your name ▶ Darie Urbanky  |        |   |   | Title President    | and Chief Operating Officer           |  |
| Paic         |  |        | Print/Type preparer's name                | Preparer's signature                            | Date               | Check if PTIN                         |  |
| Pre          | oare   |        |   |   |                    | self-employed                         |  |
| Use          | On   | ıly    | Firm's name ► Firm's address ►            |   |                    | Firm's EIN ▶                          |  |
| Send         | Form   | n 893  |   | to: Department of the Treasury, Internal Re     | venue Service, Ogo | Phone no.<br>den, UT 84201-0054       |  |