See separate instructions.

	ант перогину	ISSUEI						
1	Issuer's name		2 Issuer's employer identification number (EIN)					
	CI Diversified Yi	eld Fund (P)	N/A					
3	Name of contact for ad	ditional information	4 Telephor	ne No. of contact	5 Email address of contact			
Duarte Boucinha 4			416	-681-1752	dboucinha@ci.com			
6	Number and street (or I	P.O. box if mail is not	street address) of contact	7 City, town, or post office, state, and ZIP code of contact				
	15 York Street, 2nd floor				Toronto, Ontario, M5J 0A3			
8	Date of action		9 Class	sification and description				
	Tax Year 2023			Non-taxable di	stribution			
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)			
	N/A	N/A		N/A	N/A			
Pa					e back of form for additional questions.			
14	-				· · · · · · · · · · · · · · · · · · ·			
••	Describe 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-taxable distribution was made to shareholders throughout the 2023 taxation year.							
					return of capital that occurred throughout			
		the 2023 tax	1	i unit information of the	return of capital that occurred throughout			
			ubie yeur.					
15	Describe the quantita	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						
15		-	ty in the hands of a 0.5. taxpayer as an adjustment per					
	share or as a percent		0.44209 pe	r unit				
40								
16	valuation dates >	-	asis and the	data that supports the calcula	ation, such as the market values of securities and the			
		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 ▶	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>		Date March 31, 2023						
пег	Sign								
	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