► See separate instructions.

Ρ	art Reporting	lssuer							
1	Issuer's name			2 Issuer's employer identification number (EIN)					
	CI High Yield Bor	nd Fund (P)		N/A					
3	Name of contact for additional information <b>4</b> Teleph			ne No. of contact		5 Email address of contact			
	Duarte Boucinha			416-681-1752		dboucinha@ci.com			
6	Number and street (or P.O. box if mail is not delivered to 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	e of action 9 Classification and description							
	Tax Year 2023			Non-taxable	distribut	tribution			
10	CUSIP number	11 Serial number(s	5)	12 Ticker symbol	1	13 Account number(s)			
	N/A	N/A		N/A		N/A			
Pa					See back				
<ul> <li>Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.</li> <li>Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for</li> </ul>									
	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								
		the 2023 tax	able year.						
15	Describe the quantitat	tive effect of the orga	nizational act	tion on the basis of the sec	curity in the	e hands of a U.S. taxpayer as an adjustment per			
share or as a percentage of old basis ► 0.37094 per unit									
			-						
16	Describe the calculation	on of the change in b	asis and the	data that supports the calc	culation, su	uch as the market values of securities and the			
	valuation dates >	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								
	<b>–</b>			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