► See separate instructions.

Ρ	art Reporting	Issuer						
1	Issuer's name			2 Issuer's employer identification number (EIN)				
	CI North American Dividend Fund (B8)					N/A		
3	Name of contact for ad	ditional information	4 Telephor	1 Telephone No. of contact		5 Email address of contact		
	Duarte Boucinha			416-681-1752		dboucinha@ci.com		
6	6 Number and street (or P.O. box if mail is not deli			livered to street address) of contact		7 City, town, or post office, state, and ZIP code of contact		
	15 York Street, 21				Toronto, Ontario, M5J 0A3			
8	Date of action		9 Classification and description					
	Tax Year 2023		Non-taxable dist		distribu	ribution		
10	CUSIP number	11 Serial number(s	;)	12 Ticker symbol	1	13 Account number(s)		
	N/A	N/A		N/A		N/A		
P	•			-	See back	s 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 measure								
	the action ►					s throughout the 2023 taxation year.		
						n of capital that occurred throughout		
		the 2023 tax	1	i unit information of t	ine retur	n or capital that occurred throughout		
			abie year.					
15	Describe the quantitative effect of the organizational action on the basis of the security in the					e hands of a U.S. taxpaver as an adjustment per		
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 adjustmer share or as a percentage of old basis ► 0.56419 per unit								
16	Describe the calculation of the change in basis and the data that supports the calculat					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							
	–			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					
		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