## 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 I                                                                                                                           | ssuer                   |                                                 |                               | <u> </u>                                                     |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------|-------------------------------|--------------------------------------------------------------|--|--|--|--|--|
| 1                                                                                                                                                                                                                                                                    | Issuer's name                                                                                                                               |                         | 2 Issuer's employer identification number (EIN) |                               |                                                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                      | CI Investment Gr                                                                                                                            | ade Bond Fund (         | N/A                                             |                               |                                                              |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                    | Name of contact for additional information 4                                                                                                |                         | 4 Telephon                                      | e 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 de                                                                                          |                         |                                                 | street address) of contact    | 7 City, town, or post office, state, and ZIP code of contact |  |  |  |  |  |
|                                                                                                                                                                                                                                                                      | 15 York Street, 2n                                                                                                                          | d floor                 |                                                 |                               | Toronto, Ontario, M5J 0A3                                    |  |  |  |  |  |
| 8                                                                                                                                                                                                                                                                    | Date of action                                                                                                                              |                         | 9 Class                                         | sification and description    |                                                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                      | Tax Year 2023                                                                                                                               |                         |                                                 | Non-taxable distribution      |                                                              |  |  |  |  |  |
| 10                                                                                                                                                                                                                                                                   | CUSIP number 11 Serial number(s)                                                                                                            |                         | )                                               | 12 Ticker symbol              | 13 Account number(s)                                         |  |  |  |  |  |
|                                                                                                                                                                                                                                                                      | N/A                                                                                                                                         | N/A                     |                                                 | N/A                           | N/A                                                          |  |  |  |  |  |
| P                                                                                                                                                                                                                                                                    |                                                                                                                                             | -                       | n additiona                                     |                               | ·                                                            |  |  |  |  |  |
| Part II Organizational Action Attach additional statements if needed. See 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 ▶                                                                                                                                |                         |                                                 |                               | holders throughout the 2023 taxation year.                   |  |  |  |  |  |
|                                                                                                                                                                                                                                                                      |                                                                                                                                             |                         |                                                 |                               | e return of capital that occurred throughout                 |  |  |  |  |  |
| _                                                                                                                                                                                                                                                                    |                                                                                                                                             | the 2023 tax            |                                                 | unit information of th        | e return of capital that occurred infoughout                 |  |  |  |  |  |
|                                                                                                                                                                                                                                                                      |                                                                                                                                             | uie Zuzu taxa           | abie year.                                      |                               |                                                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                      |                                                                                                                                             |                         |                                                 |                               |                                                              |  |  |  |  |  |
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| _                                                                                                                                                                                                                                                                    |                                                                                                                                             |                         |                                                 |                               |                                                              |  |  |  |  |  |
| 15                                                                                                                                                                                                                                                                   | Describe the quantitat                                                                                                                      | ive offect of the organ | nizational act                                  | ion on the basis of the secur | rity in the hands of a LLS taxpayor as an adjustment per     |  |  |  |  |  |
| Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjust share or as a percentage of old basis • 0.47075 percentage.                                                                  |                                                                                                                                             |                         |                                                 |                               |                                                              |  |  |  |  |  |
| share or as a percentage of old basis ► 0.47975 per unit                                                                                                                                                                                                             |                                                                                                                                             |                         |                                                 |                               |                                                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                      |                                                                                                                                             |                         |                                                 |                               |                                                              |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                      |                                                                                                                                             |                         |                                                 |                               |                                                              |  |  |  |  |  |
| 16                                                                                                                                                                                                                                                                   | Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the |                         |                                                 |                               |                                                              |  |  |  |  |  |
|                                                                                                                                                                                                                                                                      | valuation dates ►                                                                                                                           | N/A                     |                                                 |                               |                                                              |  |  |  |  |  |
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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       |  |