See separate instructions.

Ρ	art I Reporting I	lssuer							
1	Issuer's name		2 Issuer's employer identification number (EIN)						
	CI Corporate Bon	d Fund (F)	N/A						
3	Name of contact for add	Name of contact for additional information		e 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 addre			street address) of contact	7 City, town, or post office, state, and ZIP code of contact				
	15 York Street, 2n	nd floor	Toronto, Ontario, M5J 0A3						
8	Date of action		9 Classification and description						
	Tax Year 2023			Non-taxable distr	ibution				
10	CUSIP number 11 Serial number(s)	12 Ticker symbol	13 Account number(s)				
	N/A	N/A	L	N/A	N/A				
P	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 f									
	the action ►	A non-taxal	ole distribut	ion was made to sharehold	lers throughout the 2023 taxation year.				
		See question	n 15 for per	unit information of the re	eturn of capital that occurred throughout				
		the 2023 tax	-		1 0				
			,						
15	Describe the quantitat	tive effect of the ora	n the 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 adjustme share or as a percentage of old basis ► 0.32279 per unit									
16	Describe the calculation	on of the change in k	acic and the	data that supports the calculatio	n, such as the market values of securities and the				
16	valuation dates >	-	n, 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>		March 21, 2022						
пег	Sign		Date March 31, 2023						
	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