See separate instructions.

Р	art Reporting	Issuer						
1	Issuer's name				2 Issuer's employer identific	ation number (EIN)		
	CI Global Balance	ed Fund (F)	N/A					
3				bhone No. of contact 5 Email address of contact				
	Duarte Boucinha			-681-1752	dboucinha@ci.com	dboucinha@ci.com		
6	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, a	and ZIP code of contac		
	15 York Street, 2nd floor				Toronto, Ontario, N	Toronto, Ontario, M5J 0A3		
8	B Date of action		9 Class	sification and description				
	Tax Year 2023			Non-taxable d	listribution			
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)			
	NT / A							
	N/A	N/A		N/A	N/A			
					ee back of form for additional quest			
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	the action A non-taxable distribution was made to shareholders throughout the 2023 taxation year.						
		*	1	r unit information of th	e return of capital that occurred	throughout		
		the 2023 tax	able year.					
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 adjustment per share or as a percentage of old basis \triangleright 0.02924 per unit							
	share of as a percent		.02924 pei	r unit				
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 \blacktriangleright N/A							
_								
_								
_								

For Paperwork Reduction Act Notice, see the separate Instructions.

Form	8937 (12-	2017)		Page 2	
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	
		it is true, correct, and complete. Declaration of preparer (other than officer) is based on all infor	mation of which prepa	arer has any knowledge.	
Sigr Her	<u> </u>		M . 1 21 2022		
пег	Sign		Date March 31,	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