See separate instructions.

Pa	art Reporting	lssuer								
1	Issuer's name				2 Issuer's employer identification number (EIN)					
	CI G5 20i 2030	6 Q1 Fund (A)	N/A							
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Email address of contact					
	Duarte Boucinh	a	416-681	l-1752	dboucinha@ci.com					
6	Number and street (or F	P.O. box if mail is not	delivered to s	street address) of contact	7 City, town, or post office, state, and Zip code of contact					
	2 Queen Street	East, 20th Floo	or		Toronto, Ontario, M5C 3G7					
8	Date of action		9 Class	sification and description						
	Tax Year 2016			Non-taxable di	stribution					
10	CUSIP number	11 Serial number(	13 Account number(s)							
	N/A	N/A N/A		N/A	N/A					
Pa	art II Organizatio	nal Action Attac	ch additional	statements if needed. S	ee back of form for additional questions.					
	-				ate against which shareholders' ownership is measured for					
14	-									
	the action A non-taxable distribution was made to shareholders throughout the 2016 taxation year. See question 15 for per unit information of the return of capital									
		that occur	red throug	ghout the 2016 taxal	ble year.					
15					rity in the hands of a U.S. taxpayer as an adjustment per					
	share or as a percenta	age of old basis $\blacktriangleright$	<u>0.38304 p</u>	er unit						
			_							
16			asis and the	data that supports the calcu	lation, such as the market values of securities and the					
	valuation dates $\blacktriangleright$	N/A								

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Pa	t II	Organiza	ational Ac	tion (con	tinued)								
17						and subs	section(s)	upon wh	ch the tax	treatment	is based I	IRC sect 312 and	tion 301(c)(2), 316
			·										
18	Can an	ny resulting l	oss be recog	gnized? ►	N/A	L							
19	Provide	e anv other i	information n	acassany ti	o implem	ont the adi	ustment	such as t	he report:	ahla tay va	ar 🕨	N/A	
15	TIOVIU	e any other i	mormation n	iecessary to		ent the auj	ustinent,	Such as		able lax ye	ai 🕨	11/11	
												and to the bes arer has any kno	t of my knowledge and
0:		ei, it is true, co			aration of p	reparer (otri	er than on	cer) is bas		Iornation of	which prepa	arer has any kno	Jwiedge.
Sigr Her				/		_					16/2	/2017	
	Signature			/		_ Date ►	10/2	/ 201/					
	Print your name► David Pauli					77341				Title ►	EVP		
		Print/Type	preparer's nan	ne		Preparer's s	ignature			Date			PTIN
Paie	a parer											Check if self-employed	
	e Only		ie 🕨		I					· · · · · · · · · · · · · · · · · · ·		Firm's EIN ►	
	<b>y</b>												

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054

Firm's address ►