See separate instructions.

Part Beporting Issue

P	arti Reporting	Issuer						
1	Issuer's name		1	2 Issuer's employer identification number (EIN)				
	CI Short-Term Co	orporate Class (I')		N/A				
3 Name of contact for additional information 4 Te				elephone No. of contact		5 Email address of contact		
	Duarte Boucinha		416	416-681-1752		dboucinha@ci.com		
6 Number and street (or P.O. box if mail is not delivered to street address)					•	7 City, town, or post office, state, and ZIP code of contact		
	2 Queen Street Ea	ast, 20th Floor				Toronto, Ontario, M5C 3G7		
8	Date of action Tax Year 2019		9 Classification and description					
				Non-taxable distri		ibution		
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	of form for additional questions.		
						•		
14	-					st which shareholders' ownership is measured for		
	the action	A non-taxal	ole distribu	tion was made to share	eholders	throughout the 2019 taxation year.		
		See question	15 for pe	r unit information of th	he returr	n of capital that occurred throughout		
		the 2019 tax	1			1 0		
			abie year.					
15	Describe the quantita	tive effect of the ora	nizational ac	tion on the basis of the secu	uritv in the	hands of a U.S. taxpaver as an adjustment per		
share or as a percentage of old basis 0.42185 per unit								
40	Decerite the coloriati	an af tha alcanas in h						
16		N/A	asis and the	data that supports the calcu	ulation, su	ich as the market values of securities and the		
	valuation dates \blacktriangleright							

For Paperwork Reduction Act Notice, see the separate Instructions.

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Part		Organizational Action (continued)			,		
17 L	_ist the	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tr	eatment	is based I	 IRC section 301(c)(2), 312 and 316 		
					512 and 510		
		27/1					
18 (Can any	v resulting loss be recognized? ►N/A					
19 F	Provide	any other information necessary to implement the adjustment, such as the reportabl	e tax yea	ar 🕨	N/A		
	Unde belief	r penalties of perjury, I declare that I have examined this return, including accompanying scheor, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all inform	lules and mation of	statements which prepa	, and to the best of my knowledge and arer has any knowledge.		
Sign		$-\mathbf{h}$					
Here	e Signature ▶			Date Mar 31, 2019			
				D. 11			
	Print	your name ► Darie Urbanky Print/Type preparer's name Preparer's signature	Title ► Date	Presid	ent and Chief Operating Office		
Paid	0 46 -				Check if self-employed		
Prep Use		Firm's name	·		Firm's EIN ►		
000	Jiny	Firm's address ►			Phone no.		