► See separate instructions.

Part I	Reporting Issuer
4 1	Le la consta

-	Issuer's name	ISSUEI			2 Issuer's employer iden	tification number (EIN)		
_	CI U.S. Income U	.,			N/A			
3	Name of contact for ad	ditional information		e No. of contact	5 Email address of contact			
Duarte Boucinha			416-	-681-1752	dboucinha@ci.com	L		
6 Number and street (or P.O. box if mail is not deliv			delivered to s	treet address) of contact	7 City, town, or post office, st	ate, and ZIP code of contact		
	2 Queen Street East, 20th Floor				Toronto, Ontario	, M5C 3G7		
8	Date of action			ification and description				
	Tax Year 2019			Non-taxable d	ribution			
10	CUSIP number 11 Serial number(s				13 Account number(s)			
	N/A	N/A		N/A	N/A			
Pa			n additional		ee back of form for additional qu	uestions.		
14					te against which shareholders' own			
17	the action ►	•	•		nolders throughout the 2019	•		
					0			
		1	-	unit information of the	e return of capital that occurr	ed throughout		
		the 2019 taxa	<u>able year.</u>					
15	Describe the quantita	tive effect of the organ	nizational act	ion on the basis of the secur	ity in the hands of a U.S. taxpayer a	as an adjustment ner		
		-				io an adjaotiment por		
	share of as a percent	age of old basis $\blacktriangleright 0$	.23851 per	unit				
16		-	asis and the o	data that supports the calcul	ation, such as the market values of	securities and the		
	valuation dates	N/A						
For	Paperwork Reduction	Act Notice see the	senarate Ins	tructions	Cat. No. 37752P	Form <b>8937</b> (12-2017)		

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Part		Drganizational Action (continued)				
17	List the	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tre	eatment	is based I	<ul> <li>IRC sec 312 and</li> </ul>	<u>tion 301(c)(2),</u>
					512 and	510
		27/1				
18 (	Can any	resulting loss be recognized? ►N/A				
19	Provide	any other information necessary to implement the adjustment, such as the reportable	e tax yea	ar Þ	N/A	
	1					
	Unde belief	r penalties of perjury, I declare that I have examined this return, including accompanying sched it is true, correct, and complete. Declaration of preparer (other than officer) is based on all inform	ules and nation of	statements which prep	s, and to the best of arer has any know	of my knowledge and ledge.
Sign		-++				
Here	Signa		Date Þ	Mar 3	51, 2019	
		Jour name ► Darie Urbanky	T:41 ►	Presid	ent and Chie	f Operating Office
Paid		Print/Type preparer's name         Preparer's signature	Title ► Date	11000		PTIN
	arer				self-employed	
	Only	Firm's name			Firm's EIN ►	
	-	Firm's address 🕨			Phone no.	