See separate instructions.

۲	art Reporting	ssuer							
1	Issuer's name				2 Issuer's employer identification nu	ımber (EIN)			
	CI Investment Grade Bond Fund (A)				N/A	N/A			
3	Name of contact for add	ditional information	4 Telephor	e No. of contact	5 Email address of contact	5 Email address of contact			
	Duarte Boucinha		416-681-1752		dboucinha@ci.com	dboucinha@ci.com			
6	Number and street (or P.O. box if mail is not delivered t			street address) of contact	7 City, town, or post office, state, and ZIP c	7 City, town, or post office, state, and ZIP code of contact			
	2 Queen Street Ea	ıst, 20th Floor			Toronto, Ontario, M5C 3G	Toronto, Ontario, M5C 3G7			
8	Date of action		9 Class	sification and description					
	Tax Year 2019			Non-taxable	distribution				
10	CUSIP number	11 Serial number	s)	12 Ticker symbol	13 Account number(s)	13 Account number(s)			
	N/A N/A			N/A	N/A				
D									
P	-				See back of form for additional questions.				
14	Describe the organiza	tional action and, if a	pplicable, the	e date of the action or the d	date against which shareholders' ownership is me	asured for			
	the action >	A non-taxal	ole distribu	tion was made to share	eholders throughout the 2019 taxation ye	ar.			
					he return of capital that occurred throug				
		1	-		ne return of capital that occurred throug	liout			
		the 2019 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 0.18593 per unit								
			•						
16	Describe the calculation valuation dates ►	on of the change in $k N/A$	basis and the	data that supports the calc	culation, such as the market values of securities ar	าd the			

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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	re 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	Juny	Firm's address ►			Phone no.	