1 Issuer's name

2 Issuer's employer identification number (EIN)

N/A 5 Email address of contact

► See separate instructions.

CI Investment Grade Bond Fund (E)							
3	Name of contact for additional information		Telephone No. of contact				
	Duarte Boucinha		416-681-1752				
6	Number and street (or P.O. box if mail is not delivered to street address)						
2 Queen Street East, 20th Floor							
8	Date of action		9 Classification and des				
	Toy Vear 2010		Non				

Duarte Boucinha		416-681-1752		dboucinha@ci.com				
6	Number and street (or F	P.O. box if mail is not del	ivered to s	street address) of contact	7 City, town, or post office, state, and ZIP code of contact			
	2 Queen Street East, 20th Floor				Toronto, Ontario, M5C 3G7			
8	Date of action		9 Classification and description Non-taxable distribution					
	Tax Year 2019				tribution			
10	CUSIP number	11 Serial number(s)		12 Ticker symbol	13 Account number(s)			
	N/A	N/A		N/A	N/A			
P	art II Organizatio	onal Action Attach a	dditional	statements if needed. See	back of form for additional questions.			
14	-				against which shareholders' ownership is measured for			
••	the action ►				-			
	the action A non-taxable distribution was made to shareholders throughout the 2019 taxation year. See question 15 for per unit information of the return of capital that occurred throughout							
		the 2019 taxab	-					
		the 2019 taxab	ie year.					
15		tive effect of the organization 0.2			pasis of the security in the hands of a U.S. taxpayer as an adjustment per			
			-					

16	Describe the calculatio	of the change in basis and the data that supports the calculation, such as the market values of securities and the
	valuation dates >	N/A

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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	 IRC sec 312 and 	<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.	