Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

Р	art I Reporting I	ssuer			<u> </u>		
1 Issuer's name					2 Issuer's employer identification number (EIN)		
	CI Canadian Fixed	d Income Private	Pool (F)		N/A		
3	Name of contact for additional information		4 Telephone No. of contact		5 Email address of contact		
	Duarte Boucinha		416	-681-1752	dboucinha@ci.com		
6	Number and street (or P	P.O. box if mail is not	delivered to	street address) of contact	7 City, town, or post office, state, and ZIP code of contact		
	2 Queen Street Ea	ıst, 20th Floor			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	s)	12 Ticker symbol	13 Account number(s)		
	N/A N/A			N/A	N/A		
Ð					e back of form for additional questions.		
14					against which shareholders' ownership is measured for		
14	the action ▶				olders throughout the 2019 taxation year.		
					return of capital that occurred throughout		
				unit information of the	return of capital that occurred throughout		
		the 2019 tax	abie year.				
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4-	D 25 15	the office to fill a const		San and the best of the consens	of the beauty of a H O to an account of a board		
15					y in the hands of a U.S. taxpayer as an adjustment per		
	share or as a percenta	age of old basis \blacktriangleright _(0.00134 pe	r unit			
_							
16	Describe the calculation	on of the change in h	asis and the	data that supports the calcula	tion, such as the market values of securities and the		
	valuation dates ►	N/A	asis and the	data that supports the saledia	atori, such as the market values of securities and the		
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Part	Ш (Organizational Action (conti	nued)			
1 7 Li	ist the	applicable Internal Revenue Code s	ection(s) and subsection(s) upon wh	ich the tax treatment	is based ►	IRC section 301(c)(2), 312 and 316
			NT / A			
С	an any	resulting loss be recognized? ► _	N/A			
						NT / A
Р	rovide	any other information necessary to	implement the adjustment, such as	the reportable tax yea	ır ▶	N/A
			ve examined this return, including accom			
an	beliet	, it is true, correct, and complete. Declara	ation of preparer (other than officer) is bas	ed on all information of v	wnicn preparer	nas any knowledge.
gn ere	Signa	tura •		Date ►	Mar 31,	2019
	Signa			Date		
	Print	your name ► Darie Urbanky	<u> </u>	Title►	Presiden	t and Chief Operating Off
	1 11116	<u>-</u> <u>-</u>				
		Print/Type preparer's name	Preparer's signature	Date		heck if PTIN
	arer Only	Print/Type preparer's name Firm's name ▶	Preparer's signature	Date	Se	heck ☐ if PTIN llf-employed rm's EIN ▶