See separate instructions.

## Part Beporting Issue

P	ant Reporting	Issuer					
1	Issuer's name				2	Issuer's employer identification number (EIN)	
	CI North American Dividend Fund (B8)					N/A	
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5	Email address of contact	
Duarte Boucinha 4			416	16-681-1752		dboucinha@ci.com	
6 Number and street (or P.O. box if mail is not delivered to 2 Queen Street East, 20th Floor			delivered to s	street address) of contact	7 (	City, town, or post office, state, and ZIP code of contact	
						Toronto, Ontario, M5C 3G7	
8	Date of action		9 Class	9 Classification and description			
	Tax Year 2018			Non-taxable distr		ibution	
10	CUSIP number	11 Serial number(	s)	12 Ticker symbol	13	Account number(s)	
	N/A	N/A	L	N/A		N/A	
Pá				I statements if needed. Se	ee back of	form for additional questions.	
14	Describe the organiza					which shareholders' ownership is measured for	
	the action ►	A non-taxab	ole distribut	tion was made to shareh	nolders th	proughout the 2018 taxation year.	
		See question	n 15 for per	r unit information of the	e return o	of capital that occurred throughout	
		the 2018 tax	able year.				
15	Describe the quantitat	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  0.46453 per unit							
			····· [··				
16	Describe the calculation	on of the change in b	asis and the	data that supports the calcula	ation. such	as the market values of securities and the	
	valuation dates >	N/A		· · · · · · · · · · · · · · · · · · ·	,		

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Pa	rt II	Organizational Action (continued)	
17	List the	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ►	IRC section 301(c)(2), 312 and 316
18	Can any	resulting loss be recognized? ► _ N/A	
_			
19 	Provide	any other information necessary to implement the adjustment, such as the reportable tax year	N/A
_			
		penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, ar it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	
Sig Hei	n		
	Oigne	our name Carol Chiu Title	CFO, Funds
Pai Pre		Print/Type preparer's name Preparer's signature Date C	Check if PTIN
	e Only		irm's EIN ►

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054