► See separate instructions.

| Pé | arti Reporting | Issuer | | | | | | |
|--|--|---|---|-----------------------------|-------------|--|--|--|
| 1 | Issuer's name | | | | | 2 Issuer's employer identification number (EIN) | | |
| | CI North American Dividend Fund (PT8) | | | | | N/A | | |
| 3 | Name of contact for ad | ditional information | 1 Telephon | Telephone No. of contact | | 5 Email address of contact | | |
| | Duarte Boucinha | | | 416-681-1752 | | dboucinha@ci.com | | |
| 6 Number and street (or P.O. box if mail is not of 2 Queen Street East, 20th Floor | | | delivered to 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 Classification and description | | | | | |
| | Tax Year 2018 | | Non-taxable dist | | distribu | ribution | | |
| 10 | CUSIP number | 11 Serial number(s) | | 12 Ticker symbol | 1 | 13 Account number(s) | | |
| | N/A | N/A | | N/A | | N/A | | |
| Pa | | | additiona | - | See back | <pre>< of form for additional questions.</pre> | | |
| 14 | - | | | | | - | | |
| 14 | the action ► | ibe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for tion A non-taxable distribution was made to shareholders throughout the 2018 taxation year. | | | | | | |
| | | | | | | n of capital that occurred throughout | | |
| | | the 2018 taxa | | unit information of t | ne retur | n of capital that occurred throughout | | |
| | | | Die year. | | | | | |
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| 15 | Describe the quantitative effect of the organizational action on the basis of the securi | | | | | e hands of a U.S. taxpayer as an adjustment per | | |
| | | hare or as a percentage of old basis \triangleright 0.60617 per unit | | | | | | |
| | • | <u> </u> | <u></u> | , wint | | | | |
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| 16 | | | sis and the | data that supports the calc | ulation, su | uch as the market values of securities and the | | |
| | valuation dates | N/A | | | | | | |
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| Form | n 8937 (12-2 | | Page 2 |
|------------|--------------|---|---------------------------------------|
| 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 |
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| 18 | Can any | resulting loss be recognized? ► _ N/A | |
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| 19 | Provide | any other information necessary to implement the adjustment, such as the reportable tax year | N/A |
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| | | 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