7 City, town, or post office, state, and ZIP code of contact

► See separate instructions.

1 Issuer's name				2 Issuer's employer identification		
CI G5 20i 2036 Q2 Fund (O)					N/A	
			4 Telephone	e No. of contact	5 Email address of contact	
			416-	681-1752	dboucinha@ci.com	
			delivered to s	treet address) of contact	7 City, town, or post office, state, and ZIP code of con	
					Toronto, Ontario, M5C 3G7	
8	Date of action		9 Class	9 Classification and description		
Tax Year 2020				Non-taxable distribution		
10	CUSIP number	11 Serial number	(s)	12 Ticker symbol	13 Account number(s)	
N/A N/A		A	N/A	N/A		
			ch additional	additional statements if needed. See back of form for additional questions.		
14	Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership					
	the action ►	A non-taxa	ble distribut	distribution was made to shareholders throughout the 2020 taxation year.		
		See question	e return of capital that occurred throughout			
		the 2020 tax				

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 p				
	share or as a percentage of old basis \blacktriangleright	0.35396 per unit			

16	Describe the calculation	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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Pa	rt II	Drganizational Action (continued)						
17		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tr	reatment is based ▶	►				
				312 and 316				
40	Con on	resulting lass he recognized $\sim N/A$						
18	Can an	resulting loss be recognized? ► N/A						
19	Provide	any other information necessary to implement the adjustment, such as the reportabl	le tax year ►	N/A				
	Und	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.						
Sigr		-+						
Her	<u> </u>		Date March 31, 2020					
		your name ► Darie Urbanky Print/Type preparer's name Preparer's signature	Title ► President	and Chief Operating Officer				
Paie	d parer	Print/Type preparer's name Preparer's signature		Check if self-employed				
	e Only	Firm's name		Firm's EIN ►				
	,	Firm's address 🕨		Phone no.				

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