► See separate instructions.

	art Reporting	issuer						
1	Issuer's name		2 Issuer's employer	2 Issuer's employer identification number (EIN)				
	CI Canadian Asse	t Allocation Corp	N/A	N/A				
				e No. of contact	5 Email address of co	ntact		
Duarte Boucinha			416	-681-1752	dboucinha@ci.o	dboucinha@ci.com		
6 Number and street (or P.O. box if mail is not delive			delivered to s	street address) of contact	7 City, town, or post offic	ce, state, and ZIP code of contact		
	2 Queen Street East, 20th Floor				Toronto, Ont	Toronto, Ontario, M5C 3G7		
8	Date of action		9 Class	sification and description				
	Tax Year 2021			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			
Pa					ee back of form for addition	al questions.		
14					e against which shareholders'	-		
	the action ►				olders throughout the 20			
					e return of capital that oc	-		
		the 2021 tax	-	unit information of the	e return of capital that oc			
			abie year.					
45	Describe the guartite	tive offect of the error	ni-ational and	ion on the basis of the secur	ity in the bands of a LLC tayna	war as an adjustment ner		
15					ity in the hands of a U.S. taxpa	yer as an adjustment per		
	share or as a percent		1.22529 per	runit				
16	Describe the calculati	on of the change in b	asis and the	data that supports the calcul	ation, such as the market value	es of securities and the		
	valuation dates >	N/A						
		,						
For	Paperwork Reduction	Act Notice. see the	separate Ins	tructions.	Cat. No. 37752P	Form 8937 (12-2017)		

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Part		Drganizational Action (continued)			
17 L	ist the	applicable Internal Revenue Code section	(s) and subsection(s) upon which the tax tre	eatment is based ▶	• <u>IRC section 301(c)(2)</u> , 312 and 316
18 C	Can any	resulting loss be recognized? N/I	A		
19 P	Provide	any other information necessary to impler	nent the adjustment, such as the reportable	e tax year ►	N/A
Sign			nined this return, including accompanying schedu preparer (other than officer) is based on all inform		
Here				Date►	
	Print	our name ► Darie Urbanky			and Chief Operating Officer
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed
Use (Firm's name ► Firm's address ►			Firm's EIN ► Phone no.

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