► See separate instructions.

Ρ	ant Reporting	Issuer							
1	Issuer's name				2 Issuer's employer identification number (Ell				
	CI Canadian Ass	et Allocation Corp	orate Clas	s (EFT8)	N/A				
3	Name of contact for ac	ditional information	4 Telephor	ne 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	7 City, town, or post office, state, and ZIP code of contact						
	2 Queen Street East, 20th Floor				Toronto, Ontario, M5C 3G7				
8	Date of action		9 Class	sification and description					
	Tax Year 2021			Non-taxable di	stribution				
10	CUSIP number	11 Serial number(s	s)	12 Ticker symbol	13 Account number(s)				
Б	N/A art II Organizati	N/A		N/A	N/A				
					e back of form for additional questions.				
14	the action ►				e against which shareholders' ownership is measured for				
					olders throughout the 2021 taxation year.				
See question 15 for per unit information of the return of capital that occurred throughout									
		the 2021 tax	<u>able year.</u>						
15	Describe the quantita	ative effect of the orga	nizational ac	tion on the basis of the securit	ty in the hands of a U.S. taxpayer as an adjustment per				
		tage of old basis ► _ (	<b>I</b>						
16		-	asis and the	data that supports the calcula	tion, such as the market values of securities and the				
	valuation dates	N/A							
	<b>n</b>	A . AL			0.1.1. 077700 Form 8037 (10.0				

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Part		Drganizational Action (continued)			
<b>17</b> 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
<b>18</b> C	Can any	resulting loss be recognized? N/I	A		
<b>19</b> 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