► See separate instructions.

	Issuer's name	155061	2 Issuer's employer identification number (EIN)				
	CI Canadian Asse	Allocation Cort	orate Clas	s (ITT5)	N/A		
3	Name of contact for ad			ne No. of contact	5 Email address of contact		
-				-681-1752	dboucinha@ci.com		
Duarte Boucinha							
6	Number and street (or P.O. box if mail is not delivered to street address) of contact			7 City, town, or post office, state, and ZIP code of contact			
	2 Queen Street Ea	ast, 20th Floor			Toronto, Ontario, M5C 3G7		
8	Date of action			9 Classification and description			
	Tax Year 2021			Non-taxable dist	ribution		
10	CUSIP number	11 Serial number(s	;)	12 Ticker symbol	13 Account number(s)		
	NT / A			NT/A	NT / A		
P	N/A art II Organizatio	N/A		N/A	N/A back of form for additional questions.		
14	-				against which shareholders' ownership is measured for		
14	the action ►				Iders throughout the 2021 taxation year.		
					eturn of capital that occurred throughout		
		the 2021 tax	-	I unit information of the r	etani or capital that occurred unoughout		
			abie year.				
15	Describe the quantita	tive effect of the orga	nizational ac	tion on the basis of the security	in the hands of a U.S. taxpayer as an adjustment per		
	share or as a percent						
	share of us a percent).28522 pe	i unit			
16	Describe the calculati	on of the change in b	asis and the	data that supports the calculation	on, such as the market values of securities and the		
	valuation dates >	N/A					
_							

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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