► See separate instructions.

	Issuer's name	ssuer			2 Issuer's employer identification number (EIN					
-										
	CI Global Divider		N/A							
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Email address of contact					
Duarte Boucinha 4				-681-1752	dboucinha@ci.com					
6	Number and street (or F	.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 Classification and description							
	Tax Year 2021			Non-taxable di	istribution					
10	CUSIP number	11 Serial number(s	\$)	12 Ticker symbol	13 Account number(s)					
	N/A	N/A		N/A	N/A					
Pa										
 Part II Organizational Action Attach additional statements if needed. See back of form for additional questions. Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured 										
	the action > A non-taxable distribution was made to shareholders throughout the 2021 taxation year.									
	See question 15 for per unit information of the return of capital that occurred throughout									
	the 2021 taxable year.									
15	Describe the quantitat	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 per								
share or as a percentage of old basis ► 0.16255 per unit										
			L							
16		-	asis and the	data that supports the calcula	ation, such as the market values of securities and the					
	valuation dates \blacktriangleright	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