Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-0123

Dep	partment of the Treasury rnal Revenue Service			► See separate instructions.			
P	art I Reporting	Issuer					
1	Issuer's name				2 Issuer's employer identification number (EIN)		
	CI Canadian Divi	dend Corporate Cl	N/A	N/A			
3	Name of contact for ad	ditional information	l Telephor	ne No. of contact	5 Email address of contact	·	
	Duarte Boucinha	Duarte Boucinha		-681-1752	dboucinha@ci.com	dboucinha@ci.com	
6	Number and street (or P.O. box if mail is not deli		elivered to	street address) of contact	7 City, town, or post office, sta	7 City, town, or post office, state, and ZIP code of contact	
	2 Queen Street E	ast, 20th Floor	Toronto, Ontario,	Toronto, Ontario, M5C 3G7			
8 Date of action 9 Classification and description			sification and description				
	Tax Year 2021 Non-taxable distribution			stribution			
10	CUSIP number	11 Serial number(s)		12 Ticker symbol	13 Account number(s)		
	N/A	N/A		N/A	N/A		
Р		· ·	additiona	-	e back of form for additional qu	estions.	
14					against which shareholders' owne		
	the action ►				olders throughout the 2021 ta		
				r unit information of the	return of capital that occurre	ed throughout	
		the 2021 taxa	<u>ble year.</u>				
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Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjust share or as a percentage of old basis ► 0.81611 per unit							
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16	Describe the calculativaluation dates ►	ion of the change in ba ${ m N}/{ m A}$	sis and the	data that supports the calculat	tion, such as the market values of s	ecurities and the	
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47		and the black of the second of	(A)		IDC			
17 Li	ist the	applicable Internal Revenue Code section	n(s) and subsection(s) upon which the tax treatment is base					
					312 and 316			
1 8 C	an anv	resulting loss be recognized? ► N/A	Λ					
	an any							
1 9 P	rovide	any other information necessary to impler	nent the adjustment, such as the reports	able tax vear ▶	N/A			
	TOVIGO	any other information necessary to impler	mont the adjustment, such as the report		21/12			
	I Im -I	popultion of povium I dealers that I have	nined this veture including a	hadulan and atstance !	and to the heat of my lim and all			
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge a belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.						
Sign		-16 ,						
Here	Signa	ture •	Date ►					
	-							
	Print	our name ► Darie Urbanky			and Chief Operating Office			
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN			
Prepa	arer				self-employed			
Use (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