► See separate instructions.

Part I	Reporting	Issuer

	Issuer's name	Issuer			2 Issuer's employer identifica	ation number (EIN)	
CI U.S. Dividend US\$ Fund (P) <b>3</b> Name of contact for additional information <b>4</b> Telephone No. of contact			N/A 5 Email address of contact	N/A			
3							
	Duarte Boucinha	ı	416	-681-1752	dboucinha@ci.com		
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, a	nd ZIP code of contact	
	2 Queen Street East, 20th Floor			Toronto, Ontario, M5C 3G7			
8	Date of action		9 Clas	sification and description	·		
	Tax Year 2021			Non-taxable d	stribution	bution	
10	CUSIP number	<b>11</b> Serial number(		12 Ticker symbol	13 Account number(s)		
			-)				
	N/A	N/A		N/A	N/A		
Pa	-				e back of form for additional questi		
14	-				e against which shareholders' ownership		
	the action ►				olders throughout the 2021 taxat		
				r unit information of the	e return of capital that occurred t	hroughout	
		the 2021 tax	<u>able year.</u>				
15	Describe the quantit	ative effect of the orga	nizational ac	tion on the basis of the securi	ty in the hands of a U.S. taxpayer as an	adjustment per	
		tage of old basis ►				adjuotimont por	
			5.04558 pc				
16	Describe the calcula	tion of the change in h	asis and the	data that supports the calcul	ation, such as the market values of secu	rities and the	
10		-			alon, such as the market values of secu		
	valuation dates $\blacktriangleright$	N/A					
_							
						··	
_						Fam. 8027 (10.0017	

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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	Signa	ture ►		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