► See separate instructions.

Part	Reporting	lesuer

	Issuer's name	ISSUEI			2 Issuer's employer ident	ification number (EIN)		
	CI U.S. Income U	. ,		N/A				
3 Name of contact for additional information 4			4 Telephon	e 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 o			delivered to s	street address) of contact	7 City, town, or post office, stat	e, and ZIP code of contact		
	2 Queen Street E	ast, 20th Floor		Toronto, Ontario,	Toronto, Ontario, M5C 3G7			
8	Date of action	Date of action		ification and description				
	Tax Year 2021			Non-taxable dis	stribution	bution		
10	CUSIP number	11 Serial number(s))	12 Ticker symbol	13 Account number(s)			
	N/A	N/A		N/A	N/A			
Pa			n additional		e back of form for additional que	estions.		
14					against which shareholders' owne			
••	the action ►				olders throughout the 2021 ta			
					<u> </u>	-		
		-	-	unit information of the	return of capital that occurre	<u>d throughout</u>		
		the 2021 taxa	<u>able year.</u>					
15	Describe the quantita	tive effect of the organ	nizational act	ion on the basis of the securit	y in the hands of a U.S. taxpayer as	an adjustment per		
		age of old basis ► 0						
			.05177 pc	unit				
16	Describe the calculati	ion of the change in ha	sis and the (data that supports the calculat	tion, such as the market values of s	ecurities and the		
10		Ũ				counties and the		
	valuation dates	N/A						
	_			_		000=		
For	Paperwork Reduction	Act Notice, see the s	separate Ins	tructions.	Cat. No. 37752P	Form 8937 (12-2017)		

Form 89	937 (12-2	017)			Page 2
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	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