## Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-0123

Dep Inte	partment of the Treasury rnal Revenue Service			► See separate instructions.			
P	art I Reporting	Issuer					
1	Issuer's name				2 Issuer's employer ident	ification number (EIN)	
	CI G5   20i 2035	Q1 Fund (O)	N/A				
3			4 Telepho	ne No. of contact	5 Email address of contact	-	
	Duarte Boucinha		416	5-681-1752	dboucinha@ci.com	dboucinha@ci.com	
6	Number and street (or P.O. box if mail is not deli		delivered 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	East, 20th Floor	Toronto, Ontario,	Toronto, Ontario, M5C 3G7			
8 Date of action 9 Classification and description							
	Tax Year 2021			Non-taxable dis	Non-taxable distribution		
10	CUSIP number	11 Serial number(	5)	12 Ticker symbol	13 Account number(s)		
	N/A	N/A		N/A	N/A		
Р		·		-	e back of form for additional qu	estions.	
Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured.							
	the action ►				olders throughout the 2021 ta		
				er unit information of the	return of capital that occurre	ed throughout	
_		the 2021 tax	able year.				
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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 a share or as a percentage of old basis ► 0.37815 per unit							
			5.57015 pc	i uiit			
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16	Describe the calcula valuation dates ▶	tion of the change in ${ m k}$	asis and the	data that supports the calculat	tion, such as the market values of s	securities and the	
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47		and the black of the second of	(4) 1 1 1 1 1 1 1		IDC
<b>17</b> Li	ist the	applicable Internal Revenue Code section	n(s) and subsection(s) upon which the tax treatment is base		
					312 and 316
1 <b>8</b> C	an anv	resulting loss be recognized? ► N/A	Λ		
	an any				
1 <b>9</b> 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
		penalties of perjury, I declare that I have exan it is true, correct, and complete. Declaration of			
Sign		<del>-16</del> ,			
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