► See separate instructions.

	Reporting	Issuer			0 Issueda supelares	u islandiči sati su sumek su (FIN)		
1	Issuer's name		2 issuer's employe	2 Issuer's employer identification number (EIN)				
	CI Canadian Bala	nced Corporate (	N/A	N/A				
3	Name of contact for ad	ditional information	4 Telephor	e No. of contact	5 Email address of c	ontact		
Duarte Boucinha			416	-681-1752	dboucinha@ci	dboucinha@ci.com		
6 Number and street (or P.O. box if mail is not delive				street address) of contact	7 City, town, or post off	7 City, town, or post office, state, and ZIP code of contact		
2 Queen Street East, 20th Flo					Toronto, On	Toronto, Ontario, M5C 3G7		
8	Date of action		9 Class	sification and description				
	Tax Year 2021			Non-taxable d	listribution	ribution		
10	CUSIP number	11 Serial number(	s)	12 Ticker symbol	13 Account number(s	;)		
	N/A	N/A	\	N/A	N/A			
Pa				-	ee back of form for addition	nal questions.		
14					te against which shareholders			
	the action ►				nolders throughout the 2			
					e return of capital that o			
		the 2021 tax			<u> </u>	<u></u>		
			,					
15	Describe the quantita	tive effect of the ora:	nizational ac	tion on the basis of the secu	ity in the hands of a U.S. taxp	aver as an adjustment per		
15	share or as a percent	-		ayer as an adjustment per				
	share of as a percent		0.50514 pe					
16			basis and the	data that supports the calcul	ation, such as the market valu	les of securities and the		
	valuation dates <	N/A						
						0007		
For	Paperwork Reduction	Act Notice, see the	separate Ins	structions.	Cat. No. 37752P	Form <b>8937</b> (12-2017)		

Form 89	937 (12-2	017)			Page <b>2</b>
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