► See separate instructions.

	Issuer's name	issuer	2 Issuer's employer identification nu	2 Issuer's employer identification number (EIN)			
	CI Canadian Pala		NI / A				
3	CI Canadian Bala Name of contact for ad	-	N/A 5 Email address of contact				
Ŭ				ne No. of contact			
				6-681-1752	-	dboucinha@ci.com	
6 Number and street (or P.O. box if mail is not delivered to street address) of conta					7 City, town, or post office, state, and 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 distribution			
10	CUSIP number	11 Serial number(s	s)	12 Ticker symbol	13 Account number(s)		
Б	N/A	N/A		N/A	N/A		
	-				ee back of form for additional questions.		
14	Describe the organiza the action ►				e against which shareholders' ownership is mea		
					olders throughout the 2021 taxation year		
		the 2021 tax	-	r unit information of the	e return of capital that occurred through	out	
			able year.				
15	Describe the quantita	tive effect of the orga	nizational ac	tion on the basis of the securi	ity in the hands of a U.S. taxpayer as an adjustm	ent per	
15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment share or as a percentage of old basis ► 0.24124 per unit							
			.2+12+ pc	i unit			
16	Describe the calculati	on of the change in b	asis and the	data that supports the calculation	ation, such as the market values of securities and	d the	
	valuation dates >	N/A					
		11/11					
						_	
_					_ 00)27 (10 0017	

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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