See separate instructions.

Part Reporting Issue

P	arti Reporting	ssuer								
1	Issuer's name		2 Issuer's e	2 Issuer's employer identification number (EIN)						
	CI Canadian Bond	l Corporate Class	1	N/A						
			4 Telephor	Telephone No. of contact		5 Email address of contact				
Duarte Boucinha			416	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, and ZIP code of contact					
2 Queen Street East, 20th Floor						Toronto, Ontario, M5C 3G7				
8	Date of action		9 Classification and description							
Tax Year 2021 Non-tax				Non-taxable d	stribution					
10	CUSIP number	11 Serial number	s)	12 Ticker symbol	13 Account n	umber(s)				
	N/A	N/A	l l	N/A	1	N/A				
Pa				I statements if needed. Se						
14	Describe the organiza	tional action and, if a	pplicable, the	e date of the action or the dat	e against which share	holders' ownership is measured for				
	14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ► A non-taxable distribution was made to shareholders throughout the 2021 taxation year.									
	See question 15 for per unit information of the return of capital that occurred throughout									
		the 2021 tax	<u>able year.</u>							
15	Describe the quantitat share or as a percenta	I.S. taxpayer as an adjustment per								
16	Describe the calculation valuation dates ►	on of the change in b N/A	asis and the	data that supports the calcula	ation, such as the ma	rket values of securities and the				

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				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