## Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

## Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

Р	art I Reporting I	ssuer		<u> </u>	<u> </u>		
1 Issuer's name					2 Issuer's employer identification number (EIN)		
	CI Diversified Yie	eld Corporate Cla	ss (FT5)		N/A		
3			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 del		delivered to s	street address) of contact	7 City, town, or post office, state, and ZIP code of contact		
	2 Queen Street Ea	ıst, 20th Floor			Toronto, Ontario, M5C 3G7		
8	Date of action	Date of action		sification and description			
	Tax Year 2021			Non-taxable di	stribution		
10	CUSIP number 11 Serial number(s)		s)	12 Ticker symbol	13 Account number(s)		
	N/A	N/A		N/A	N/A		
P				-	e back of form for additional questions.		
14					e against which shareholders' ownership is measured for		
14	the action ▶				olders throughout the 2021 taxation year.		
					return of capital that occurred throughout		
				uint miormanon or the	return of capital that occurred throughout		
_		the 2021 tax	abie year.				
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4-	December the accountities		:	b. :- the bender of a H.O. terre are an adjustment on a			
Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adju							
share or as a percentage of old basis ▶ 0.34653 per unit							
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_							
16	Describe the calculation	on of the change in h	asis and the	data that supports the calcula	ation, such as the market values of securities and the		
	valuation dates ►	N/A	asis and the	data triat supports trio outout	and the market values of securities and the		
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47		and the black of the second of	(A) and a boundary (A) and a 11 to 11 to 12 to 12 to 13 to 14 to 15 to 1		IDC
<b>17</b> Li	ist the	applicable Internal Revenue Code section	n(s) and subsection(s) upon which the tax treatment is b		
					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