## 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

E	art I Reporting I	ssuer		·				
1	Issuer's name		2 Issuer's employer identification number (EIN)					
	CI Diversified Yie	eld Corporate Cla	N/A					
3	Name of contact for add			ne No. of contact	5 Email address of contact			
Duarte Boucinha		410	6-681-1752	dboucinha@ci.com				
6	6 Number and street (or P.O. box if mail is not del 2 Queen Street East, 20th Floor			street address) of contact	7 City, town, or post office, state, and ZIP code of contact			
					Toronto, Ontario, M5C 3G7			
8	8 Date of action		9 Clas	ssification and description				
	Tax Year 2021			Non-taxable distribution				
10	CUSIP number	11 Serial number(	s)	12 Ticker symbol	13 Account number(s)			
	N/A	N/A		N/A	N/A			
Р								
Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.  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 ▶				olders throughout the 2021 taxation year.			
					e return of capital that occurred throughout			
_		the 2021 tax		a unit information of the	c return of capital that occurred unloughout			
		uie 2021 ta	tabie year.					
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15	Describe the quantitat	ive effect of the oras	nizational ad	etion on the basis of the securi	ity in the hands of a LLS taynayer as an adjustment ner			
Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjust share or as a percentage of old basis ► 0.21369 per unit								
0.21307 pc1 unit								
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_								
_								
16	Describe the calculation valuation dates ►	ation, such as the market values of securities and the						
		N/A						
_								

47		and the black of the second of	(A) and a boundary (A) and a boundary (B)		IDC
<b>17</b> Li	ist the	applicable Internal Revenue Code section	n(s) and subsection(s) upon which the tax treatment is based		
					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