1 Issuer's name

2 Issuer's employer identification number (EIN)

7 City, town, or post office, state, and ZIP code of contact

Toronto, Ontario, M5C 3G7

N/A 5 Email address of contact

dboucinha@ci.com

13 Account number(s)

See separate instructions.

CI High Income Fund (F)							
3	3 Name of contact for additional information 4			Telephone No. of contact			
Duarte Boucinha				416-681-1752			
6	6 Number and street (or P.O. box if mail is not delivered to street address) of contact						
2 Queen Street East, 20th Floor							
8	Date of action			9 Class	ificat	ion and description	
	Tax Year 2021			Non-taxable			
10	CUSIP number	11 Serial number(s)		12	Ticker symbol	
	N/A	N/A				N/A	

 N/A
 N/A
 N/A

 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 ▶
 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 taxable year.

Non-taxable distribution

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 per share or as a percentage of old basis ► 0.09627 per unit

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates \triangleright N/A

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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