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

P	art I Reporting I	lssuer							
1	Issuer's name		2 Issuer's employer identification number (EIN)						
	CI Diversified Yie	eld Fund (A)	N/A						
3	Name of contact for add	Name of contact for additional information 4		ne No. of contact	5 Email address of contact				
	Duarte Boucinha		416-681-1752		dboucinha@ci.com				
6	6 Number and street (or P.O. box if mail is not de			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		9 Classification and description						
	Tax Year 2021			Non-taxable dis	tribution				
10	CUSIP number	11 Serial number	s)	12 Ticker symbol	13 Account number(s)				
	N/A	N/A	Λ	N/A	N/A				
Р	·	·		-					
14									
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.								
	THE ACTION -								
				er unit information of the	return of capital that occurred throughout				
		the 2021 tax	<u>kable year.</u>						
_									
15	Describe the quantitat	tive effect of the ora	anizational ac	tion on the basis of the security	in the hands of a U.S. taxpaver as an adjustment per				
Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustmen share or as a percentage of old basis > 0.39120 per unit									
U.JYIZU per unit									
16			basis and the	data that supports the calculat	ion, such as the market values of securities and the				
	valuation dates ►	N/A							
_									
_									

47		and the black of the second of	(A) and a boundaries (A)		IDC	
17 Li	ist the	applicable Internal Revenue Code section	n(s) and subsection(s) upon which the tax treatment is based I			
					312 and 316	
1 8 C	an anv	resulting loss be recognized? ► N/A	Λ			
	an any					
1 9 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	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign		-16 1				
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