See separate instructions.

| 1  | Issuer's name   |  |                           |                                    | 2 Issuer's employer identification number (EIN)              |  |  |  |  |  |
|----|---|--|---------------------------|------------------------------------|--|--|--|--|--|--|
|    | CI Short-Term Bo  | ond Fund (F)                                     |                           |                                    | 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 deliv   |  |                           | treet 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  | 3 Date of action 9 Classification<br>Tax Year 2021  |  |                           | ification and description          |  |  |  |  |  |  |
|    |   |  |                           | Non-taxable distribution           |  |  |  |  |  |  |
| 10 | CUSIP number  | USIP number 11 Serial number(s) 12 Ticker symbol |                           | 13 Account number(s)               |  |  |  |  |  |  |
|    | N/A   | N/A  | Δ                         | N/A                                | N/A  |  |  |  |  |  |
| Ρ  | art II Organizatio  | onal Action Attac                                | ch additional             | statements if needed. See b        | ack of form for additional questions.                        |  |  |  |  |  |
| 14 |   |  |                           |                                    |  |  |  |  |  |  |
|    | 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>         |                                    |  |  |  |  |  |  |
|    |   |  |                           |                                    |  |  |  |  |  |  |
|    |   |  |                           |                                    |  |  |  |  |  |  |
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|    |   |  |                           |                                    |  |  |  |  |  |  |
|    |   |  |                           |                                    |  |  |  |  |  |  |
| 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<br>0.08772 per unit |  |                           |                                    |  |  |  |  |  |  |
|    |   |  |                           |                                    |  |  |  |  |  |  |
|    |   |  |                           |                                    |  |  |  |  |  |  |
|    |   |  |                           |                                    |  |  |  |  |  |  |
|    |   |  |                           |                                    |  |  |  |  |  |  |
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|    |   |  |                           |                                    |  |  |  |  |  |  |
|    |   |  |                           |                                    |  |  |  |  |  |  |
| 16 | Describe the calculation valuation dates ►  | on of the change in b ${ m N/A}$                 | basis and the d           | data that supports the calculation | n, such as the market values of securities and the           |  |  |  |  |  |
|    |   |  |                           |                                    |  |  |  |  |  |  |
|    |   |  |                           |                                    |  |  |  |  |  |  |
|    |   |  |                           |                                    |  |  |  |  |  |  |
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|    |   |  |                           |                                    |  |  |  |  |  |  |
|    |   |  |                           |                                    |  |  |  |  |  |  |

| Form 89       | 937 (12-2 | 017)                                      |  |                    | Page <b>2</b>                                   |  |
|---------------|-----------|---|--|--------------------|---|--|
| Part          |           | Drganizational Action (continued)         |  |                    |   |  |
| <b>17</b> 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> ,<br>312 and 316 |  |
|               |           |   |  |                    |   |  |
|               |           |   |  |                    |   |  |
|               |           |   |  |                    |   |  |
|               |           |   |  |                    |   |  |
|               |           |   |  |                    |   |  |
|               |           |   |  |                    |   |  |
| <b>18</b> C   | Can any   | resulting loss be recognized?<br>N/I      | A  |                    |   |  |
|               |           |   |  |                    |   |  |
|               |           |   |  |                    |   |  |
|               |           |   |  |                    |   |  |
|               |           |   |  |                    |   |  |
|               |           |   |  |                    |   |  |
|               |           |   |  |                    |   |  |
|               |           |   |  |                    |   |  |
| <b>19</b> 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<br>preparer (other than officer) is based on all inform |                    |   |  |
| Here          | Signa     | ture ►                                    |  | Date ►             |   |  |
|               | Print     | our name ► Darie Urbanky                  |  |                    | and Chief Operating Officer                     |  |
| Paid<br>Prepa | arer      | Print/Type preparer's name                | Preparer's signature   | Date               | Check if self-employed                          |  |
| Use (         |           | Firm's name ►<br>Firm's address ►         |  |                    | Firm's EIN ►<br>Phone no.                       |  |

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054