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	ssuer								
1	Issuer's name		2 Issuer's employer identification number (EIN)							
	CI Preferred Share	e Fund (A)	N/A							
3	3 Name of contact for additional information 4			ne No. of contact	5 Email address of contact					
	Duarte Boucinha		416	5-681-1752	dboucinha@ci.com					
6	6 Number and street (or P.O. box if mail is not delivered			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	8 Date of action			sification and description						
	Tax Year 2021 Non-taxable dist				ibution					
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)					
	N/A	N/A		N/A	N/A					
P	<u> </u>			<u> </u>	<u>-</u>					
	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.									
	the action ►									
_		-		r unit information of the retu	ırn of capital that occurred throughout					
_		the 2021 tax	able year.							
_										
Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an a share or as a percentage of old basis ► 0.29515 per unit										
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16	Describe the calculation valuation dates ►	on of the change in N/A	easis and the	data that supports the calculation,	such as the market values of securities and the					

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17 Li	ist the	applicable Internal Revenue Code section	n(s) and subsection(s) upon which the tax treatment is based		
					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
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		penalties of perjury, I declare that I have exan it is true, correct, and complete. Declaration of			
Sign		-16 ,			
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