► See separate instructions.

Ρ	arti Reporting	Issuer						
1	Issuer's name				2	Issuer's employer identification number (EIN)		
	CI Preferred Shar	e Fund (F)		N/A				
3	Name of contact for ad	ditional information	4 Telephon	Telephone No. of contact		5 Email address of contact		
	Duarte Boucinha		416-681-1752			dboucinha@ci.com		
6	Number and street (or F	P.O. box if mail is not o	delivered to street address) of contact		7	7 City, town, or post office, state, and ZIP code of contact		
	2 Queen Street Ea				Toronto, Ontario, M5C 3G7			
8	Date of action		9 Classification and description					
	Tax Year 2021		Non-taxable distri		listributi	bution		
10	CUSIP number	11 Serial number(s	)	12 Ticker symbol	13	Account number(s)		
	N/A	N/A		N/A		N/A		
D			additiona			of form for additional questions.		
						•		
14	Describe the organiza				-	which shareholders' ownership is measured for		
	the action ►	A non-taxab	le distribut	tion was made to shareh	holders t	throughout the 2021 taxation year.		
						of capital that occurred throughout		
		the 2021 taxa	-					
			ibie year.					
15	Describe the quantita	tive effect of the organ	nizational act	ritv in the l	hands of a U.S. taxpaver as an adjustment per			
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 a share or as a percentage of old basis ► 0.39493 per unit								
	share of as a percent		.59495 pe	uni				
16	Describe the calculati	ion of the change in br	asis and the	data that supports the calcul	lation, suc	ch as the market values of securities and the		
	valuation dates ►	N/A			, eae			
_								

For Paperwork Reduction Act Notice, see the separate Instructions.

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> , 312 and 316
<b>18</b> C	Can any	resulting loss be recognized? 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 preparer (other than officer) is based on all inform		
Here				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