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

Р	art I Reporting	Issuer								
1	Issuer's name				2 Issuer's employer ider	ntification number (EIN)				
	CI Preferred Shar	e Fund (I)	N/A							
3	Name of contact for additional information 4		4 Telephoi	ne No. of contact	5 Email address of contac	5 Email address of contact				
	Duarte Boucinha		416	5-681-1752	dboucinha@ci.com	dboucinha@ci.com				
6	6 Number and street (or P.O. box if mail is not del 2 Queen Street East, 20th Floor			street address) of contact	7 City, town, or post office, st	ate, and ZIP code of contact				
					Toronto, Ontario	Toronto, Ontario, M5C 3G7				
8	Date of action		9 Classification and description							
	Tax Year 2021			Non-taxable	listribution	tribution				
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)					
	N/A	N/A	1	N/A	N/A					
P					ee back of form for additional q	uestions.				
_										
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 tax			<u> </u>					
15	Describe the quantitates share or as a percentage				rity in the hands of a U.S. taxpayer a	as an adjustment per				
_										
_										
16	Describe the calculativaluation dates ►	on of the change in N/A	pasis and the	data that supports the calcu	lation, such as the market values of	securities and the				
_										
_										

47		and the black of the second of	(A) and a boundary (A) and a 111 H. J.		IDC
17 Li	ist the	applicable Internal Revenue Code section	n(s) and subsection(s) upon which the tax treatment is ba		
					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
		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