## 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 identification number (EIN)						
	CI Floating Rate 1	Income Fund (A)		N/A					
3	Name of contact for additional information 4 Telep			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 delivered to street address) of contact				7 City, town, or post office, state, and ZIP code of contact				
	2 Queen Street East, 20th Floor				Toronto, Ontario, M5C 3G7				
8	Date of action		9 Class	sification and description					
	Tax Year 2021			Non-taxable	distribution				
10	CUSIP number	11 Serial number(	s)	12 Ticker symbol	13 Account number(s)				
	N/A	N/A	1	N/A	N/A				
P	art II Organizatio	onal Action Attac	h additiona	statements if needed. S	See back of form for additional questions.				
14					ate against which shareholders' ownership is measured for				
	the action ►				cholders throughout the 2021 taxation year.				
	See question 15 for per unit information of the return of capital that occurred throughout								
		the 2021 tax	able year.						
15	Describe the quantitate share or as a percentage		urity in the hands of a U.S. taxpayer as an adjustment per						
16	Describe the calculativaluation dates ►	on of the change in $N/A$	asis and the	data that supports the calcu	ulation, such as the market values of securities and the				
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47		and the black of the second of	(A) and a boundary (A)		IDC			
<b>17</b> Li	ist the	applicable Internal Revenue Code section	n(s) and subsection(s) upon which the tax treatment is b					
					312 and 316			
1 <b>8</b> C	an anv	resulting loss be recognized? ► N/A	Λ					
	an any							
1 <b>9</b> 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 knowledge ar 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		<del>-16</del> ,						
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