► See separate instructions.

	art Reporting I	Issuer			0 lasurada amud			
1	Issuer's name		2 issuer's empi	2 Issuer's employer identification number (EIN)				
	CI Conservative B	Balanced Income (	N/4	N/A				
3 Name of contact for additional information 4 Tel Duarte Boucinha			4 Telephon	e No. of contact	5 Email address	5 Email address of contact		
			416	-681-1752	dboucinha	dboucinha@ci.com		
6 Number and street (or P.O. box if mail is not delivered				street address) of contact	7 City, town, or pos	7 City, town, or post office, state, and ZIP code of contact		
2 Queen Street East, 20th Floor					Toronto,	Toronto, Ontario, M5C 3G7		
8	Date of action		9 Class	ification and description				
	Tax Year 2021			Non-taxable	distribution	oution		
10	CUSIP number	11 Serial number(s	)	12 Ticker symbol	13 Account numb	per(s)		
	N/A	N/A		N/A	N/A	A		
Pa			n additiona	statements if needed. S				
14	-					ders' ownership is measured for		
	the action ►			ion was made to share	-			
					0	t occurred throughout		
		the 2021 tax	-					
15	Describe the quantitat share or as a percenta				rity in the hands of a U.S. t	taxpayer as an adjustment per		
16	Describe the calculation valuation dates ►	on of the change in ba $\mathrm{N/A}$	asis and the	data that supports the calcu	ulation, such as the market	values of securities and the		
	<b></b>					<b></b> 0007 //s ====		
For	Paperwork Reduction	Act Notice, see the	separate Ins	tructions.	Cat. No. 37752P	Form <b>8937</b> (12-2017)		

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