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 Canadian Fixed | d Income Private | N/A | | |
| 3 | Name of contact for add | ditional information | 4 Telephon | 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 Classification 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 | | | | | See back of form for additional questions. |
| 14 | | | | | late against which shareholders' ownership is measured for |
| | the action ► | | | | eholders throughout the 2021 taxation year. |
| | | | | | he return of capital that occurred throughout |
| | | the 2021 tax | - | | 1 |
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| 15 | Describe the quantitates share or as a percentage | | | urity in the hands of a U.S. taxpayer as an adjustment per | |
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| 16 | Describe the calculativaluation dates ► | on of the change in ${ m k} N/{ m A}$ | asis and the | data that supports the calc | ulation, 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 ba | | | |
| | | | | | 312 and 316 | |
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| 1 8 C | an anv | resulting loss be recognized? ► N/A | Λ | | | |
| | an any | | | | | |
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| 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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| | 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 knowled 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 | | -16 1 | | | | |
| 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