## 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

P	art I Reporting I	lssuer			•				
1	Issuer's name		2 Issuer's employer identification number (EIN)						
	CI Mosaic Income	e ETF Portfolio	N/A						
3	· · · · · · · · · · · · · · · · · · ·			ne No. of contact	5 Email address of contact				
	Duarte Boucinha		410	6-681-1752	dboucinha@ci.com				
6	6 Number and street (or P.O. box if mail is not deliver			street address) of contact	7 City, town, or post office, state, and ZIP code of contact				
	2 Queen Street Ea	ıst, 20th Floor			Toronto, Ontario, M5C 3G7				
8	8 Date of action			9 Classification and description					
Tax Year 2021 Non-taxable distribution					oution				
10	CUSIP number	11 Serial number	s)	12 Ticker symbol	13 Account number(s)				
	N/A	N/A	1	N/A	N/A				
Р	art II Organizatio	onal Action Atta	ch addition	al statements if needed. See ba	ck of form for additional questions.				
14	· · ·								
	the action ►			_	rs throughout the 2021 taxation year.				
					urn of capital that occurred throughout				
_		the 2021 tax			in or capital that occurred throughout				
		tile 2021 ta	<u>kabie year.</u>						
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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 adjustment pe									
	share or as a percentage of old basis ► 0.33071 per unit								
16	Describe the calculation valuation dates ►	on of the change in $^{ m k}$	pasis and the	e data that supports the calculation,	such as the market values of securities and the				
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47		and the black of the second of	AN and a bourge (A)		IDC
<b>17</b> Li	ist the	applicable Internal Revenue Code section	n(s) and subsection(s) upon which the tax treatment is based I		
					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
		penalties of perjury, I declare that I have exan it is true, correct, and complete. Declaration of			
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