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	lssuer							
1	Issuer's name		2 Issuer's employer identification number (EIN)						
	CI Diversified Yie	eld Fund (PP)		N/A					
3	Name of contact for add	ditional information	4 Telephone 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		N/A	N/A				
P					See back of form for additional questions.				
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.								
					he return of capital that occurred throughout				
		the 2021 tax	able year.						
			<u> </u>						
15	Describe the quantitate share or as a percentar	urity in the hands of a U.S. taxpayer as an adjustment per							
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16	Describe the calculation valuation dates ►	on of the change in N/A	pasis 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 based		
					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
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		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