► See separate instructions.

## Part Reporting Issuer

_	Issuer's name	ssuer	2 Issuer's employer identification number (EIN)					
	CI DoubleLine To	otal Peturn Bond	N/A					
3	Name of contact for add		IN/A 5 Email address of contact					
				e No. of contact				
Duarte Boucinha         416-681-1752           6 Number and street (or P.O. box if mail is not delivered to street address) of conta					dboucinha@ci.com 7 City, town, or post office, state, and ZIP code of contact			
0								
	2 Queen Street Ea	ıst, 20th Floor			Toronto, Ontario, M5C 3G7			
8	Date of action		9 Class	sification and description				
	Tax Year 2021			Non-taxable dist	bution			
10	CUSIP number	11 Serial number(s	6)	12 Ticker symbol	13 Account number(s)			
	N/A	N/A		N/A	N/A			
Pa					back of form for additional questions.			
14					gainst which shareholders' ownership is measured for			
the action ► A non-taxable distribution was made to shareholders throughout the 2021 taxation ye								
See question 15 for per unit information of the return of capital that occurred throughout								
		the 2021 tax	<u>able year.</u>					
15	Describe the quantitat	tive offect of the orac	nizational aat	ion on the basis of the accurity i	n the hands of a LLS taxpayor as an adjustment per			
15		-			n the hands of a U.S. taxpayer as an adjustment per			
	share or as a percenta							
16	Describe the calculation	-	asis and the	data that supports the calculation	n, such as the market values of securities and the			
	valuation dates	N/A						
_								

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	Signa	ture ►		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