See separate instructions.

## Part Beporting Issue

	Issuer's name	ssuer			2 Issuer's employe	r identification number (EIN)		
•								
CI DoubleLine Income US\$ Fund (FH)						N/A		
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Email address of c			
Duarte Boucinha			416-	-681-1752	dboucinha@ci	dboucinha@ci.com		
6 Number and street (or P.O. box if mail is not deliv			delivered to s	street address) of contact	7 City, town, or post off	7 City, town, or post office, state, and ZIP code of contact		
	2 Queen Street Ea	st, 20th Floor			Toronto, Or	Toronto, Ontario, M5C 3G7		
8	Date of action		9 Class	ification 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		NI/A	NI/A			
Pa	-		additional	N/A	ee back of form for addition	nal questions		
14	- -				ate against which shareholders	-		
•••	the action ►		•		holders throughout the 2			
					e return of capital that of			
		the 2021 tax	-		to recurri or cuprum chuc o	<u>bounted untoughout</u>		
			,					
15	Describe the quantitat	ive effect of the organ	nizational act	ion on the basis of the secu	rity in the hands of a U.S. taxp	aver as an adjustment per		
10	share or as a percenta					ayer as an adjustment per		
			.20010 per	um				
16	Describe the calculation	on of the change in ba	asis and the o	data that supports the calcu	llation, such as the market valu	les of securities and the		
	valuation dates >	N/A						
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