► See separate instructions.

Pa	art Reporting	ssuer						
1	Issuer's name		2 Issuer's employ	2 Issuer's employer identification number (EIN)				
	CI Global Divider	nd Opportunities	N/A	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@c	dboucinha@ci.com		
6 Number and street (or P.O. box if mail is not delive			delivered to s	treet address) of contact	7 City, town, or post of	7 City, town, or post office, state, and ZIP code of contact		
	15 York Street, 2nd floor				Toronto, O	Toronto, Ontario, M5J 0A3		
8	Date of action		9 Class	ification and description				
	Tax Year 2022			Non-taxable distribution				
10	CUSIP number	11 Serial number(s)	)	12 Ticker symbol	13 Account number	(s)		
	/-							
D	N/A	N/A		N/A	N/A			
	-				see back of form for addition	•		
14	the action ►				the against which shareholder the sholders throughout the states throughout the states and the states and the states and the states are states	rs' ownership is measured for		
					ne return of capital that of			
		the 2022 taxa			le letuin of capital that o			
			ibic year.					
15	Describe the quantitat	tive offect of the organ	vizational act	ion on the basis of the see	rity in the hands of a U.S. tax	rower as an adjustment per		
15	share or as a percenta	payer as an adjustment per						
	share of as a percente		.11/01 per	umi				
16		-	asis and the o	data that supports the calc	lation, such as the market va	lues of securities and the		
	valuation dates $\blacktriangleright$	N/A						
	Demonstration of the state	A -4 N -4'		•	0 · · · ·	Form <b>8937</b> (12-2017		
гor	Paperwork Reduction	ACLINULICE, SEE THE S	separate ins	uucuons.	Cat. No. 37752P	rom <b>0301</b> (12-2017		

Form 8937 (12-2017) Page 2									
Pa	rt II	Organizational Action (continued)							
17		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax to	reatment is based ▶	►					
				312 and 316					
18	Can an	resulting loss be recognized? $\blacktriangleright$ N/A							
40			1. I	N/A					
19	Provide	any other information necessary to implement the adjustment, such as the reportab	le tax year ►	IN/Λ					
	Und	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and							
<u>.</u>		belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.							
Sigr Her	<u> </u>		Date March 31, 2022						
	Sign		Date March 51, 2022						
	Print	your name Darie Urbanky	Title President	and Chief Operating Officer					
Pai		Print/Type preparer's name Preparer's signature	Date	Check if PTIN					
	a parer			self-employed					
	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