► See separate instructions.

| | Issuer's name | ssuer | | | 2 lesuer's emr | Nover identification number (FIN) | |
|---|--|-----------------------------|----------------|---|----------------------------|--|--|
| ' | issuel s hame | | | 2 Issuer's employer identification number (EIN) | | | |
| | CI Global Alpha I | - | | N/A | | | |
| 3 Name of contact for additional information 4 Duarte Boucinha | | | 4 Telephon | Telephone No. of contact 416-681-1752 | | 5 Email address of contact | |
| | | | 416- | | | dboucinha@ci.com | |
| 6 Number and street (or P.O. box if mail is not delive | | | delivered to s | street address) of contact | 7 City, town, or po | ost office, state, and ZIP code of contact | |
| | 15 York Street, 2n | id floor | | | Toront | o, 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 num | ber(s) | |
| | N/A | N/A | | N/A | N/ | A | |
| Pa | | | | statements if needed. | | | |
| 14 | - | | | | | Iders' ownership is measured for | |
| | the action ► | | | ion was made to share | - | | |
| | | | | | | at occurred throughout | |
| | | the 2022 tax | - | | 1 | 0 | |
| | | | , | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as a share or as a percentage of old basis ► _ 0.75766 per unit | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 16 | Describe the calculation valuation dates ► | on of the change in b N/A | asis and the o | data that supports the calc | ulation, such as the marke | t values of securities and the | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| _ | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| For | Paperwork Reduction | Act Notice, see the | separate Ins | tructions. | Cat. No. 37752P | Form 8937 (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 | | | | | | | | |
| | 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