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

Р	art I Reporting	Issuer						
1	Issuer's name					2 Issuer's employer identification number (EIN)		
	CI Conservative I	ncome Personal	Portfolio (I		N/A			
3	Name of contact for ad-	ditional information	4 Telephon	4 Telephone No. of contact		Email address of contact		
	Duarte Boucinha		416-681-1752			dboucinha@ci.com		
6	Number and street (or F	ber 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		
	15 York Street, 2r	nd floor				Toronto, Ontario, M5J 0A3		
8	Date of action		9 Classification and description					
	Tax Year 2022			Non-taxable dist		ribution		
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13	Account number(s)		
	N/A	N/A	1	N/A		N/A		
P					See back o	f 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 meas the action ► A non-taxable distribution was made to shareholders throughout the 2022 taxation year. See question 15 for per unit information of the return of capital that occurred throughout the 2022 taxation year.								
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15	Describe the quantitare share or as a percentare				curity in the h	ands of a U.S. taxpayer as an adjustment per		
16	Describe the calculati valuation dates ▶	on of the change in ${ m k} N/{ m A}$	pasis and the	data that supports the calc	culation, such	n as the market values of securities and the		
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Par	t II	C	Organizational Action (continued)			· -
17	List	the a	applicable Internal Revenue Code section	(s) and subsection(s) upon which the tax tro	eatment is based ▶	IRC section 301(c)(2), 312 and 316
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18	Can	any	resulting loss be recognized? ► N/A	1		
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19	Prov	vide a	any other information necessary to impler	nent the adjustment, such as the reportable	e tax vear ▶	N/A
			any earler information necessary to impler	non and adjactment, each ac and reportable		
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	U	Jnder	penalties of periury. I declare that I have exan	nined this return, including accompanying sched	ules and statements.	and to the best of my knowledge and
	b			preparer (other than officer) is based on all inform		
Sign	.			M . 1 21	2022	
Here	9 S	Signature ▶			Date March 31,	<u> </u>
	P	Print your name ▶ Darie Urbanky			Title President	and Chief Operating Officer
Paid			Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
Pre		er↓				self-employed
Use			Firm's name			Firm's EIN ▶
Send	Form	n 893	Firm's address ► 37 (including accompanying statements) t	o: Department of the Treasury, Internal Re	venue Service, Oad	Phone no. den, UT 84201-0054