► See separate instructions.

P	Reporting	issuer					
1	Issuer's name		2 Issuer's employe	2 Issuer's employer identification number (EIN)			
	CI Conservative I	ncome Personal	N/A	N/A			
3	Name of contact for ad	ditional information	4 Telephor	ne No. of contact	5 Email address of co	ontact	
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	street address) of contact	7 City, town, or post off	ice, state, and ZIP code of contact	
	15 York Street, 2nd floor				Toronto, O	Toronto, Ontario, M5J 0A3	
8	Date of action		9 Class	sification and description			
	Tax Year 2022			Non-taxable distribution			
10	CUSIP number 11 Serial number(s)		s)	12 Ticker symbol		13 Account number(s)	
	N/A	N/A		N/A	N/A		
Pa				-	ee back of form for addition	nal questions.	
14					ate against which shareholders		
	the action ►				holders throughout the 2		
					ne return of capital that of		
		the 2022 tax	1			<u> </u>	
			,				
15	Describe the quantita	tive effect of the ora	nizational ac	tion on the basis of the secu	rity in the hands of a U.S. taxp	aver as an adjustment per	
15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpa share or as a percentage of old basis ► 0.13987 per unit							
			<u></u>	i unit			
16	Describe the calculati	on of the change in k	asis and the	data that supports the calcu	lation, such as the market valu	les of securities and the	
10	valuation dates ►	N/A			lation, such as the market valu	es of securities and the	
		11/11					
For	Paperwork Reduction	Act Notice, see the	separate Ins	structions.	Cat. No. 37752P	Form 8937 (12-2017)	

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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