► See separate instructions.

	Issuer's name	Issuer			2 Issuer's employe	r identification number (FIN)		
•				2 Issuer's employer identification number (EIN)				
CI Mosaic Income ETF Portfolio (PT5)					N/A			
3	3 Name of contact for additional information 4			No. of contact	5 Email address of c	ontact		
	Duarte Boucinha		416-	681-1752	dboucinha@ci	.com		
6 Number and street (or P.O. box if mail is not delive			delivered to st	treet address) of contact	7 City, town, or post of	fice, state, and ZIP code of contact		
	15 York Street, 2nd floor				Toronto, C	Toronto, Ontario, M5J 0A3		
8	Date of action		9 Classi	fication and description				
	Tax Year 2022			Non-taxable	distribution	ibution		
10	CUSIP number	11 Serial number(s	)	12 Ticker symbol	13 Account number(s			
	NT / A			NT / A				
D,	N/A art II Organizatio	N/A	a additional	N/A	N/A See back of form for additio	nal questions		
14	-				late against which shareholders	-		
14	the action ►				eholders throughout the 2			
					he return of capital that o	,		
		the 2022 tax	-		ne return of capital that o			
			ibie year.					
	Describer the second liter		·					
15 Describe the quantitative effect of the organizational action on the basis of the security in the has share or as a percentage of old basis ► 0.18372 per unit						ayer as an adjustment per		
	snare or as a percenta	age of old basis $\blacktriangleright$ _	.183/2 per	unit				
16	Describe the calculation	on of the change in ba	asis and the d	ata that supports the calc	ulation, such as the market valu	ues of securities and the		
	valuation dates >	N/A						
		11/11						
For	Paperwork Reduction	Act Notice. see the	separate Inst	ructions.	Cat. No. 37752P	Form <b>8937</b> (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