See separate instructions.

| Ρ | art I Reporting I | lssuer | | | | | | | |
|--|---|--------------|---|----------------------------|--|--|--|--|--|
| 1 | Issuer's name | | 2 Issuer's employer identification number (EIN) | | | | | | |
| | CI Corporate Bon | nd Class (O) | | N/A | | | | | |
| 3 | - | | 4 Telepho | ne No. of contact | 5 Email address of contact | | | | |
| | Duarte Boucinha | | 416-681-1752 | | dboucinha@ci.com | | | | |
| 6 | 6 Number and street (or P.O. box if mail is not deliv | | | street address) of contact | 7 City, town, or post office, state, and ZIP code of contact | | | | |
| | 15 York Street, 2n | nd floor | | | Toronto, Ontario, M5J 0A3 | | | | |
| 8 | Date of action | | 9 Clas | 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 | | | | |
| Ρ | | | | - | See back of 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 measured f | | | | | | | | | |
| | 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 | | | | | | | | |
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| | | the 2022 ta | | | | | | | |
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| 15 | Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment p | | | | | | | | |
| | share or as a percenta | | | | | | | | |
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| 16 | Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates \triangleright N/A | | | | | | | | |
| | | 11/11 | | | | | | | |
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For Paperwork Reduction Act Notice, see the separate Instructions.

| 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 | | | | | |
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| 18 | Can an | resulting loss be recognized? \blacktriangleright N/A | | | | | | | |
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| 40 | | | 1. I | N/A | | | | | |
| 19 | Provide | any other information necessary to implement the adjustment, such as the reportab | le tax year ► | IN/Λ | | | | | |
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| | 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