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 I	ssuer		<u> </u>	<u> </u>					
1	Issuer's name		2 Issuer's employer identification number (EIN)							
	CI Income Fund ((W)	N/A							
3	Name of contact for additional information 4		4 Telephor	e No. of contact	5 Email address of contact					
	Duarte Boucinha		416	-681-1752	dboucinha@ci.com					
6 Number and street (or P.O. box if mail is not or			delivered to	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 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					
P		-			The state of the s					
Part II Organizational Action Attach additional statements if needed. 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 for										
	the action A non-taxable distribution was made to shareholders throughout the 2022 taxation year.									
					ne return of capital that occurred throughout					
		the 2022 tax			1					
			,							
15					rity in the hands of a U.S. taxpayer as an adjustment per					
share or as a percentage of old basis ► 0.12195 per unit										
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16	Describe the calculation valuation dates ►	on of the change in $^{ m k}$	asis and the	data that supports the calcu	lation, such as the market values of securities and the					
	valuation dates -	11/11								
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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		
	_							
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				
-								
	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		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.							
Sign	.			M . 1 21	2022			
Here	9 S	Signat	ure ▶	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		