See separate instructions.

Part I Reporting Issuer

| | Issuer's name | 135001 | 2 Issuer's employer i | 2 Issuer's employer identification number (EIN) N/A 5 Email address of contact | | | | |
|---|---|-------------------------|-----------------------|--|------------------------------------|--|--|--|
| | CI DoubleLine Ir | come US\$ Fund | N/A | | | | | |
| 3 | Name of contact for ad | - | | | | | | |
| | Duarte Boucinha | | | e No. of contact -681-1752 | dboucinha@ci.co | | | |
| 6 Number and street (or P.O. box if mail is not delivered | | | | | | 7 City, town, or post office, state, and ZIP code of contact | | |
| Ũ | | | | | | | | |
| | 15 York Street, 21 | nd floor | | | Toronto, Ont | ario, M5J 0A3 | | |
| 8 | Date of action | | 9 Class | sification and description | | | | |
| | Tax Year 2022 | | | Non-taxable | distribution | tribution | | |
| 10 | CUSIP number 11 Serial number(s) | | s) | 12 Ticker symbol | 13 Account number(s) | 13 Account number(s) | | |
| | N/A | N/A | ۱. | N/A | N/A | | | |
| Pa | | | | - | See back of form for additiona | l questions. | | |
| 14 | - | | | | ate against which shareholders' c | | | |
| | the action ► | A non-taxal | ole distribu | tion was made to share | holders throughout the 202 | 2 taxation year. | | |
| | | - | - | r unit information of th | ne return of capital that occ | urred throughout | | |
| | | the 2022 tax | able year. | | | | | |
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| 15 | Describe the quantita | tive effect of the orac | nizational ac | tion on the basis of the secu | rity in the hands of a U.S. taxpay | er as an adjustment per | | |
| | share or as a percent | | | | | | | |
| | | | 0.1015+ pc | uint . | | | | |
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| 16 | | - | asis and the | data that supports the calcu | ulation, such as the market values | of securities and the | | |
| | valuation dates | N/A | | | | | | |
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| For | Paperwork Reduction | Act Notice, see the | separate Ins | structions. | Cat. No. 37752P | Form 8937 (12-2017 | | |

| 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 | r penalties of perjury, I declare that I have examined this return, including accompanying sche | dules and statements | , and to the best of my knowledge and | | | | |
| <u>.</u> | | it is true, correct, and complete. Declaration of preparer (other than officer) is based on all infor | mation of which prepa | arer has any knowledge. | | | | |
| Sigr Her | <u> </u> | | Date March 31, 2022 | | | | | |
| | Sign | | Date March 91, | 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