► See separate instructions.

Р	art Reporting	Issuer						
1	Issuer's name CI DoubleLine Total Return Bond US\$ Fund (FH)					2 Issuer's employer identification number (EIN)		
						N/A		
3	Name of contact for add	ditional information	4 Telephon	Telephone 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 de			elivered to street address) of contact		7 City, town, or post office, state, and ZIP code of contact		
	15 York Street, 2r				Toronto, Ontario, M5J 0A3			
8	Date of action		9 Classification and description		·			
	Tax Year 2022			Non-taxable distri				
10	CUSIP number	11 Serial number(s	;)	12 Ticker symbol	13	Account number(s)		
	N/A	N/A		N/A		N/A		
Pa	art II Organizatio	onal Action Attac	h additiona	statements if needed. S	See back o	of form for additional questions.		
14	-					-		
14	the action ►	Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for he action ► A non-taxable distribution was made to shareholders throughout the 2022 taxation year.						
						of capital that occurred throughout		
		the 2022 tax	1					
			···· , ··· .					
15	Describe the quantitative effect of the organizational action on the basis of the second share or as a percentage of old basis \triangleright 0.03184 per unit					nands of a U.S. taxpayer as an adjustment per		
16	Describe the calculation of the change in basis and the data that supports the calcula valuation dates \blacktriangleright N/A					h as the market values of securities and the		

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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