► See separate instructions.

Ρ	and Reporting	Issuer						
1	Issuer's name			2 Issuer's employer identification number (EIN)				
CI Mosaic ESG Balanced ETF Portfolio (PT5)						N/A		
3 Name of contact for additional information 4 T				Telephone No. of contact		5 Email address of contact		
Duarte Boucinha			416	416-681-1752		dboucinha@ci.com		
6 Number and street (or P.O. box if mail is not delivered to street address) of contact						7 City, town, or post office, state, and ZIP code of contact		
15 York Street, 2nd floor						Toronto, Ontario, M5J 0A3		
8	Date of action		9 Class	9 Classification and description				
	Tax Year 2022		Non-taxable di		distribu	tribution		
10	CUSIP number	11 Serial number(s	3)	12 Ticker symbol		13 Account number(s)		
	N/A	N/A		N/A		N/A		
P				-	ee hacl	k of form for additional questions.		
						•		
14	-				-	nst which shareholders' ownership is measured for		
	the action ►					s throughout the 2022 taxation year.		
		-	-	r unit information of th	ne retur	n of capital that occurred throughout		
		the 2022 tax	able year.					
15	Describe the quantitat	tive effect of the orga	nizational act	tion on the basis of the secu	rity in th	e hands of a U.S. taxpaver as an adjustment per		
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 adjustrishare or as a percentage of old basis ► 0.20880 per unit								
	share of as a percente		1.20880 pe	rum				
16	Describe the calculation	on of the change in b	asis and the	data that supports the calcu	lation, s	uch as the market values of securities and the		
	valuation dates	N/A						

For Paperwork Reduction Act Notice, see the separate Instructions.

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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