► See separate instructions.

	ant neporting	ISSUEI						
1	Issuer's name		2 Issuer's employer identification number (EIN) ${ m N/A}$					
	CI Balanced Yield	l Private Pool Cla						
3	Name of contact for add	ditional information	4 Telephon	e No. of contact	5 Email address of contact			
Duarte Boucinha 41				-681-1752	dboucinha@ci.com			
6	Number and street (or F	.O. box if mail is not	7 City, town, or post office, state, and ZIP code of contact					
2 Queen Street East, 20th Floor					Toronto, Ontario, M5C 3G7			
8	Date of action		9 Class	sification and description				
	Tax Year 2021			Non-taxable dis	stribution			
10	CUSIP number	11 Serial number(s	s)	12 Ticker symbol	13 Account number(s)			
D	N/A art II Organizatio	N/A		N/A	N/A back of form for additional questions.			
					against which shareholders' ownership is measured for			
14	the action ►				blders throughout the 2021 taxation year.			
					<i>v</i>			
See question 15 for per unit information of the return of capital that occurred throughout								
			abie year.					
15	Describe the guantite							
15		Describe the quantitative effect of the organizational action on the basis of the securit share or as a percentage of old basis \blacktriangleright 0.03110 per unit			y in the hands of a 0.3. taxpayer as an adjustment per			
	share or as a percenta		0.03110 per	runit				
16	Describe the calculati	on of the change in b	asis and the	data that supports the calculat	ion, such as the market values of securities and the			
	valuation dates >	N/A						

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Part		Drganizational Action (continued)			
17 L	ist the	applicable Internal Revenue Code section	(s) and subsection(s) upon which the tax tre	eatment is based ▶	• <u>IRC section 301(c)(2)</u> , 312 and 316
18 C	Can any	resulting loss be recognized? N/I	A		
19 P	Provide	any other information necessary to impler	nent the adjustment, such as the reportable	e tax year ►	N/A
Sign			nined this return, including accompanying schedu preparer (other than officer) is based on all inform		
Here	Signa	ture ►		Date►	
	Print	our name ► Darie Urbanky			and Chief Operating Officer
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed
Use (Firm's name ► Firm's address ►			Firm's EIN ► Phone no.

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054