► See separate instructions.

P	art Reporting	Issuer						
1	Issuer's name					2 Issuer's employer identification number (EIN)		
	CI Global Leader	s Corporate Class		N/A				
3	Name of contact for additional information 4 Telep			hone 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 delivered to street address) of contact					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 Classification and description					
	Tax Year 2021			Non-taxable distr		ribution		
10	CUSIP number	11 Serial number(s)	12 Ticker symbol		13 Account number(s)		
	N/A	N/A		N/A		N/A		
P			additiona		See bac	k 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-taxab	le distribut	tion was made to share	cholder	s throughout the 2021 taxation year.		
		See question	15 for per	r unit information of th	ne retur	rn of capital that occurred throughout		
		-	-		ie ietui	in of capital line occurred infoughout		
		the 2021 taxa	able year.					
15	Describe the quantitative effect of the organizational action on the basis of the security					he hands of a U.S. taxpayer as an adjustment per		
	share or as a percentage of old basis $\triangleright 0.11461$ per unit							
	·	<u> </u>		unt				
16		-	asis and the	data that supports the calcu	ulation, s	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				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