► See separate instructions.

Ρ	art Reporting	lssuer								
1	Issuer's name				2	Issuer's employer identification number (EIN)				
	CI Income Fund	(W)		N/A						
3	Name of contact for additional information 4 Telep			elephone No. of contact		5 Email address of contact				
	Duarte Boucinha 4			6-681-1752		dboucinha@ci.com				
6	Number and street (or F	P.O. box if mail is not o	lelivered to s	vered to street address) of contact		7 City, town, or post office, state, and ZIP code of contact				
	2 Queen Street Ea	ast, 20th Floor				Toronto, Ontario, M5C 3G7				
8	Date of action		9 Classification and description							
	Tax Year 2021		Non-taxable distr		distributio	ibution				
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 Attack		statements if needed. S		form for additional questions.				
14	-	•			-	vhich shareholders' ownership is measured for				
	the action ►					roughout the 2021 taxation year.				
	See question 15 for per unit information of the return of capital that occurred throughout									
		the 2021 taxa	ible year.							
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 adjustment share or as a percentage of old basis ► 0.05841 per unit										
16	Describe the calculation valuation dates ►	on of the change in ba $\mathrm{N/A}$	sis and the	data that supports the calcu	ulation, such	as the market values of securities and the				
For	Paperwork Reduction	Act Nation and the	onarata ka	tructions		. 37752P Form 8937 (12-2017				
101	i aperwork neuuclion	ALL NULLE, SEE LIES	eparate ills		Gal. NO	. 37752P Form 8937 (12-2017)				

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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