## Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-0123

Dep	partment of the Treasury rnal Revenue Service			► See separate instruction	ns.			
P	art I Reporting	Issuer				•		
1 Issuer's name					2 Issuer's employer iden	tification number (EIN)		
	CI Money Marke	t Fund (W)			N/A	N/A		
3				none No. of contact	5 Email address of contact	5 Email address of contact		
	Duarte Boucinha		4	16-681-1752	dboucinha@ci.com	dboucinha@ci.com		
6	Number and street (or P.O. box if mail is not de		delivered	to street address) of contact	7 City, town, or post office, sta	7 City, town, or post office, state, and ZIP code of contact		
	2 Queen Street E	ast, 20th Floor			Toronto, Ontario	Toronto, Ontario, M5C 3G7		
8	Date of action		9 Classification and description					
Tax Year 2021				Non-taxable	e distribution	ribution		
10	CUSIP number	11 Serial number(	s)	12 Ticker symbol	13 Account number(s)			
	N/A	N/A		N/A	N/A			
P						 lestions.		
Part II Organizational Action Attach additional statements if needed. See back 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 mea								
	the action A non-taxable distribution was made to shareholders throughout the 2021 taxation year.							
					the return of capital that occurr			
		the 2021 tax		•	the return of capital that occur	<u>ca unougnout</u>		
		the Boar ta	ubic yeu					
15	Describe the quantitative effect of the organizational action on the basis of the secu				curity in the hands of a U.S. taxpayer a	s an adjustment per		
share or as a percentage of old basis ► 0.05074 per unit								
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16	Describe the calculat valuation dates ►	ion of the change in ${ m N}/{ m A}$	asis and t	he data that supports the cal	lculation, such as the market values of	securities and the		
	valuation dates -	11/11						
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47		and the black of the second of			IDC
<b>17</b> Li	ist the	applicable Internal Revenue Code section	n(s) and subsection(s) upon which the tax treatment is based		
					312 and 316
1 <b>8</b> C	an anv	resulting loss be recognized? ► N/A	Λ		
	an any				
1 <b>9</b> P	rovide	any other information necessary to impler	nent the adjustment, such as the reports	able tax vear ▶	N/A
	TOVIGO	any other information necessary to impler	mont the adjustment, such as the report		21/12
	I Im -I	popultion of povium I dealers that I have	nined this veture including a	hadulan and atstance !	and to the heat of my lim and all
		penalties of perjury, I declare that I have exan it is true, correct, and complete. Declaration of			
Sign		<del>-16</del> ,			
Here	Signa	ture •	Date ►		
	Print	our name ► Darie Urbanky			and Chief Operating Office
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
Prepa	arer				self-employed
Use (	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