See separate instructions.

1	Issuer's name		2 Issuer's employer identification number (EIN)						
	CI Canadian Divi	dend Fund (W)			N/A				
3	CI Canadian Dividend Fund (W) 3 Name of contact for additional information 4			ne No. of contact	5 Email address of contact				
	Duarte Boucinha			-681-1752	dboucinha@ci.com				
6	Number and street (or P.O. box if mail is not deliver				7 City, town, or post office, state, and ZIP code of contact				
-	2 Queen Street East, 20th Floor								
8				officiation and description	Toronto, Ontario, M5C 3G7				
0	Date of action			9 Classification and description					
	Tax Year 2021			Non-taxable distrib					
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 Attac	h additiona		ck of form for additional questions.				
14	-		•		ainst which shareholders' ownership is measured for				
	the action A non-taxable distribution was made to shareholders throughout the 2021 taxation year. See question 15 for per unit information of the return of capital that occurred throughout								
		the 2021 taxable year.							
15 Describe the quantitative effect of the organizational action on the basis of the security in the han				the hands of a U.S. taxpayer as an adjustment per					
	share or as a percenta	age of old basis \blacktriangleright (.28651 pe	r unit					
46	Describe the colouisti	an of the change in h	acia and tha	data that augments the colouistian	auch as the market values of econvities and the				
16	valuation dates ►	N/A	asis and the	data that supports the calculation,	such as the market values of securities and the				
		11/11							

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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