See separate instructions.

P	art Reporting	lssuer						
1	Issuer's name		2 Issuer's employer identification number (EIN)					
	CI Floating Rate Income Fund (P)				N/A			
3				e 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			
	15 York Street, 2r	nd floor			Toronto, Ontario, M5J 0A3			
8	Date of action		9 Class	ification and description				
	Tax Year 2023			Non-taxable c	listribution			
10	CUSIP number <b>11</b> Serial number(s)		s)	12 Ticker symbol	13 Account number(s)			
	N/A	N/A		N/A	N/A			
Ρ	art II Organizatio	onal Action Attac	ch additional	statements if needed. Se	ee back of form for additional questions.			
14	Describe the organiza	Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for						
	the action ►				holders throughout the 2023 taxation year.			
					the return of capital that occurred throughout			
		the 2023 tax		unit information of th				
			able 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 per share or as a percentage of old basis 0.25431 per unit							
			-					
16	Describe the calculation of the change in basis and the data that supports the valuation dates $\blacktriangleright \ N/A$				lation, such as the market values of securities and the			
_								

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Pa	rt II	Organizational Action (continued)							
17		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax to	reatment is based ▶	IRC section 301(c)(2),					
				312 and 316					
18	Can an	resulting loss be recognized? $\blacktriangleright$ N/A							
	<b>.</b>			NI/A					
19	Provide	any other information necessary to implement the adjustment, such as the reportab	le tax year ►	N/A					
	Und	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and							
		belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.							
Sigr Her	<u> </u>		March 21 2022						
пег	Sign		Date March 31,	Date March 31, 2023					
	Drint	your name ► Darie Urbanky	Title President	and Chief Operating Officer					
Pai		Print/Type preparer's name Preparer's signature	Date	Check if PTIN					
	a parer			self-employed					
	e 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