► See separate instructions.

P	arti Reporting	ssuer							
1	Issuer's name		2 Issuer's employer identifica	2 Issuer's employer identification number (EIN)					
	CI DoubleLine To	otal Return Bond	N/A						
3	Name of contact for add	ditional information	4 Telephor	e No. of contact	5 Email address of contact				
Duarte Boucinha			416	-681-1752	dboucinha@ci.com	dboucinha@ci.com			
6	Number and street (or F	P.O. box if mail is not	7 City, town, or post office, state, and ZIP code of contact						
	15 York Street, 2nd floor				Toronto, Ontario, N	Toronto, Ontario, M5J 0A3			
8	Date of action		9 Class	sification and description					
	Tax Year 2023			Non-taxable d	istribution	ribution			
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)				
	N/A	N/A	l l	N/A	N/A				
Pa					e back of form for additional questi	ions.			
14	Describe the organiza	tional action and, if a	pplicable, the	e date of the action or the dat	e against which shareholders' ownershi	p is measured for			
	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-taxable distribution was made to shareholders throughout the 2023 taxation year.								
	See question 15 for per unit information of the return of capital that occurred throughout								
		the 2023 tax	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 adjustmer share or as a percentage of old basis ► 0.21927 per unit									
16	Describe the calculation	on of the change in b	asis and the	data that supports the calcul	ation, such as the market values of secu	rities and the			
	valuation dates	N/A							
_									

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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			
	.			NI/A	
19	Provide	any other information necessary to implement the adjustment, such as the reportab	le tax year ►	N/A	
	Und	r penalties of perjury, I declare that I have examined this return, including accompanying sche	dules and statements	, and to the best of my knowledge and	
		it is true, correct, and complete. Declaration of preparer (other than officer) is based on all infor	mation of which prepa	arer has any knowledge.	
Sigr Her	<u> </u>		March 31 2023		
пег	Sign		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