► See separate instructions.

	Issuer's name	ssuer			2 Issuer's er	nployer identification number (EIN)			
		11 7 6							
2	CI Global Sustainable Infrastructure Fund (A) 3 Name of contact for additional information 4 Telephone No. of contact					N/A 5 Email address of contact			
3									
Duarte Boucinha				416-681-1752		dboucinha@ci.com			
6 Number and street (or P.O. box if mail is not deliver				street address) of contact	7 City, town, or	7 City, town, or post office, state, and ZIP code of contact			
15 York Street, 2nd floor					Toror	Toronto, Ontario, M5J 0A3			
8	Date of action		9 Class	9 Classification and description					
	Tax Year 2023			Non-taxable	distribution	bution			
10	CUSIP number	11 Serial number(s	)	12 Ticker symbol	13 Account nu	imber(s)			
	N/A	N/A		N/A		J/A			
Pa				I statements if needed.					
14	-					-			
	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.								
		1	-	r unit information of t	he return of capital	hat 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 adjustment share or as a percentage of old basis ► 0.07895 per unit									
16	Describe the calculation valuation dates ►	on of the change in ba $\mathrm{N/A}$	asis and the	data that supports the calc	ulation, such as the mar	ket values of securities and the			
For	Paperwork Reduction	Act Notice, see the	separate Ins	structions.	Cat. No. 37752P	Form <b>8937</b> (12-2017)			

Form 8937 (12-2017) Page 2									
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>		Date March 31, 2023						
пег	Sign								
	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