► See separate instructions.

	ант керогину	ISSUEI							
1	Issuer's name		2 Is	2 Issuer's employer identification number (EIN) ${ m N/A}$					
	CI Pure Canadian	Small/Mid Cap							
3				Telephone No. of contact 416-681-1752		5 Email address of contact dboucinha@ci.com			
Duarte Boucinha			416						
6	Number and street (or F	P.O. box if mail is not	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, 2nd floor					Toronto, Ontario, M5J 0A3			
8	Date of action			sification and description					
	Tax Year 2023			Non-taxable distr		ribution			
10	CUSIP number	11 Serial number(s)	12 Ticker symbol		ccount number(s)			
	N/A	N/A		N/A		N/A			
	Ŧ					orm for additional questions.			
14	the action ►	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 taxable 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								
15	share or as a percentage of old basis 0.41860 per unit					us of a 0.3. taxpayer as an aujustment per			
			0.41000 pe	boo per unit					
16	Describe the calculati valuation dates ►	on of the change in t $\mathrm{N/A}$	basis and the	data that supports the calcu	llation, such a	s 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								
	.			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