► See separate instructions.

P	art Reporting	Issuer							
1	Issuer's name		2 Issuer's employer identification	2 Issuer's employer identification number (EIN)					
	CI Global Income	e & Growth Fund	N/A	N/A					
3	Name of contact for add	ditional information	4 Telephor	e No. of contact	5 Email address of contact	5 Email address of contact			
Duarte Boucinha 416				-681-1752	dboucinha@ci.com				
6	Number and street (or F	.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, 2nd floor					Toronto, Ontario, M5	Toronto, Ontario, M5J 0A3			
8	Date of action		9 Class	sification and description					
Tax Year 2023 Non-taxable distribution					stribution				
10	CUSIP number	11 Serial number(s	5)	12 Ticker symbol	13 Account number(s)				
	N/A	N/A		N/A	N/A				
Pa	•				e back of form for additional question	S.			
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.								
					return of capital that occurred thr				
		the 2023 tax		unit information of the	Tetalit of capital diat occurred the	ougnout			
15	Describe the quantitat	tive effect of the orga	nizational act	tion on the basis of the securit	y in the hands of a U.S. taxpayer as an ac	justment per			
share or as a percentage of old basis ► 0.45664 per unit									
			I						
46	Deceribe the coloulati	on of the change in h	ania and tha	data that augments the colouis	tion, such as the market values of assuriti	as and the			
16		-	asis and the	data that supports the calcula	tion, such as the market values of securiti	es 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>		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