► See separate instructions.

P	arti Reporting	Issuer								
1	Issuer's name		2	2 Issuer's employer identification number (EIN)						
	CI Canadian All C	ap Equity Incom		N/A						
3	Name of contact for add	ditional information	4 Telephor	e No. of contact	5	5 Email address of contact				
	Duarte Boucinha		416	-681-1752 dboucinha@		dboucinha@ci.com				
6	6 Number and street (or P.O. box if mail is not delivered to st			street address) of contact	7 0	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			9 Classification and description							
	Tax Year 2023			Non-taxable distribution						
10	CUSIP number	11 Serial number(s	3)	12 Ticker symbol	13	Account number(s)				
	N/A	N/A		N/A		N/A				
Pa	· ·	-		-	ee back of	form for additional questions.				
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.									
						of capital that occurred throughout				
		the 2023 tax	<u>able year.</u>							
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 a										
	share or as a percentage of old basis 1.24585 per unit									
16	Describe the calculation	on of the change in b	asis and the	data that supports the calcul	lation such	as the market values of securities and the				
10	valuation dates >	N/A		uata that supports the calcul	iation, such	as the market values of securities and the				
		11/11								

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							
	–			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