See separate instructions.

Part Reporting Issuer

_	Issuer's name	55001	2 Issuer's employer identification number	2 Issuer's employer identification number (EIN)		
	CI Canadian Core	Dhus Bond Fund	N/A	NT / A		
3	Name of contact for add		5 Email address of contact			
	Duarte Boucinha			ne No. of contact -681-1752	dboucinha@ci.com	
		O boy if mail is not		street address) of contact		
0			7 City, town, or post office, state, and ZIP code of contact			
	15 York Street, 2n	d floor			Toronto, Ontario, M5J 0A3	
8	Date of action 9			sification and description		
	Tax Year 2023			Non-taxable di	ribution	
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 questions.	
14	-				e against which shareholders' ownership is measure	d for
	the action ►				olders throughout the 2023 taxation year.	
		-	-	r unit information of the	e return of capital that occurred throughout	t
		the 2023 tax	<u>able year.</u>			
15	Describe the quantitative effect of the organizational action on the basis of the				ty in the hands of a U.S. taxpayer as an adjustment	per
	share or as a percenta	ige of old basis ► _().12041 pe	r unit		
16	Describe the calculation	on of the change in b	asis and the	data that supports the calcula	ation, such as the market values of securities and the	<u>a</u>
	valuation dates ►	N/A				5
		,				

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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