► See separate instructions.

P	art I Reporting	ssuer							
1	Issuer's name			2 Issuer's employer identification number (EIN)					
	CI Global Quality	Dividend Manag		N/A					
3	Name of contact for add	ditional information	4 Telephor	ne No. of contact		5 Email address of contact			
	Duarte Boucinha		416	416-681-1752		dboucinha@ci.com			
6	6 Number and street (or P.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, M5J 0A3			
8	Date of action		9 Classification and description						
	Tax Year 2023			Non-taxable	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	art II Organizatio	onal Action Attac	h additiona	l statements if needed. S	See bacl	k of form for additional questions.			
14	Describe the organiza	tional action and, if a	oplicable, the	e date of the action or the da	ate agair	nst which shareholders' ownership is measured for			
	the action ► A non-taxable distribution was made to shareholders throughout the 2023 taxation year.								
						rn of capital that occurred throughout			
		the 2023 tax							
			,						
45	Describe the successive					a handa af a U.C. tauran an an adiustra at a an			
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 adju						le nands of a U.S. taxpayer as an adjustment per			
share or as a percentage of old basis 0.52746 per unit									
16	Describe the calculation	on of the change in b	asis and the	data that supports the calcu	ulation, s	such as the market values of securities and the			
	valuation dates >	N/A							
						0007			

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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					
		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>		March 21, 2022						
пег	Sign		Date March 31,	Date March 31, 2023					
	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