2 Issuer's employer identification number (EIN)

7 City, town, or post office, state, and ZIP code of contact

► See separate instructions.

1	Issuer's name				2 Issuer's employer identification number (El			
CI G5 20 2040 Q1 Fund (O)					N/A			
3	Name of contact for additional information 4		4 Telephon	e No. of contact	5 Email address of contact			
Duarte Boucinha			416-	-681-1752	dboucinha@ci.com			
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 con			
15 York Street, 2nd floor					Toronto, Ontario, M5J 0A3			
8 Date of action Tax Year 2023			9 Class	9 Classification and description				
				Non-taxable distribution				
10	0 CUSIP number N/A 11 Serial number(s) N/A		s)	12 Ticker symbol	13 Account number(s)			
			Δ	N/A	N/A			
Pa	art II Organizati	onal Action Attac	ch additional	statements if needed. Se	ee back of form for additional questions.			
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.						
	See question 15 for per unit information of the return of capital that occurred throughout							
	the 2023 taxable year.							
			, ,					

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 ► 0.69532 per unit

Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the 16 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>		March 21, 2022					
пег	Sign		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