► See separate instructions.

Ρ	art I Reporting	issuer							
1	Issuer's name		2 Issuer's employer identification num	2 Issuer's employer identification number (EIN)					
	CI Canadian Inco	me & Growth Fu	N/A						
3	Name of contact for add	ditional information	4 Telephor	e No. of contact	5 Email address of contact				
Duarte Boucinha			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 Class	sification and description					
	Tax Year 2023Non-taxable distribution								
10	CUSIP number	11 Serial number(s	;)	12 Ticker symbol	13 Account number(s)				
	N/A	N/A		N/A	N/A				
P	art II Organizatio	onal Action Attac	h additiona	I statements if needed. See	back of form for additional questions.				
14									
• •	the action ►				olders throughout the 2023 taxation year				
					return of capital that occurred throughout				
		the 2023 tax			return of capital that occurred througho	<u>ut</u>			
			abie year.						
15	Describe the quantitat	tive offect of the oran	nizational act	tion on the basis of the security	(in the hands of a LLS, taxpayor as an adjustma	nt nor			
15	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 adjustment per								
	share or as a percentage of old basis 0.44819 per unit								
16		-	asis and the	data that supports the calculat	ion, such as the market values of securities 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>		March 31 2023			
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