► See separate instructions.

Ρ	ant Reporting	issuer						
1	Issuer's name		2 Issuer's employer	2 Issuer's employer identification number (EIN)				
	CI Mosaic Balanc	ed Income ETF I	N/A	N/A				
3	Name of contact for ad	ditional information	4 Telephor	e No. of contact	5 Email address of co	ontact		
Duarte Boucinha			416	-681-1752	dboucinha@ci.	dboucinha@ci.com		
6 Number and street (or P.O. box if mail is not delive			delivered to	street address) of contact	7 City, town, or post off	ice, state, and ZIP code of contact		
	15 York Street, 2nd floor				Toronto, O	Toronto, Ontario, M5J 0A3		
8	Date of action		9 Class	sification and description				
	Tax Year 2023			Non-taxable d	istribution	oution		
10	CUSIP number	11 Serial number(s	s)	12 Ticker symbol	13 Account number(s)		
	NI/A	NI/A		NI/A	NI/A			
P	N/A art II Organizatio	N/A		N/A	ee back of form for addition	al questions		
14					te against which shareholders	-		
	the action ►				olders throughout the 2			
					e return of capital that of	1		
		the 2023 tax	1	unit information of the	e return or cupitur that of			
			<u>abie jean</u>					
15	Describe the quantita	tive effect of the orac	nizational ac	tion on the basis of the secur	ity in the hands of a U.S. taxp	aver as an adjustment per		
	share or as a percenta					yer as an adjustment per		
			<u></u>	u uu u				
40		full a share share in h			- Para and the state of a local state of a			
16		-	asis and the	data that supports the calcul	ation, such as the market valu	es of securities and the		
	valuation dates \blacktriangleright	N/A						
For	Paperwork Reduction	Act Notice, see the	separate Ins	structions.	Cat. No. 37752P	Form 8937 (12-2017)		

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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