See separate instructions.

Part I Reporting Issuer

	Issuer's name	issuer	2 Issu	2 Issuer's employer identification number (EIN)				
3	CI Mosaic Income		5 Ema	N/A 5 Email address of contact				
				Telephone No. 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	9 Classification and description				
	Tax Year 2023			Non-taxable distri		ibution		
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Acc	13 Account number(s)		
						27/4		
D,	N/A art II Organizatio	N/A		N/A	a back of for	N/A m 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.								
						apital that occurred throughout		
		the 2023 tax	-		<u>e retuin or e</u>			
			,					
15	Describe the quantitat	tive effect of the orac	nizational ac	tion on the basis of the secur	ity in the hands	of a LLS taxpaver as an adjustment per		
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 adj share or as a percentage of old basis ► 0.22291 per unit						o a 0.3. taxpayer as an adjustment per		
16	Describe the calculati	on of the change in b	asis and the	data that supports the calcul	ation. such as t	the market values of securities and the		
	valuation dates >	N/A			,			
		- 1/						

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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	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules 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