Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

P	art I Reporting I	lssuer								
1	Issuer's name				2 Issuer's employer identification number (EIN)					
	CI Income Fund ((EF)			N/A					
3	Name of contact for add	ditional information	4 Telephor	ne No. of contact	5 Email address of contact					
	Duarte Boucinha		416	5-681-1752	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 contact					
	2 Queen Street Ea	ıst, 20th Floor	Toronto, Ontario, M5C 3G7							
8	Date of action		9 Clas	sification and description						
	Tax Year 2019			Non-taxable dis	stribution					
10	CUSIP number 11 Serial number(s		s)	12 Ticker symbol	13 Account number(s)					
	N/A	N/A	1	N/A	N/A					
Р	art II Organizatio	onal Action Attac	ch additiona	Il statements if needed. See	e back of form for additional questions.					
14	Describe the organiza	tional action and, if a	applicable, th	e date of the action or the date	against which shareholders' ownership is measured for					
	the action ►									
		See question 15 for per unit information of the return of capital that occurred throughout								
_		the 2019 tax	-	t dist information of the	return of capital that occurred throughout					
_		uic 2017 tax	tabic year.							
_										
15	Describe the quantitat	tive effect of the ora	anizational ac	tion on the basis of the securit	y in the hands of a U.S. taxpayer as an adjustment per					
	share or as a percenta		,							
			0.50207 pc	ı unt						
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16			pasis and the	data that supports the calculate	tion, such as the market values of securities and the					
	valuation dates ►	N/A								
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Part	Ш (Organizational Action (conti	nued)			
1 7 Li	ist the	applicable Internal Revenue Code s	ection(s) and subsection(s) upon wh	ich the tax treatment	is based ►	IRC section 301(c)(2), 312 and 316
			NT / A			
С	an any	resulting loss be recognized? ► _	N/A			
						NT / A
Р	rovide	any other information necessary to	implement the adjustment, such as	the reportable tax yea	ır ▶	N/A
			ve examined this return, including accom			
an	beliet	, it is true, correct, and complete. Declara	ation of preparer (other than officer) is bas	ed on all information of v	wnicn preparer	nas any knowledge.
gn ere	Signa	tura •		Date ►	Mar 31,	2019
	Signa			Date		
	Print	your name ► Darie Urbanky	<u> </u>	Title►	Presiden	t and Chief Operating Off
	1 11116	<u>-</u> -				
		Print/Type preparer's name	Preparer's signature	Date		heck if PTIN
	arer Only	Print/Type preparer's name Firm's name ▶	Preparer's signature	Date	Se	heck ☐ if PTIN llf-employed rm's EIN ▶