► See separate instructions.

	art Reporting	ssuer						
1 Issuer's name						2 Issuer's employer identification number (EIN)		
	Signature Emerging Markets Corporate Class (I)					N/A		
			4 Telephon	Telephone No. of contact 416-681-1752		5 Email address of contact dboucinha@ci.com		
			416-					
6 Number and street (or P.O. box if mail is not delive				vered to street address) of contact		7 City, town, or post office, state, and ZIP code of contact		
	2 Queen Street East, 20th Floor			Т		Toronto, Ontario, M5C 3G7		
8	Date of action		9 Class	9 Classification and description				
	Tax Year 2020			Non-taxable distrib		bution		
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)			
	N/A	N/A		N/A		N/A		
Pa			n additional	statements if needed. S	See back of form t			
14	-					hareholders' ownership is measured for		
	the action ►				-	out the 2020 taxation year.		
						ital that occurred throughout		
		the 2020 tax	-		le return or capi			
		the 2020 tax	able year.					
15	Describe the quantitat	ive offect of the organ	vizational act	ion on the basis of the see	rity in the hands of	all S taxpavor as an adjustment por		
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 ► 0.19773 per unit								
16	Describe the calculation	on of the change in ba	asis and the o	data that supports the calcu	ulation, such as the	market values of securities and the		
	valuation dates >	N/A						
-								
For	Paperwork Reduction	Act Notice, see the	separate Ins	tructions.	Cat. No. 37752	Form 8937 (12-2017		

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Pa	rt II	Drganizational Action (continued)								
17		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tr	reatment is based ▶	►						
				312 and 316						
40	Con on	resulting lass he recognized $\sim N/A$								
18	Can an	resulting loss be recognized? ► N/A								
19	Provide	any other information necessary to implement the adjustment, such as the reportabl	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 ar 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>		Date March 31, 2020							
		your name ► Darie Urbanky Print/Type preparer's name Preparer's signature	Title ► President	and Chief Operating Officer						
Paie	d parer	Print/Type preparer's name Preparer's signature		Check if 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