► See separate instructions.

	Issuer's name	Issuer			2 lesuaris amployar ida	ntification number (EIN)		
1	issuer s hame		2 Issuer's employer identification number (EIN)					
	CI Canadian Divi	dend Corporate (N/A					
3	Name of contact for ad	ditional information	4 Telephor	e No. of contact	5 Email address of contact	;t		
Duarte Boucinha			416	-681-1752	dboucinha@ci.com	dboucinha@ci.com		
6 Number and street (or P.O. box if mail is not delive				street address) of contact	7 City, town, or post office, s	tate, and ZIP code of contact		
	2 Queen Street Ea	ist, 20th Floor			Toronto, Ontario	Toronto, Ontario, M5C 3G7		
8	Date of action			sification and description				
	Tax Year 2021			Non-taxable di	stribution	ribution		
10	CUSIP number	11 Serial number(s	;)	12 Ticker symbol	13 Account number(s)			
	N/A	N/A		N/A	N/A			
Pá				-	e back of form for additional q	uestions.		
14					against which shareholders' owr			
	the action ►				olders throughout the 2021			
					return of capital that occur			
		the 2021 tax			r			
15	Describe the quantita	tive effect of the oras	nizational act	tion on the basis of the securit	y in the hands of a U.S. taxpayer	as an adjustment ner		
15	share or as a percenta	-						
			1.07529 pe					
16			asis and the	data that supports the calcula	tion, such as the market values of	securities and the		
	valuation dates <	N/A						
						- 0007		
For	Paperwork Reduction	Act Notice, see the	separate Ins	structions.	Cat. No. 37752P	Form 8937 (12-2017)		

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Part		Drganizational Action (continued)				
17 L	ist the	applicable Internal Revenue Code section	(s) and subsection(s) upon which the tax tre	eatment is based ▶	• <u>IRC section 301(c)(2)</u> , 312 and 316	
18 C	Can any	resulting loss be recognized? N/I	A			
19 P	Provide	any other information necessary to impler	nent the adjustment, such as the reportable	e tax year ►	N/A	
Sign			nined this return, including accompanying schedu preparer (other than officer) is based on all inform			
Here				Date ►		
	Print	our name ► Darie Urbanky			and Chief Operating Officer	
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	
Use (Firm's name ► Firm's address ►			Firm's EIN ► Phone no.	

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054