► See separate instructions.

1 Issuer's name								
	CI	U.S. Dividend Fund (AT6)						
	Name	of a subset for a delition of information	Т					

1	Issuer's name		2 Issuer's employer identification number (EIN)			
	CI U.S. Dividend	Fund (AT6)	N/A			
3	Name of contact for add	litional information	4 Telephone No. of contact		5 Email address of contact	
	Duarte Boucinha		416-	-681-1752	dboucinha@ci.com	
6	Number and street (or P	.O. box if mail is not	7 City, town, or post office, state, and ZIP code of contact			
	2 Queen Street Ea	st, 20th Floor	Toronto, Ontario, M5C 3G7			
8	Date of action		9 Classification and description			
	Tax Year 2021			Non-taxable dis	stribution	
10	CUSIP number			12 Ticker symbol	13 Account number(s)	
	N/A			N/A	N/A	
Pa	-	· · · · ·			e back of form for additional questions.	
14	-				against which shareholders' ownership is measured for	
	the action ►	A non-taxab	le distribut	ion was made to shareho	olders throughout the 2021 taxation year.	
		See question	n 15 for per	unit information of the	return of capital that occurred throughout	
		the 2021 tax			· · · ·	
			-			
15	Describe the quantitati	ive effect of the orga	nizational act	ion on the basis of the securit	y in the hands of a U.S. taxpayer as an adjustment per	
10	share or as a percenta					
			<u></u>	unt		
16	Describe the calculatic valuation dates ►	on of the change in b ${ m N/A}$	asis and the o	data that supports the calcula	tion, such as the market values of securities and the	

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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	Signa	ture ►		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