► See separate instructions.

	Issuer's name	135001	2 Issuer's employer identification number (EIN)							
	CI G5 20 2040 Q	94 Fund (F)	N/A							
3				ne No. of contact	5 Email address of contact dboucinha@ci.com					
				5-681-1752						
6	6 Number and street (or P.O. box if mail is not del			street address) of contact	7 City, town, or post office, state, and ZIP code of contact					
	2 Queen Street East, 20th Floor				Toronto, Ontario, M5C 3G7					
8	Date of action		9 Clas	sification and description						
	Tax Year 2021			Non-taxable dist	oution					
10	0 CUSIP number N/A 11 Serial number(s) N/A		s)	12 Ticker symbol	13 Account number(s)					
			1	N/A	N/A					
Pa	art II Organizatio	onal Action Attac	ch additiona	al statements if needed. See	back of form 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 f										
the action > A non-taxable distribution was made to shareholders throughout the 2021 taxatic										
See question 15 for per unit information of the return of capital that occurred throughout										
	the 2021 taxable year.									
15	5 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 ► 0.09725 per unit									
			-							

Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the 16 valuation dates ► N/A

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Part		Drganizational Action (continued)			
<b>17</b> 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
<b>18</b> C	Can any	resulting loss be recognized? N/I	A		
<b>19</b> 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