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	Issuer								
1	Issuer's name				2 Issuer's employer identification number (Ell	N)				
	CI G5 20i 2035 (Q2 Fund (O)		N/A						
3	Name of contact for additional information 4 Telephone No. of c			ne No. of contact	5 Email address of contact					
	Duarte Boucinha		416	5-681-1752	dboucinha@ci.com	dboucinha@ci.com				
6	6 Number and street (or P.O. box if mail is not delived 2 Queen Street East, 20th Floor			street address) of contact	7 City, town, or post office, state, and ZIP code of contact					
					Toronto, Ontario, M5C 3G7	Toronto, Ontario, M5C 3G7				
8	Date of action		9 Classification and description		·					
	Tax Year 2021			Non-taxable	distribution	tribution				
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)					
	N/A	N/A	1	N/A	N/A					
P	art II Organizatio	onal Action Attac	h additiona	l statements if needed. S	See back of form for additional questions.					
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14	Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action A non-taxable distribution was made to shareholders throughout the 2021 taxation year.									
					he return of capital that occurred throughout					
		the 2021 tax	-		<u> </u>					
			,							
15	Describe the quantitates share or as a percentar			urity in the hands of a U.S. taxpayer as an adjustment per						
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16	Describe the calculativaluation dates ►	on of the change in ${ m N/A}$	asis and the	data that supports the calc	ulation, such as the market values of securities and the					
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17 Li	ist the	applicable Internal Revenue Code section	n(s) and subsection(s) upon which the tax treatment is ba		
					312 and 316
1 8 C	an anv	resulting loss be recognized? ► N/A	Λ		
	an any				
1 9 P	rovide	any other information necessary to impler	nent the adjustment, such as the reports	able tax vear ▶	N/A
	TOVIGO	any other information necessary to impler	mont the adjustment, such as the report		21/12
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		penalties of perjury, I declare that I have exan it is true, correct, and complete. Declaration of			
Sign		-16 1			
Here	Signa	ture •	Date ►		
	Print	our name ► Darie Urbanky			and Chief Operating Office
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
Prepa	arer				self-employed
Use (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