Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-0123

Dep Inte	partment of the Treasury rnal Revenue Service			► See separate instructions.			
P	art I Reporting	Issuer					
1	Issuer's name				2 Issuer's employer ident	ification number (EIN)	
	CI G5 20i 2035	Q1 Fund (F)			N/A		
3				ne No. of contact	5 Email address of contact	-	
	Duarte Boucinha		416	5-681-1752	dboucinha@ci.com	dboucinha@ci.com	
6	Number and street (or P.O. box if mail is not deli		delivered to	street address) of contact	7 City, town, or post office, star	7 City, town, or post office, state, and ZIP code of contact	
	2 Queen Street E	ast, 20th Floor	Toronto, Ontario,	Toronto, Ontario, M5C 3G7			
8 Date of action 9 Classification and description			sification and description				
	Tax Year 2021	Non-taxable distribution					
10	CUSIP number	11 Serial number(s	s)	12 Ticker symbol	13 Account number(s)		
	N/A	N/A		N/A	N/A		
Р		· ·		-	_	estions.	
Part II Organizational Action Attach additional 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.							
	the action ►				lders throughout the 2021 ta		
				er unit information of the	return of capital that occurre	d throughout	
_		the 2021 tax	<u>able year.</u>				
_							
Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustance or as a percentage of old basis ► 0.37849 per unit							
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16	Describe the calcular valuation dates ▶	tion of the change in b $\mathrm{N/A}$	asis and the	data that supports the calculati	ion, such as the market values of s	ecurities and the	
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47		and the black of the second of	//A d -		IDC		
17 Li	ist the	applicable Internal Revenue Code section	n(s) and subsection(s) upon which the tax treatment is based				
					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		
	I Im -I	popultion of povium I dealers that I have	nined this veture including a	hadulan and atstance !	and to the heat of my lim and all		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge a belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.						
Sign		-16 ,					
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