See separate instructions.

Part Reporting Issuer

	Issuer's name	135061	2 Issuer's employe	2 Issuer's employer identification number (EIN)				
	CI Dimonsified Vi		NT/A					
3	CI Diversified Yie	= = = = = = = = = = = = = = = = = = = =		e No. of contact	5 Email address of contact			
Duarte Boucinha								
				-681-1752	dboucinha@ci			
6	Number and street (or P.O. box if mail is not delivered to street address) of contact			7 City, town, or post off	fice, state, and ZIP code of contact			
	2 Queen Street East, 20th Floor				Toronto, On	Toronto, Ontario, M5C 3G7		
8	Date of action			sification and description				
	Tax Year 2021			Non-taxable	distribution	ibution		
10	CUSIP number 11 Serial number(s)		s)	12 Ticker symbol		13 Account number(s)		
	NT / A							
D,	N/A art II Organizatio	N/A		N/A	N/A See back of form for addition	nal questions		
14	-				ate against which shareholders	· · · · · · · · · · · · · · · · · · ·		
	the action ►				cholders throughout the 2			
					ne return of capital that of	,		
			-		le letuin of capital that of			
			<u>abic year.</u>					
15	Describe the quantita share or as a percenta	-	nizational act		urity in the hands of a U.S. taxp	ayer as an adjustment per		
16	Describe the calculati valuation dates ►	on of the change in b N/A	basis and the	data that supports the calc	ulation, such as the market valu	les of securities and the		
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	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