## 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

Р	art I Reporting I	ssuer			<u>'</u>		
1	Issuer's name				2 Issuer's employer identification number (EIN)		
	CI Diversified Yie	eld Corporate Cla	ss (OT8)		N/A		
3			4 Telephon	e No. of contact	5 Email address of contact		
	Duarte Boucinha		416-681-1752		dboucinha@ci.com		
6	6 Number and street (or P.O. box if mail is not del		delivered to	street address) of contact	7 City, town, or post office, state, and ZIP code of contact		
	2 Queen Street Ea	ıst, 20th Floor			Toronto, Ontario, M5C 3G7		
8	Date of action	Date of action		sification and description			
	Tax Year 2021			Non-taxable d	istribution		
10	CUSIP number 11 Serial number(s)		s)	12 Ticker symbol	13 Account number(s)		
	N/A N/A			N/A	N/A		
Ð					ee back of form for additional questions.		
14					te against which shareholders' ownership is measured for		
14	the action ▶				holders throughout the 2021 taxation year.		
					e return of capital that occurred throughout		
				uille lillorillauori or tre	e return of capital that occurred throughout		
_		the 2021 tax	abie year.				
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4-	D 25 15	the office to fill a const		The facilities have described in the LLO decrease and the Landscape and the Landscap			
Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an ad							
share or as a percentage of old basis ► 0.31094 per unit							
_							
_							
16	Describe the calculation	on of the change in h	asis and the	data that supports the calcula	ation, such as the market values of securities and the		
	valuation dates ►	N/A	aoio aria trio	data triat supports tris salean	and in the market values of occurring and the		
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47		and the black of the second of			IDC
<b>17</b> Li	ist the	applicable Internal Revenue Code section	n(s) and subsection(s) upon which the tax treatment is		
					312 and 316
1 <b>8</b> C	an anv	resulting loss be recognized? ► N/A	Λ		
	an any				
1 <b>9</b> 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
		penalties of perjury, I declare that I have exan it is true, correct, and complete. Declaration of			
Sign		<del>-16</del> 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