► See separate instructions.

Р	art I	Reporting Issue	er
1	Issuer	r's name	
1	Issuer	r's name	

	and neporting	133001					
1 Issuer's name					2 Issuer's employer identification number (EIN)		
	CI Diversified Yie	eld Fund (O)		N/A			
3	Name of contact for ad		4 Telephor	ne No. of contact	5 Email address of contact		
Duarte Boucinha			416	-681-1752	dboucinha@ci.com		
6	Number and street (or F	P.O. box if mail is not	delivered to	street address) of contact	7 City, town, or post office, state, and ZIP code of contact		
	2 Queen Street Ea	ast, 20th Floor			Toronto, Ontario, M5C 3G7		
8	Date of action		9 Class	sification and description			
	Tax Year 2021			Non-taxable distribution			
10	CUSIP number	11 Serial number(	3)	12 Ticker symbol	13 Account number(s)		
B	N/A	N/A		N/A	N/A		
					ack of form for additional questions.		
14	the action ►			-	painst which shareholders' ownership is measured for lers throughout the 2021 taxation year.		
					turn of capital that occurred throughout		
		the 2021 tax	1	i unit information of the re	turn of capital that occurred throughout		
			abic year.				
15	Describe the quantita	tive effect of the orga	nizational ac	tion on the basis of the security ir	n the hands of a U.S. taxpayer as an adjustment per		
	share or as a percenta	age of old basis ► _ (	0.42140 pe	r unit			
			-				
16	Describe the calculati	on of the change in b	asis and the	data that supports the calculatior	n, such as the market values of securities and the		
	valuation dates	N/A					

Form 89	937 (12-2	017)			Page <b>2</b>
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