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 Short-Term Bo	ond Fund (P)	N/A					
3	Name of contact for additional information		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 d		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		9 Class	sification and description				
	Tax Year 2021			Non-taxable dis	stribution			
10	CUSIP number 11 Serial number(s		s)	12 Ticker symbol	13 Account number(s)			
N/A		N/A		N/A	N/A			
P								
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 for								
•	the action ▶				olders throughout the 2021 taxation year.			
					return of capital that occurred throughout			
		the 2021 tax		unit information of the	return of capital that occurred throughout			
		11C 2021 tax	tabic year.					
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15	Describe the quantitat	ive affect of the orga	nizational act	v in the hands of a LLS taxnaver as an adjustment ner				
Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjust share or as a percentage of old basis ► 0.07727 per unit								
onate of as a personnage of old basis P								
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16	Describe the calculation	on of the change in b	asis and the	data that supports the calculat	tion, such as the market values of securities and the			
	valuation dates ►	N/A						
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47		and the black of the second of			IDC
17 Li	ist the	applicable Internal Revenue Code section	n(s) and subsection(s) upon which the tax treatment is bas		
					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
		penalties of perjury, I declare that I have exan it is true, correct, and complete. Declaration of			
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