## 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

P	Part I Reporting Issuer									
1	Issuer's name		2 Issuer's employer identification number (EIN)							
	CI North America	ın Dividend Fun	N/A							
3				ne No. of contact	5 Email address of contact					
	Duarte Boucinha		416	5-681-1752	dboucinha@ci.com					
6	Number and street (or P.O. box if mail is not delivered to street address) of contra			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	8 Date of action			sification and description						
Tax Year 2021 Non-taxable distr					oution					
10	CUSIP number	ISIP number 11 Serial number(s)		12 Ticker symbol	13 Account number(s)					
	N/A	N/A	<b>L</b>	N/A	N/A					
Р	art II Organizatio	onal Action Attac	h additiona	al statements if needed. See bac	ck of form for additional questions.					
14	· ·									
	the action ►	A non-taxal	ole distribu	tion was made to shareholde	rs throughout the 2021 taxation year.					
		See question	15 for pe	er unit information of the retu	arn of capital that occurred throughout					
		the 2021 tax	able year.							
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15 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 ► 0.23400 per unit										
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16	Describe the calculation valuation dates ►	on of the change in $N/A$	asis and the	data that supports the calculation,	such as the market values of securities and the					
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47		and the black of the second of	AN and a bourge of the second		IDC
<b>17</b> Li	ist the	applicable Internal Revenue Code section	n(s) and subsection(s) upon which the tax treatment is based ▶		
					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
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		<ul> <li>and to the best of my knowledge and arer has any knowledge.</li> </ul>			
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