► See separate instructions.

	Issuer's name	issuer			2 Issuer's employer i	dentification number (EIN)		
2	CI Conservative I Name of contact for ad			N/A 5 Email address of contact				
3		unonal mormation		e No. of contact				
	Duarte Boucinha			-681-1752		dboucinha@ci.com		
6	Number and street (or I	ber and street (or P.O. box if mail is not delivered to stree			7 City, town, or post office	e, state, and ZIP code of contact		
	2 Queen Street East, 20th Floor				Toronto, Onta	ario, M5C 3G7		
8	Date of action		9 Class	sification and description				
	Tax Year 2021			Non-taxable d	istribution			
10	CUSIP number 11 Serial number(s)		;)	12 Ticker symbol	13 Account number(s)	13 Account number(s)		
	NT / A							
P	N/A art II Organizati	N/A		N/A	e back of form for additiona	al questions		
14	-				e against which shareholders' of	-		
14	the action ►				olders throughout the 202			
					e return of capital that occ			
		the 2021 tax		unit information of the	e return of capital that occ			
			abie year.					
15	Describe the quantita	tive effect of the orga	nizational act	ion on the basis of the securi	ity in the hands of a U.S. taxpay	ver as an adjustment per		
	share or as a percent							
	·	<u> </u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	unit				
16		-	asis and the	data that supports the calcula	ation, such as the market value	s of securities and the		
	valuation dates ►	N/A						
_						- 0007 /		
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				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