► See separate instructions.

| _ | Issuer's name | ISSUEI | 2 Issuer's employer ide | 2 Issuer's employer identification number (EIN) | | | | |
|-----------------|---|--|-------------------------|---|--|----------------------------|--|--|
| | CI Clobal Ephan | ced Government I | NI/A | N/A | | | | |
| 3 | Name of contact for ad | | | e No. of contact | | 5 Email address of contact | | |
| Ū | | | | | | | | |
| Duarte Boucinha | | | | -681-1752 | | dboucinha@ci.com | | |
| 6 | Number and street (or P.O. box if mail is not delivered to street address) of contact | | | 7 City, town, or post office, s | state, and ZIP code of contact | | | |
| | 2 Queen Street East, 20th Floor | | | | Toronto, Ontari | o, M5C 3G7 | | |
| 8 | Date of action | | 9 Class | ification and description | | | | |
| | Tax Year 2021 | | | Non-taxable dis | tribution | bution | | |
| 10 | CUSIP number 11 Serial number(s) | | 1 | 12 Ticker symbol | 13 Account number(s) | | | |
| | | | | | | | | |
| P | N/A art II Organizati | N/A | additional | N/A | N/A back of form for additional of | nuestions | | |
| 14 | | | | | against which shareholders' ow | - | | |
| •• | the action ► | | • | | olders throughout the 2021 | • | | |
| | | | | | return of capital that occur | | | |
| | | the 2021 taxa | - | | | ind anoughout | | |
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| 15 | | tive effect of the organ age of old basis \triangleright 0. | | | \prime in the hands of a U.S. taxpayer | as an adjustment per | | |
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| 16 | Describe the calculati valuation dates ► | ion of the change in ba $\mathrm{N/A}$ | isis and the | data that supports the calculat | ion, such as the market values c | of securities and the | | |
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| For | Paperwork Reduction | Act Notice, see the s | eparate Ins | tructions. | Cat. No. 37752P | Form 8937 (12-2017) | | |

| Form 89 | 937 (12-2 | 017) | | | Page 2 | |
|---------------|-----------|---|--|--------------------|---|--|
| 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 | |
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| 18 C | Can any | resulting loss be recognized? N/I | A | | | |
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| 19 P | Provide | any other information necessary to impler | nent the adjustment, such as the reportable | e tax year ► | N/A | |
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| 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