See separate instructions.

## Part Beporting Issue

_	Issuer's name	ssuer	2	2 Issuer's employer identification number (EIN)					
CI High Interest Savings Fund (F) <b>3</b> Name of contact for additional information <b>4</b> Telephone No. of contact						N/A			
3		litional information			5	5 Email address of contact			
	Duarte Boucinha		416	6-681-1752		dboucinha@ci.com			
6	6 Number and street (or 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 East, 20th Floor					Toronto, Ontario, M5C 3G7			
8	Date of action		9 Class	9 Classification and description					
	Tax Year 2021			Non-taxable d	listribut	ion			
10	CUSIP number	11 Serial number(s	s)	12 Ticker symbol	13	Account number(s)			
D,	N/A art II Organizatio	N/A		N/A	ee back	N/A of form for additional questions.			
14						· · ·			
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 ► A non-taxable distribution was made to shareholders throughout the 2021 taxation year.									
	See question 15 for per unit information of the return of capital that occurred throughout								
		the 2021 tax	able year.						
15	Describe the quantitat	Describe the quantitative effect of the organizational action on the basis of the security				hands of a U.S. taxpayer as an adjustment per			
share or as a percentage of old basis ► 0.00844 per unit									
			<u> </u>						
16		-	asis and the	data that supports the calcul	lation, suc	ch as the market values of securities and the			
	valuation dates $\blacktriangleright$	N/A							

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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