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

E	art I Reporting I	ssuer		·	!	_				
1	Issuer's name		2 Issuer's employer identification number (EIN)							
	CI High Interest S	Savings Fund (I)	N/A	N/A						
3	Name of contact for add	ditional information	4 Telepho	ne No. of contact	5 Email address of contact	5 Email address of contact				
	Duarte Boucinha		41	6-681-1752	dboucinha@ci.com	dboucinha@ci.com				
6	6 Number and street (or P.O. box if mail is not del			street address) of contact	7 City, town, or post office, state, and ZIP code of cont	7 City, town, or post office, state, and ZIP code of contact				
	2 Queen Street East, 20th Floor				Toronto, Ontario, M5C 3G7	Toronto, Ontario, M5C 3G7				
8	8 Date of action		9 Clas	ssification and description						
Tax Year 2021				Non-taxable d	Non-taxable distribution					
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)					
	N/A	N/A		N/A	N/A					
Р	Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.									
14	_				ate against which shareholders' ownership is measured for					
	the action ►				holders throughout the 2021 taxation year.					
					ne return of capital that occurred throughout					
_		the 2021 tax	<u>xable year.</u>							
_						_				
						_				
15	Describe the quantitat share or as a percenta	rity in the hands of a U.S. taxpayer as an adjustment per								
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16	Describe the calculation	on of the change in N/A	pasis and the	e data that supports the calcul	ulation, such as the market values of securities and the					
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47		and the black of the second of	(A) d b (B (A)		IDC
17 Li	ist the	applicable Internal Revenue Code section	n(s) and subsection(s) upon which the tax treatment is b		
					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
		penalties of perjury, I declare that I have exan it is true, correct, and complete. Declaration of			
Sign		-16 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