► See separate instructions.

## Part I Reporting Issuer

	ant neporting	Issuer								
1	Issuer's name		2 Issuer's employer identification number (EIN)							
	CI DoubleLine To	otal Return Bond	N/A							
				e No. of contact	5 Email address of contact					
Duarte Boucinha			416	-681-1752	dboucinha@ci.com					
6	Number and street (or F	.O. box if mail is not	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	sification and description						
	Tax Year 2021			Non-taxable distribution						
10	CUSIP number	11 Serial number(s	s)	12 Ticker symbol	13 Account number(s)					
	N/A	N/A	l l	N/A	N/A					
Pa					back of form for additional questions.					
14					against which shareholders' ownership is measured for					
the action ► A non-taxable distribution was made to shareholders throughout the 2021 taxation yea										
	See question 15 for per unit information of the return of capital that occurred throughout									
	the 2021 taxable year.									
			-							
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 adjustment per									
	share or as a percenta									
			-							
16	Describe the coloulati	on of the change in h	and the	data that augments the calculat	ion such as the market values of accurities and the					
10	valuation dates >	-			ion, such as the market values of securities and the					
	valuation dates	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				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