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

P	art I Reporting	Issuer								
1	Issuer's name					2 Issuer's employer identification number (EIN)				
	CI Income Fund	(F)		N/A						
3	Name of contact for additional information 4			Telephone No. of contact		Email address of contact				
	Duarte Boucinha			416-681-1752		dboucinha@ci.com				
6	6 Number and street (or P.O. box if mail is not delivered to s			street address) of contact	7	City, town, or post office, state, and ZIP code of contact				
	15 York Street, 2r	nd floor				Toronto, Ontario, M5J 0A3				
8	Date of action		9 Classification and description							
	Tax Year 2022	Tax Year 2022		Non-taxable distr		ribution				
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13	Account number(s)				
	N/A	N/A	1	N/A		N/A				
Р	art II Organizatio	onal Action Attac	h additiona		See back o	f form for additional questions.				
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 2022 taxation year.									
						of capital that occurred throughout				
		the 2022 tax	-			1				
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15	Describe the quantitative effect of the organizational action on the basis of the secur share or as a percentage of old basis 0.00289 per unit					ands of a U.S. taxpayer as an adjustment per				
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16	Describe the calculativaluation dates ►	on of the change in N/A	asis and the	data that supports the calc	culation, such	n as the market values of securities and the				
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Par	t II	C	Organizational Action (continued)			· -
17	List	the a	applicable Internal Revenue Code section	(s) and subsection(s) upon which the tax tro	eatment is based ▶	IRC section 301(c)(2), 312 and 316
	_					
18	Can	any	resulting loss be recognized? ► N/A	1		
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19	Prov	vide a	any other information necessary to impler	nent the adjustment, such as the reportable	e tax vear ▶	N/A
			any earler information necessary to impler	non and adjactment, each ac and reportable		
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	U	Jnder	penalties of periury. I declare that I have exan	nined this return, including accompanying sched	ules and statements.	and to the best of my knowledge and
	b			preparer (other than officer) is based on all inform		
Sign	.			M . 1 21	2022	
Here	9 S	Signature •			Date March 31,	<u> </u>
	Print your name ► Darie Urbanky			Title ▶ President and Chief Operating Officer		
Paid			Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
Pre		er↓				self-employed
Use			Firm's name			Firm's EIN ▶
Send	Form	n 893	Firm's address ► 37 (including accompanying statements) t	o: Department of the Treasury, Internal Re	venue Service, Oad	Phone no. den, UT 84201-0054