► See separate instructions.

Р	art I Reporting I	ssuer							
1 Issuer's name						2 Issuer's employer identification number (EIN)			
	CI Canadian Balar	nced Corporate C		N/A					
3	Name of contact for add	ditional information	4 Telephon	Telephone No. of contact		5 Email address of contact			
Duarte Boucinha			416	416-681-1752		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			
	15 York Street, 2n	2nd floor				Toronto, Ontario, M5J 0A3			
8	Date of action		9 Class	9 Classification and description					
	Tax Year 2022	Year 2022		Non-taxable d	listribu	bution			
10	CUSIP number	11 Serial number(s	5)	12 Ticker symbol		13 Account number(s)			
	N/A	N/A	L .	N/A		N/A			
Pa				-	ee bacl	k of 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.								
						rn of capital that occurred throughout			
		the 2022 tax	able 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 ac					e hands of a U.S. taxpaver as an adjustment per			
share or as a percentage of old basis ► 0.58711 per unit									
			<u>-</u>						
16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securit									
16	valuation dates >	N/A	asis and the	data that supports the calcul	liation, s	uch as the market values of securities and the			
		11/11							
_									

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Pa	rt II	Organizational Action (continued)							
17		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax to	reatment is based ▶	►					
				312 and 316					
18	Can an	resulting loss be recognized? \blacktriangleright N/A							
40			1. I	N/A					
19	Provide	any other information necessary to implement the adjustment, such as the reportab	le tax year ►	IN/Λ					
	Und	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and							
<u>.</u>		belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.							
Sigr Her	<u> </u>		Date March 31, 2022						
	Sign								
	Print	your name Darie Urbanky	Title President	and Chief Operating Officer					
Pai		Print/Type preparer's name Preparer's signature	Date	Check if PTIN					
	a parer			self-employed					
	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