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 Mosaic Income	e ETF Portfolio	N/A							
3	Name of contact for additional information 4 Teleph			e No. of contact	5 Email address of contact					
	Duarte Boucinha			-681-1752	dboucinha@ci.com					
6	6 Number and street (or P.O. box if mail is not delivered to street address) of				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			Non-taxable	distribution					
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)					
	N/A	N/A	L	N/A	N/A					
P	art II Organizatio	onal Action Attac	h additiona	statements if needed.	See back of form for additional questions.					
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.										
See question 15 for per unit information of the return of capital that occurred throughout										
	the 2022 taxable year.									
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15	Describe the quantitate share or as a percentar			urity in the hands of a U.S. taxpayer as an adjustment per						
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_										
_										
16	Describe the calculativaluation dates ►	on of the change in b ${ m N}/{ m A}$	asis and the	data that supports the calc	ulation, such 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	
	_		NI//				
18	Can	any	resulting loss be recognized? ► N/A	1			
-							
-							
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			
-							
	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	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kr belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.						
Sign	.			2022			
Here	9 S	Signat	ure ▶	Date March 31,	<u> </u>		
	P	Print v	our 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	