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 Reporting	Issuer								
1	Issuer's name				2 Issuer's employer identification number (E	IN)				
	CI Mosaic ESG B	Balanced Income	N/A	N/A						
3	Name of contact for add	ditional information	4 Telephor	ne No. of contact	5 Email address of contact					
	Duarte Boucinha			-681-1752	dboucinha@ci.com	dboucinha@ci.com				
6	6 Number and street (or P.O. box if mail is not d 15 York Street, 2nd floor			street address) of contact	7 City, town, or post office, state, and ZIP code of co	ntact				
					Toronto, Ontario, M5J 0A3					
8	Date of action		9 Classification and description							
	Tax Year 2022			Non-taxable	tribution					
10	CUSIP number	11 Serial number(s	s)	12 Ticker symbol	13 Account number(s)					
	N/A	N/A		N/A	N/A					
Р					See back 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.									
					he return of capital that occurred throughout					
		the 2022 tax								
			<i>,</i>							
15	Describe the quantitates share or as a percental	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 N/A	asis and the	data that supports the calc	culation, 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
	_					
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		
-						
	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	Signat	ure ▶	Date March 31,	<u> </u>	
	P	Print your name ▶ Darie Urbanky				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