► See separate instructions.

	Issuer's name	ssuer			2 Issuer's employer identification number (Ell				
•									
	CI Global Small C	I	N/A						
3	Name of contact for add	ditional information	4 Telephor	ne No. of contact	5 Email address of contact				
Duarte Boucinha			416	-681-1752	dboucinha@ci.com				
6	Number and street (or F	Number and street (or P.O. box if mail is not delivered to			7 City, town, or post office, state, and ZIP code of con				
	2 Queen Street East, 20th Floor				Toronto, Ontario, M5C 3G7				
8	Date of action		9 Class	sification and description					
	Tax Year 2020			Non-taxable di	stribution				
10	CUSIP number 11 Serial number(s)		s)	12 Ticker symbol	13 Account number(s)				
	N/A	N/A		N/A	N/A				
Pá					e back of form for additional questions.				
14					e against which shareholders' ownership is measured for				
	the action ►				olders throughout the 2020 taxation year.				
					return of capital that occurred throughout				
	the 2020 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 percentage of old basis 0.22956 per unit								
16	Describe the calculation	-	asis and the	data that supports the calcula	ation, such as the market values of securities and the				
	valuation dates	N/A							
	B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 B 1 				0 · · · · · · · · · · · · · · · · · · ·				

Form	8937 (12-	017)		Page 2					
Pa	rt II	Drganizational Action (continued)							
17		applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tr	reatment is based ▶	►					
				312 and 316					
40	Con on	resulting lass he recognized $\sim N/A$							
18	Can an	resulting loss be recognized? ► N/A							
19	Provide	any other information necessary to implement the adjustment, such as the reportabl	le tax year ►	N/A					
	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 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, 2020						
		your name ► Darie Urbanky Print/Type preparer's name Preparer's signature	Title ► President	and Chief Operating Officer					
Paie	d parer	Print/Type preparer's name Preparer's signature		Check if self-employed					
	e 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