See separate instructions.

	ant neporting	ISSUEI						
1	Issuer's name		2 Issuer's employer identification number (EIN)					
	CI U.S. Equity Co	orporate Class (A'		N/A				
3	Name of contact for additional information 4			Telephone No. of contact		5 Email address of contact		
	Duarte Boucinha			416-681-1752		dboucinha@ci.com		
6	Number and street (or P.O. box if mail is not delivered to street address) of contact				7	7 City, town, or post office, state, and ZIP code of contact		
	2 Queen Street East, 20th Floor					Toronto, Ontario, M5C 3G7		
8	Date of action		9 Class	9 Classification and description				
	Tax Year 2021			Non-taxable dist		ribution		
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13	Account number(s)		
	N/A	N/A	\	N/A		N/A		
P				_	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 2021 taxation year.							
						of capital that occurred throughout		
		the 2021 tax	-			1 0		
			, ,					
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 > 0.57680 per unit							
16	Describe the calculative valuation dates ►	on of the change in b $\mathrm{N/A}$	oasis and the	data that supports the calcu	ulation, suc	ch as the market values of securities and the		

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Part		Drganizational Action (continued)			
17 L	ist the	applicable Internal Revenue Code section	(s) and subsection(s) upon which the tax tre	eatment is based ▶	• <u>IRC section 301(c)(2)</u> , 312 and 316
18 C	Can any	resulting loss be recognized? N/I	A		
19 P	Provide	any other information necessary to impler	nent the adjustment, such as the reportable	e tax year ►	N/A
Sign			nined this return, including accompanying schedu preparer (other than officer) is based on all inform		
Here	Signa	ture ►		Date►	
	Print	our name ► Darie Urbanky			and Chief Operating Officer
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed
Use (Firm's name ► Firm's address ►			Firm's EIN ► Phone no.

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054