See separate instructions.

P	art Reporting	lssuer						
1						2 Issuer's employer identification number (EIN)		
	CI International V	Value Fund (W)		N/A				
3	Name of contact for additional information <b>4</b> Telephone No. of contact			e No. of contact	<b>5</b> E	mail address of contact		
	Duarte Boucinha			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	<b>7</b> Cit	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 Classification and description		·			
	Tax Year 2021			Non-taxable dist		ribution		
10	CUSIP number	11 Serial number(s	s)	12 Ticker symbol	13 A	Account number(s)		
	N/A	N/A		N/A		N/A		
P	art II Organizatio	onal Action Attac	h additiona	statements if needed.	See back of f	orm for additional questions.		
						•		
14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measure the action ► A non-taxable distribution was made to shareholders throughout the 2021 taxation year.								
		See question	15 for per	r unit information of t	the return of	capital that occurred throughout		
		the 2021 tax	-			1 0		
			j					
15	Describe the quantitative effect of the organizational action on the basis share or as a percentage of old basis $\triangleright$ 0.25469 per unit				curity in the har	ids of a 0.5. taxpayer as an adjustment per		
			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	unit				
16	Describe the calculati valuation dates $\blacktriangleright$	on of the change in b $\mathrm{N/A}$	asis and the	data that supports the calc	culation, such a	as the market values of securities and the		

Form 89	937 (12-2	017)			Page <b>2</b>
Part		Drganizational Action (continued)			
<b>17</b> 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
<b>18</b> C	Can any	resulting loss be recognized? N/I	A		
<b>19</b> 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				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