► See separate instructions.

Part I	Reporting	Issuer

	ant neporting	Issuer						
1 Issuer's name CI High Interest Savings Fund (W)						2 Issuer's employer identification number (EIN)		
						N/A		
3	Name of contact for add	ditional information	4 Telephor	Telephone No. of contact		5 Email 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 2 Queen Street East, 20th Floor 			street address) of contact		7 City, town, or post office, state, and ZIP code of contact		
						Toronto, Ontario, M5C 3G7		
8	Date of action		9 Class	9 Classification and description				
	Tax Year 2021			Non-taxable distr		ibution		
10	CUSIP number	11 Serial number(s)	12 Ticker symbol		3 Account number(s)		
	N/A	N/A		N/A		N/A		
Pa					See back	of form for additional questions.		
14						st which shareholders' ownership is measured for		
	the action ►				-	throughout the 2021 taxation year.		
						n of capital that occurred throughout		
		the 2021 tax	able year.			r 0		
			-					
15	Describe the quantitat	tive effect of the ora	nizational act	ion on the basis of the sec	urity in the	hands of a U.S. taxpayer as an adjustment per		
	share or as a percenta	-	0.02009 per		any in the			
	·	-	0.0 <u>200</u> , pc	, willt				
16	Describe the calculation	-	asis and the	data that supports the calc	ulation, su	ich as the market values of securities and the		
	valuation dates \blacktriangleright	N/A						

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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