See separate instructions.

1	Issuer's name		2 1	2 Issuer's employer identification number (EIN)						
CI Diversified Yield Fund (W)						N/A				
3			4 Telephon	Telephone No. of contact 416-681-1752		mail address of contact				
	Duarte Boucinha	Duarte Boucinha 410				dboucinha@ci.com				
6	Number and street (or P.O. box if mail is not delive			vered to street address) of contact		7 City, town, or post office, state, and ZIP code of contact				
	2 Queen Street Ea	ıst, 20th Floor			Toronto, Ontario, M5C 3G7					
8	Date of action		9 Classification and description							
	Tax Year 2021			Non-taxable distribution						
10	CUSIP number 11 Serial number(s) 12 Ticker s		12 Ticker symbol	13 /	13 Account number(s)					
	N/A	N/A		N/A		N/A				
Ρ						orm for additional questions.				
14	-					nich shareholders' ownership is measured	for			
the action A non-taxable distribution was made to shareholders throughout the 2021 taxation year.										
	See question 15 for per unit information of the return of capital that occurred throughout									
		the 2021 tax	<u>able year.</u>							
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 p share or as a percentage of old basis > 0.35444 per unit										
16	Describe the calculation valuation dates ►	on of the change in $k N/A$	basis and the	data that supports the calcu	Ilation, such a	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