► See separate instructions.

	Issuer's name	155061	:	2 Issuer's employer identification number (EIN)				
	CI Canadian All C	an Equity Incom						
3	Name of contact for add			5 Email address of contact				
	Duarte Boucinha		-	ne No. of contact 5-681-1752				
						dboucinha@ci.com 7 City, town, or post office, state, and ZIP code of contact		
0	Number and street (or P.O. box if mail is not delivered to street address) of contact							
	2 Queen Street Ea	ast, 20th Floor				Toronto, Ontario, M5C 3G7		
8	Date of action		9 Clas	9 Classification and description				
	Tax Year 2021			Non-taxable distr		tion		
10	CUSIP number	11 Serial number(s))	12 Ticker symbol	1:	3 Account number(s)		
	N/A	N/A		N/A		N/A		
Pá		-	additiona	-	ee back	of form for additional questions.		
14						st which shareholders' ownership is measured for		
	the action ►		•		-	throughout the 2021 taxation year.		
		See question	15 for pe	r unit information of the	e returr	n of capital that occurred throughout		
		the 2021 taxa	able year.					
15	Describe the quantitative effect of the organizational action on the basis of the security					hands of a U.S. taxpayer as an adjustment per		
share or as a percentage of old basis ► 0.49779 per unit								
			_					
16	Describe the calculati	on of the change in h	ic and the	data that supports the calcul	lation cu	ch as the market values of securities and the		
10	valuation dates >	N/A			iation, su	ich as the market values of securities and the		
		11/11						
_								
						1 2027 (10 0013		
	Description of Description	A CLARKER CONTRACTOR CONTRACTOR			-			

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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