Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

P	art I Reporting I	ssuer			<u> </u>				
1	Issuer's name				2 Issuer's employer identification number (EIN)				
	CI DoubleLine To	otal Return Bond	N/A						
3	Name of contact for add	Name of contact for additional information		ne No. of contact	5 Email address of contact				
	Duarte Boucinha	Duarte Boucinha		-681-1752	dboucinha@ci.com				
6	6 Number and street (or P.O. box if mail is not d			street address) of contact	7 City, town, or post office, state, and ZIP code of contact				
	2 Queen Street Ea	st, 20th Floor			Toronto, Ontario, M5C 3G7				
8	Date of action		9 Classification and description						
	Tax Year 2021			Non-taxable distri	ibution				
10	CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)				
	N/A	N/A	1	N/A	N/A				
Р	•			-					
14									
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.								
	THE ACTION -								
		-	-	r unit information of the re	turn of capital that occurred throughout				
		the 2021 tax	<u>able year.</u>						
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_									
15	Describe the quantitat	ive effect of the ora	nizational ac	tion on the basis of the security in	the hands of a U.S. taxpaver as an adjustment per				
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 share or as a percentage of old basis ► 0.09855 per unit									
Share of as a percentage of our pasis P U.U9633 per unit									
16			asis and the	data that supports the calculation	n, such as the market values of securities and the				
	valuation dates ►	N/A							
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47		and the black of the second of	(A) and a boundary (A)		IDC
17 Li	ist the	applicable Internal Revenue Code section	n(s) and subsection(s) upon which the tax treatment is based I		
					312 and 316
1 8 C	an anv	resulting loss be recognized? ► N/A	Λ		
	an any				
1 9 P	rovide	any other information necessary to impler	nent the adjustment, such as the reports	able tax vear ▶	N/A
	TOVIGO	any other information necessary to impler	mont the adjustment, such as the report		21/12
	I Im -I	popultion of povium I dealers that I have	nined this veture including a	hadulan and atstance !	and to the heat of my lim and all
		penalties of perjury, I declare that I have exan it is true, correct, and complete. Declaration of			
Sign		-16 ,			
Here	Signa	ture •	Date ►		
	Print	our name ► Darie Urbanky			and Chief Operating Office
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
Prepa	arer				self-employed
Use (Only	Firm's name ►			Firm's EIN ▶
		Firm's address ►			Phone no.

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