► See separate instructions.

	Reporting I	Issuer								
1	Issuer's name				2 Issuer's employer identification number (EIN)					
	CI Canadian Smal	ll/Mid Cap Equit	N/A							
3	Name of contact for add	ditional information	4 Telephor	ne No. of contact	5 Email address of contact					
	Duarte Boucinha			-681-1752	dboucinha@ci.com					
6	Number and street (or F	2.0. box if mail is not	delivered to	street address) of contact	7 City, town, or post office, state, and ZIP code of contac					
	2 Queen Street East, 20th Floor				Toronto, Ontario, M5C 3G7					
8	Date of action		9 Class	sification and description						
	Tax Year 2021			Non-taxable dist	ribution					
10	CUSIP number	11 Serial number(s	s)	12 Ticker symbol	13 Account number(s)					
	NT/A	N/A		N/A	NT/A					
P	N/A art II Organizatio			-	N/A back of form for additional questions.					
14	-				against which 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	1							
15	Describe the quantitat	tive effect of the orac	nizational ac	tion on the basis of the security	in the hands of a LLS taxpayer as an adjustment per					
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 adjustme share or as a percentage of old basis ► 0.21946 per unit										
16	Describe the calculation	on of the change in b	asis and the	data that supports the calculati	on, such as the market values of securities and the					
	valuation dates >	N/A								
_		<u> </u>								

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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