2 Issuer's employer identification number (EIN)

N/A

5 Email address of contact

See separate instructions.

Telephone No. of contact

1	Issuer's name	
	CI Canadian Equity Private Pool (I	F)
3	Name of contact for additional information	4

	Duarte Boucinha		416	-681-1752	dboucinha@ci.com			
6	Number and street (or F	P.O. box if mail is not	delivered to s	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	9 Classification and description				
	Tax Year 2019			Non-taxable distribution				
10	CUSIP number	11 Serial number(s	)	12 Ticker symbol	13 Account number(s)			
	N/A N/A			N/A	N/A			
Pa	art II Organizatio	onal Action Attac	n additional	statements if needed. See b	ack of form for additional questions.			
14	Describe the organiza	tional action and, if a	plicable, the	ble, 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 2019 tax								
		See question	15 for per	r unit information of the re	turn of capital that occurred throughout			
		the 2019 tax	able year.					
			-					

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 per share or as a percentage of old basis ► 0.03141 per unit

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates  $\triangleright$  N/A

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Part		Drganizational Action (continued)				
17	List the	applicable Internal Revenue Code section(s) and subsection(s) upon which the tax tre	eatment	is based I	<ul> <li>IRC sec 312 and</li> </ul>	<u>tion 301(c)(2),</u>
					512 and	510
		27/1				
18 (	Can any	resulting loss be recognized? ►N/A				
19	Provide	any other information necessary to implement the adjustment, such as the reportable	e tax yea	ar Þ	N/A	
	1					
	Unde belief	r penalties of perjury, I declare that I have examined this return, including accompanying sched it is true, correct, and complete. Declaration of preparer (other than officer) is based on all inform	ules and nation of	statements which prep	s, and to the best of arer has any know	of my knowledge and ledge.
Sign		-++				
Here	Signa		Date Mar 31, 2019			
		Jour name ► Darie Urbanky	T:41 ►	Presid	ent and Chie	f Operating Office
Paid		Print/Type preparer's name         Preparer's signature	Title ► Date	11000		PTIN
	arer				self-employed	
	Only	Firm's name			Firm's EIN ►	
	-	Firm's address 🕨			Phone no.	