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

## Part I Reporting Issuer

| | |
|---|---|
| 1 Issuer's name<br>CI Portfolio Series Income Fund (A) | 2 Issuer's employer identification number (EIN)<br>N/A |
| 3 Name of contact for additional information<br>Duarte Boucinha | 4 Telephone No. of contact<br>416-681-1752 |
| 5 Email address of contact<br>dboucinha@ci.com | |
| 6 Number and street (or P.O. box if mail is not delivered to street address) of contact<br>2 Queen Street East, 20th Floor | 7 City, town, or post office, state, and ZIP code of contact<br>Toronto, Ontario, M5C 3G7 |
| 8 Date of action<br>Tax Year 2021 | 9 Classification and description<br>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 |

## Part II Organizational Action

Attach additional statements if needed. See back of form for additional questions.

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. See question 15 for per unit information of the return of capital that occurred throughout the 2021 taxable 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 ▶ 0.10514 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 ▶ N/A

**Part II** **Organizational Action** *(continued)*

**17** List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ IRC section 301(c)(2), 312 and 316

**18** Can any resulting loss be recognized? ▶ N/A

**19** Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ N/A

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature ▶ Date ▶

Print your name ▶ Darie Urbanky Title ▶ President and Chief Operating Officer

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| 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