► See separate instructions.

	Issuer's name	Issuer			2 Issuer's employer identification number (EIN			
1	ISSUEL S HAILIE							
	Select 60i40e M	lanaged Portfol	N/A					
3	Name of contact for ad	Iditional information	4 Telephor	ne No. of contact	5 Email address of contact			
	Duarte Boucinh	na	416-68	1-1752	dboucinha@ci.com			
6	Number and street (or	P.O. box if mail is not	delivered to	street address) of contact	7 City, town, or post office, state, and Zip code of conta			
	2 Queen Street	East, 20th Floo	or		Toronto, Ontario, M5C 3G7			
8	Date of action		9 Class	sification and description				
	Tax Year 2016			Non-taxable dist	tribution			
10	CUSIP number	11 Serial number	s)	12 Ticker symbol	13 Account number(s)			
			,					
D	N/A N/A		h additiona	N/A	N/A			
	-				e back of form for additional questions.			
14	the action ►				shareholders throughout the 2016			
					it information of the return of capital			
		•	-	ghout the 2016 taxab	▲ ▲			
				0				
15	Describe the quantita share or as a percent	-			ty in the hands of a U.S. taxpayer as an adjustment per			
16	Describe the calculat valuation dates ►	ion of the change in ${ m k} N/{ m A}$	basis and the	data that supports the calcula	tion, such as the market values of securities and the			
					<b>5 0027</b> (10 004			

Form 8937	(Rev.	12-2011)
-----------	-------	----------

Pa	t II	Organiza	ational Ac	tion (con	tinued)								
17						and subs	section(s)	upon wh	ch the tax	treatment	is based I	IRC sect 312 and	tion 301(c)(2), 316
			·										
18	Can an	ny resulting l	oss be recog	gnized? ►	N/A	L							
19	Provide	e anv other i	information n	acassany ti	o implem	ont the adi	ustment	such as t	he report:	ahla tay va	ar 🕨	N/A	
15	TIOVIU	e any other i	mormation n	iecessary to		ent the auj	ustinent,	Such as		able lax ye	ai 🕨	11/11	
												and to the bes arer has any kno	t of my knowledge and
0:		ei, it is true, co			aration of p	reparer (otri	er than on	cer) is bas	eu on an in	Iornation of	which prepa	arer has any kno	Jwiedge.
Sigr Her				/		_					16/2	/2017	
	Signature				/		_ Date ►	10/2	/ 201/				
	Drimi		rname► David Pauli						Title ►	EVP			
		Print/Type	preparer's nan	ne		Preparer's s	ignature			Date			PTIN
Paie	a parer											Check if self-employed	
	e Only		ie 🕨		I					· · · · · · · · · · · · · · · · · · ·		Firm's EIN ►	
	<b>y</b>												

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

Firm's address ►