See separate instructions.

Part Reporting Issuer

P	Reporting	ssuer							
1	Issuer's name		2 Is	2 Issuer's employer identification number (EIN)					
	Select 70i30e M	anaged Portfo							
3	Name of contact for add	ditional information	4 Telephor	e No. of contact	5 Er	5 Email address of contact			
	Duarte Boucinh	a	416-68	1-1752	dbo	dboucinha@ci.com			
6	Number and street (or P	P.O. box if mail is not	delivered to	street address) of contact	7 Cit	7 City, town, or post office, state, and Zip code of conta			
	2 Queen Street	East, 20th Floo	or		То	Toronto, Ontario, M5C 3G7			
8	Date of action		9 Class	sification and description	ŀ				
	Tax Year 2016			Non-taxable dis	stribution	ibution			
10	CUSIP number	USIP number 11 Serial number		12 Ticker symbol	13 A	Account number(s)			
	N/A	N/A		N/A		N/A			
Pa		-	ch additiona	-	ee back of f	orm for additional questions.			
14	-					nich shareholders' ownership is measured for			
	the action				-	ders throughout the 2016			
		taxation ye	ear. See qu	uestion 15 for per ur	nit inform	ation of the return of capital			
		that occur	red throug	<u>ghout the 2016 taxab</u>	ole year.				
15	Describe the quantitat share or as a percenta				rity in the han	ds of a U.S. taxpayer as an adjustment per			
16	Describe the calculation valuation dates ►	on of the change in t N/A	basis and the	data that supports the calcul	lation, such a	is the market values of securities and the			
_									

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		our name► David Pauli				-			Title ►	EVP		
		Print/Type	preparer's nan	ne		Preparer's s	ignature			Date		Chock	PTIN
Paie	a parer											Check if self-employed	
	e Only		ie 🕨		I					· · · · · · · · · · · · · · · · · · ·		Firm's EIN ►	
	y												

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

Firm's address ►